



*Healing the Heart Through the Creative Arts, Education & Advocacy*

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

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

## **The Surviving Spirit Newsletter December 2020**

Hi Folks,

Hoping this finds you well and safe.

Wow, coming to the end of a very challenging year...I do hope that 2021 brings forth healing and hope for all of us. Life can be hard, a pandemic certainly makes it worse. And yet, always the shining examples of the human spirit that cut through the darkness.

Honored to have been a recent guest on the Ms. Texas Show. A website to showcase life in Texas and highlight Amazing survivors of traumatic events, family violence, sex trafficking, sexual abuse and Community Leaders to share community resources.

Video interview posted here at You Tube - <https://www.youtube.com/watch?v=gEVZG4-81ZM>  
Twenty six minutes of engaging conversation sharing Hope, Healing and Help from the impact of trauma and abuse.

Also humbled to have taken part in this worthy endeavor [podcasts 3, 4 & 5] - [Day 3 - 30 Days of Our Stories: male sexual abuse recovery](#) November 28, 2020

Each day from Thanksgiving until Christmas, hear the voices of male survivors of childhood, adolescent or adult sexual abuse share their stories of hurt, pain, joy and triumph as they heal from the aftermath of betrayal and trauma. You are not alone. [www.safeplaceformen.com](http://www.safeplaceformen.com)

More about this in the newsletter, see, 7] Safe Place For Men Podcast.

As I type this up we are being slammed with a true Nor' Easter. We might end up with well over a foot of snow here. It is still snowing! You are all invited to my snow-shoveling party.

*Take care & and stay safe, Michael*

*“We may encounter many defeats but we must not be defeated.” – Maya Angelou*

*“Knowing is not enough; we must apply. Wishing is not enough; we must do.” – Johann Wolfgang Von Goethe*

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*"But pain's like water. It finds a way to push through any seal. There's no way to stop it. Sometimes you have to let yourself sink inside of it before you can learn how to swim to the surface."* - Katie

*Kacvinsky*

*“As soon as healing takes place, go out and heal somebody else.” - Maya Angelou*

1] [A high school in Texas opened a grocery store for struggling families where good deeds are accepted as payment](#) By Alaa Elassar, CNN - The Good Stuff

A school in a small town in Texas has ignited hope across the community by opening a student-led grocery store to support families in need.

Linda Tutt High School in Sanger launched the grocery store in November so students could purchase necessities including toilet paper, meat and basic food items. They pay for their purchases by earning points from good deeds.

"In our school district, there's roughly 2,750 students enrolled and throughout the district 43% of these students are considered economically disadvantaged," Anthony Love, the principal at Linda Tutt, told CNN. "About 3.6% of our students are considered homeless. We thought it was important to support them and their families and make sure they had food on the table."

The high school partnered with First Refuge Ministries, Texas Health Resources and the grocery store Albertsons to open the store, which is completely run by students who manage the inventory, stock the shelves and help other students find and bag the products they need.

Preston Westbrook, a junior at the high school, serves as one of the store managers.

"I love this school, I help out in everything we do. And I'm a helper, it's just what I do. I'm here to make sure students get what they need," Westbrook told CNN. "The store helped bring families' spirits up during the pandemic, especially for people who lost family members. The students who come in are just so happy, they always have a smile on their face."

Students in the entire school district, north of Dallas, and their families can buy whatever they need using a number of points, which is initially set depending on the size of their family.

After that, students can earn more points for outstanding performance in school, doing good deeds which teachers and staff can award points for, or completing jobs around school such as helping out in the library or mentoring elementary school students.

"One thing we really push for is students earning points by going above and beyond in the classroom or doing something kind," Love said. "These are the things we celebrate, and we'll call home and tell mom and dad their student got a positive office referral and they get a reward for that."

The store is open Mondays through Wednesdays for students and employees in the school district, and for one hour on Tuesday for the public. On December 15, the store will be open to the entire community in Sanger.

"We are a small school district but we always try to teach our kids the importance of giving back to the community," Love said. "Now school districts all around Texas and the rest of the country are asking

how they can start a program like ours, and it's really exciting for us to know our little town is spreading good."

1a] [The Good Stuff](#) - A newsletter for the good in life.

Every Saturday, we'll bring you the big headlines that make you smile, plus stories of fascinating discoveries, everyday heroes, inspiring movements and great things happening right in your backyard.

*"Do your little bit of good where you are; it's those little bits of good put together that overwhelm the world."* - Desmond Tutu

*"Everything that happens to you is a lesson. Everyone you meet is a teacher. There are no exceptions and it happens all your lifetime."* - Unknown

2] [Healing with the power of art](#) | Semicolon by Neesa Sunar

I found myself in the throes of a psychotic episode in early 2011, most likely triggered by undue stress. I was working near-full-time as a classroom music teacher at an alternative private school in Brooklyn, utterly worked to the bone as I attempted to teach unruly children. I was simultaneously taking music education courses at a college in Queens, working towards earning certification to teach classroom music in public schools. I also had ten violin students, all of whom I taught individually on a weekly basis. It was far too much to manage.

I hit the breaking point when I attempted to do a standard homework assignment for college. As I wrote a paper on Beethoven's *Eroica Symphony*, my mind strongly told me I was in fact the reincarnation of Beethoven himself. This held monumental consequence, and I believed I was some pivotal person in human history not yet acknowledged.

I made phone calls, telling people I was Beethoven. The absurdity of the statement elicited non-judgmental laughter from some, processing it as a benign joke. Others told me I needed to see a psychiatrist, but I ignored this advice and attempted to continue with my life uninterrupted. But the obsession grew, and I could not hide it. While on a lunch break at the Brooklyn school, I confided to my boss that I was Beethoven, and her dramatic reaction elicited a hyperventilating panic attack within me.

It was in this frantic state when I arrived at the inpatient psychiatric unit at NYU Langone Hospital.

When I had my first breakfast in the small cafeteria with the other patients, I sat alone, buried in my Beethovenian thoughts while bearing a Beethovenian scowl on my face, inner dialogue racing. When mealtime ended, a voice sounded from down the hall.

"Art therapy everyone! Art therapy!"

Not knowing what to expect, I followed others who walked into a smallish room, recent drawings hung on the walls. On the table, oblong pieces of tan paper and oil pastels were set up, ready for our use. I took a seat and sleepily blinked.

“Hello, I’m Abigail, the art therapist here. How is everyone feeling today?” She had a friendly and professional air about her. Others answered her benign question.

“I’m okay.”

“Fine.”

“Hrm.” Someone grumbled, looking sleepy, a large hospital blanket wrapped around their shoulders.

“Good to hear.”

She spoke at a slow and deliberate rate, with a non-threatening tone.

“So for this session, we’re not going to do any project specifically. But... I have some magazines here. I encourage you all to find a picture that speaks to you. Take some time to look around. Then you can create something based on what you see in the picture you choose. Draw however you feel, and don’t worry about what happens on the paper.”

Her instructions were nonrestrictive.

“You don’t want to use the magazines, that’s fine too. There are no rules here. Are there any questions before we start?” There were none, but I appreciated that she offered the question.

She put on a recording of J.S. Bach’s *Cello Suite No. 1 in G Major*, the famous opening prelude, at low volume. I flipped through the pages of a magazine and chose a portrait of a woman, some standard makeup ad. Taking a black oil pastel in my hand, drawing my first strident line...it had a satisfying grip on the paper. This was an expensive set of oil pastels with many colors to choose from. I realized that I wasn’t working with depressing Elmer’s glue and dried macaroni on paper plates like I had done at other hospitals.

As I formed the outline of the person’s face, drew the flowing hair, filled in flesh colour for skin...it didn’t look quite like the picture I copied from the magazine, but instead took a form of its own. The face conveyed a personality and spirit as would a real person, and my hand was merely guided as I brought the woman to life. Memories spontaneously occurred to me, and I recalled how I had been teased for being ugly as a child, awkward as a teenager, how no one wanted to date me in college.

Recalling these memories allowed me to forget about my thoughts of Beethoven for a bit. My picture revealed a beautiful woman, and a powerful chord struck within me. I didn’t need to be Beethoven in order to be great. I was good enough already.

I began to cry.

“What are you feeling right now?” The art therapist asked me.

“I...This is the best drawing I have ever done in my life. I didn’t know I could draw this well.”

“It is beautiful, I agree. What does it make you feel?”

“I don’t know.” There were private, wordless feelings within me that I could not describe.

“Keep going.”

After sufficiently crafting the woman’s face and hair, I worked on the space behind her head. I created a lovely shade of cerulean-teal, blending my favorite shades of bright blue and green together, crisscrossing strokes. These colors swept a wave over the picture, giving it movement, and the face now popped out.

The picture started to settle, and it eventually felt finished.

*I now felt a bond to what I had drawn, because it had been inspired by my difficult life experiences. While I felt ugly inside, the picture was not. I realized that I in fact wasn’t ugly at all.*

At the end of the session, Abigail facilitated a conversation where we each got to talk about what we created. One woman showed a crude picture she drew of a pack of cigarettes.

“I want to smoke. I’ve been here for three weeks.”

Another person showed a simple picture of a star.

“It doesn’t really mean anything.”

Abigail stepped in.

“It looks great! I like the bright colors you used. Red, green and white. You also pressed very hard with the oil pastels, so the colors are vibrant.”

“Yeah, I like colors.”

Then it was my turn.

“I don’t have much to say. But I like what I drew.” My thoughts were very complicated, and I didn’t want to share. And that was honored.

NYU took their art therapy seriously. Groups were scheduled twice daily from Tuesdays through Fridays, and thrice on Saturdays. With each group, the art therapist facilitated different projects, giving us different media to work with. One day, we crumpled colorful tissue paper and slicked it on paper with Mod Podge, creating three-dimensional art pieces. We drew mandalas, and I drew an abstract rendition of Michael the Archangel. One time, an artist from the Museum of Modern Art (MoMA) visited and did a presentation, and then facilitated a project. The art supplies we used were all of high quality, and that improved my morale in groups, thus enhancing the therapeutic effect of art therapy groups.

After each session, I’d proudly take my new piece into my room at the hospital and tape it on the wall. After a few days, I had a little art gallery going on. Each piece I drew represented a part of me that was

very personal, with no words to describe. During this time when I felt broken and distorted, my gallery gave me a view of myself that was positive and affirming.

### **The Benefits of Art Therapy in Mental Health Settings**

Art therapy is a powerful modality that allows people to express emotions in a *nonverbal* way. When a person experiences complicated feelings that cannot be described in words, art therapy helps these feelings to emerge through visual means. While standard talk therapy employs logical thinking and rationalizing, art therapy accesses the subconscious mind and the power of intuition.

*Deep-seated feelings of fear, self-hatred or other difficult emotions find a voice as artwork is created, allowing for the release of distress. Artwork becomes a visible and tangible product that represents not only feelings but a process of personal transformation.*

An art therapist must create a safe and non-judgmental environment in the studio. When people create art, they tap into something deep-seated and personal within themselves. They must not feel fearful of being judged for the artwork they create, because this can impede the therapeutic process. An art therapist never critiques a person's work based on its quality, and nothing is ever deemed "bad art." No previous skill or experience is needed to fully benefit from art therapy, and everyone is equally encouraged.

Before a person creates work, an art therapist will first facilitate a conversation, to help them focus on the artistic task that is to follow. They may guide them through a process of relaxation, encouraging them to breathe deeply and focus on relaxing the body. Or in my case, within a group therapy setting at the hospital, the therapist checked in with patients, asking how they were feeling, and also orienting them for the assignment for the session.

Art therapists are trained to understand the subconscious elements of the artistic process. They then apply this knowledge as they create assignments for patients. For example, with the mandala project that I created at the hospital, the therapist utilized the shape of a circle, where we drew inside of it. When drawing my feelings in the space of a circle, this specific shape served as a holding place that completely contained my emotions, encouraging me to feel safe.

As a person creates work, the therapist encourages them to "trust the process." The media they choose, the colours of paint selected, the way they brush strokes on the page, the ideas and feelings they have as they create...these are all personal decisions that a person makes for themselves. Having this power of choice can help a person feel more in control, while also in a safe environment.

A therapist may or may not talk to a person as they create their work. If there is conversation, the therapist can ask a person how they are feeling as they create, or maybe ask why they chose a certain colour or brush. The process is very gentle, and the person remains in complete control.

When a piece is finished, the art therapist can facilitate a discussion for the patient(s) to talk about their work. In the case of my group session at the hospital, the discussion was brief, likely due to time constraints. Each of us said a small bit about our work, and this helped us wrap up the experience gleaned from the session.

When greater time is allowed, especially in a one-on-one session, the discussion can get more in-depth. The art therapist can guide a person as they evaluate the finished picture, perhaps asking the picture questions and intuitively glean answers from it. Using intuition accesses a deep-seated source of intelligence that normally goes unacknowledged. It allows the subconscious to speak through metaphors represented in the artwork, and this voices the needs and strengths of the person that were previously unknown.

Art therapy benefits mental well-being in additional ways. It creates a positive and affirming environment, which helps a person feel less anxious and more confident in expressing themselves. Art becomes an outlet for releasing emotions, helping to alleviate stress. It also celebrates the strengths that a person already has within themselves, boosting confidence. Overall, the creative process invites mindfulness, where a person is focused on the here and now as they make choices in how they create artwork.

Frequently, art therapists work in mental health settings, such as inpatient psychiatric hospitals (as I experienced), outpatient clinics and community centers. They frequently work alongside other clinicians in treatment teams, where the entire team works together to comprehensively determine treatment plans for patients. Outside of the purely mental health realm, art therapists also work in schools, homeless shelters, senior centers, residential treatment centers and correctional facilities. They also can work in private practice.

Based on my own personal experience with art therapy as a patient, I believe it is a powerful modality. Art therapy allows me to express a part of myself that I normally need to hide in the real world. I lose the fear of rejection and judgment from others, and I am able to feel confident in myself for being a unique individual. In the art studio, I feel safe and supported, and hopeful that I will have a brighter future.

I encourage psychiatric facilities to strongly integrate art therapy in their services. Doing so can help address the needs of patients in a holistic way, which can complement the clinical services that they already receive. As it did for me, it can give patients greater hope and encouragement in their resilience and capacity to recover and be well.

### Art Therapy in America

To become licensed in the United States, art therapists first need to earn a masters degree from a program approved by the American Art Therapy Association (AATA). To gain admission into graduate school, a student must have completed undergraduate courses in psychology and studio art. Relevant job experience and an art portfolio are also needed. When studying in graduate school, students learn about how to use the creative process to access the subconscious self. They also learn about the history and theory behind art therapy, assessment techniques within an art therapy framework, group facilitation, and working with different populations. Students also continue attending studio art classes, learning to use various media as would patients in art therapy sessions.

The Art Therapy Credentials Board (ATCB) is the organization that awards certification in the United States. In order to become credentialed, art therapists must first earn art therapy work experience under a qualified supervisor. Hours required differ depending on which state a person practices in. After finishing preliminary supervision hours, a person becomes a Registered Art Therapist (ATR). After a

few more years of experience, they can earn board certification (ATR-BC) by passing a national examination. This is the highest level of certification.

**Neesa Sunar** is a Licensed Master of Social Work (LMSW) in New York City, recently graduating from the Silberman School of Social Work at Hunter College. She has previously worked as a peer specialist, and dedicates herself to creating awareness about the mental illness disability experience. She is also a classically trained violist and a singer/songwriter.

2a] [Semicolon](#) - Semicolon is a digital publication that unboxes the culture, art, science, and evolution in the Mental Health space through a community of experts from around the world. We hope to curate a platform where everyone can explore the topic with curiosity rather than reluctance. Let's add to the voice, not the silence – read on, and share widely!

The ';' mark is used by writers who could have ended the sentence but chose to continue it. Similarly, survivors made a choice - to continue life. The semicolon is symbolic of the survivor and is used in solidarity across the Mental Health community. It was popularized by Amy Bleuel.

*“The role of the artist is exactly the same as the role of the lover. If I love you, I have to make you conscious of the things you don't see.” - James Baldwin*

*“Sometimes, reaching out and taking someone's hand is the beginning of a journey. At other times, it is allowing another to take yours.” Vera Nazarian*

3] [Dealing with Holiday Depression & Grief](#) By [Khafre Kujichagulia Abif](#) · @ HIV & Mental Health

I can remember when the holidays became emotionally difficult. My father died a sudden death in April 1986. His death devastated my MaDear, my sisters, and myself. Since that time my MaDear and baby sister have died from cancer and, whenever their birthdays or holidays come around, there is the potential to trigger a [depressive episode](#).

**Talk therapy to work through depression** - I understand from my work in talk therapy that I have issues around separation and loss. For me, it manifests in a deep desire and need to connect with [family](#), friends, and community.

Perhaps it has to do with the [community](#) in which I grew up. I was extremely fortunate to grow up in a neighborhood with both sets of grandparents, uncles and aunts, and so many cousins. It created a powerful sense of security. Because of the close proximity when there was a loss, I felt it deeply.

**Holiday joy is hard to witness** - It can be extremely difficult witnessing holiday joy from the community around you. I have, at times, been overwhelmed by all the traditions that remind me of my loss and sometimes pressured by how I think I should feel. I have at times been tempted to numb the pain.

As a result of talk therapy, I have developed some tools for coping with grief during the [holidays](#). I have learned that rather than resisting the reality of my grief during the holidays, I work towards creating an experience that addresses that I need to honor how I feel.

It is also through my work in talk therapy that has provided me with some tools of not just coping with the holidays, but preparing myself to thrive through these calendar events that always seems to keep coming.

**I no longer beat myself up** - If I acknowledge how and what I feel as a normal emotion – actually sit in how my body feels – it helps me to respond in a more productive manner. I no longer beat myself up for how I feel about the loss of my loved ones. No matter how long it has been. As I shared, my father died suddenly in 1986 and there are times in which I still feel the pain of his loss.

**Looking after myself during the holiday season** - I have to look after myself before the big holidays come. It's so easy to get caught up in all the action of the holidays that I don't check in with myself. These holidays can bring with them high levels of [stress](#). I try to take as much control over my circumstances, which makes the grieving a little easier for me.

One of the biggest things which I have had to learn is how to say no. My family was big on holiday traditions. I grew up with my family rotating from house-to-house with someone hosting Thanksgiving, Christmas, and Easter dinners. Sometimes hosting can be more of a burden when you are already struggling. I have to learn that it's fine to take a break from cooking and baking or even attending annual parties. I have created some new traditions for my nuclear family.

Remember to take care of yourself

Lastly, I will say, [seek out the support](#) you need to get through and thrive. I have a few first cousins with who I share throughout the year how I am feeling. This way, if I am not in a good space, it doesn't come as a surprise and my family knows how to support me during those times.

[Khafre Kujichagulia Abif](#) is an Atlanta based, nationally recognized HIV, Bisexual, Social Justice activist who has been living with HIV for 30 years. Khafre is the editor of two anthologies, Cornbread, Fish and Collard Greens: Prayers, Poems & Affirmations for People Living with HIV/AIDS (Author House 2013) and Sistah's Speak (Author House 2017). [Read more](#).

3a] [H-I-V.net](#) - We empower people living with this chronic health condition and caregivers to take control of HIV by providing a platform to learn, educate, and connect with peers and healthcare professionals.

*“Ours is not the task of fixing the entire world all at once, but of stretching out to mend the part of the world that is within our reach.” - Clarissa Pinkola Estes*

*“When people talk, listen completely. Most people never listen.” - Ernest Hemingway*

4] [It really wasn't your fault: How Understanding the Brain's Response to Trauma Can Lessen Victim-Blaming and Self-Blame](#) By Antonieta Rico, Army Resilience Directorate -The United States Army

“Why didn't she fight back?”

“Why didn't he yell for help?”

“Why did she stay friends with him?”

In the aftermath of a sexual assault, survivors might often hear people ask those questions, or they may even ask those questions of themselves: “Why did I go out on a date with him?” “Why did I let my guard down?” “Why didn’t I do something?”

Despite concerted efforts to raise awareness and better support survivors of sexual assault, certain beliefs about how victims of sexual assault should respond during and after an assault persist, both in the military and society at large.

In general, people don’t understand how the brain responds to threat or trauma, said Dr. Chris Wilson, a licensed psychologist and the Director of [Being Trauma Informed](#), an organization dedicated to making the science of trauma accessible.

“They have a misperception that in any traumatic scenario people are either going to fight or flee,” Wilson said. “Unfortunately, the reality is that very often victims will experience shutting down, which means they will dissociate, or will become immobile.”

A person’s reaction to a threat or traumatic event involves complex factors, including subcortical (unconscious) processes of the brain. Besides fight or flee, shutting down is also a common defensive brain response to threat. But, because people expect a “fight or flight” response, when a person does neither people question whether an assault occurred. Survivors themselves may not understand their own responses, leading to self-blame.

“I think it’s very important for folks to understand that during the course of a sexual assault many victims are not making active conscious decisions,” Wilson said. “Shutting down isn’t a choice they make; the reaction is based on the brain’s ability to make sense of what is happening in the moment... like when you have a car accident and your hand automatically reaches for the handle above the door, or you flinch.”

Shut down reactions can mean either having a dissociative reaction or an immobility reaction. Becoming immobile or dissociating during an attack may seem counter-intuitive to the average person, but they are brain circuitry-driven reactions to what the brain perceives as extreme threat.

A dissociative response in a person involves the brain dampening information from their five senses, in order to survive, Wilson said. For example, people have a higher pain tolerance when they are dissociative. It can be thought of as the brain “checking out” and often can look like people are staring off into space or are disconnected from the moment. When people are dissociative, reactions like shouting out for help or fighting back just aren’t available to them.

The two immobility responses (tonic or collapsed) involve the brain shutting down people’s ability to move or speak for the purpose of survival. During an assault, these immobility responses manifest as a person not fighting back because they literally can’t physically move.

Despite people believing they would fight in a similar situation, or wanting to fight during an attack, the brain can end up determining “this is a time to shut down,” said Wilson.

**Complex Factors in Trauma Responses** - Another major factor that affects people's response to an attack includes prior social engagement, which is specifically significant in the military context.

Social engagement refers to how well people know each other, and how that relationship impacts people's fight, flight or shut down response. People's brains are constantly mapping the people around them as friends or threats, or "dolphins or sharks," as Wilson explains it. Once a person, like a fellow Soldier or a supervisor, has been deemed a "friend," people will not have their 'guard up' around them. If that person starts to push boundaries that can ultimately lead to sexual assault, the brain will have trouble re-mapping the person from "friend" to "threat" during an assault, eventually increasing the likelihood of a shut down reaction instead of a fight or flee reaction.

The relationships people have with individuals who are part of their organization, as well as their friends or spouse, influence whether they are going to use trained aggressive behavior in these moments, said Wilson.

"If a shark approaches them in the water they know to punch the shark in the face...if they see a dolphin they don't punch the dolphin in the face, that's just not how that goes," Wilson said.

In cases where the perpetrator was known to the victim, "most victims will tell you some of the thoughts they had while they were being sexually assaulted where along the lines of 'I couldn't believe this was happening, I couldn't believe this person was doing this to me,'" Wilson said.

Even after the assault, the prior social relationship plays a factor in how a victim will behave around the perpetrator.

"People forget, particularly if the perpetrator was someone known to you prior to the sexual assault, that it becomes incredibly challenging for the brain to say 'and we're done,' because that comes with a tremendous amount of pushback due to something called cognitive dissonance," said Wilson. "As hard as it may be to believe, it's easier to believe the assault was your fault and stay friends with someone, than to end the friendship after the assault."

Making it even harder for many survivors to disconnect from a perpetrator is the reality of having to face questions about why they don't want to be around the person any more, from people who do not know about the assault. Survivors may also be made to feel embarrassed or ashamed if they try to avoid the perpetrator.

Additional complex factors that are important to understand about responses during a sexual assault are mental defeat, learned habitual responses and the concept of 'tend and befriend.'

Mental defeat refers to when a person believes that no matter what they do, it will not make a difference in the outcome of an assault. This belief will lead to a person giving up hope of stopping the assault and often precedes the shutdown reactions discussed above.

Habitual responses to threat refer to a person's background. If in general, a person is brought up to be passive in the face of conflict, for example someone who was raised in a physically abusive home as a child and learned that the best way to end the abuse or not incur more violent abuse was to remain passive, that upbringing will contribute to their response to a subsequent assault.

The ‘tend and befriend’ response manifests as a person recognizing that “‘For me to survive this experience I have to tend to the needs of the perpetrator and I have to befriend the perpetrator,’” Wilson said. “Instead of shutting down and becoming immobile or dissociative, the victim will say things that can make it look like they were consenting to the assault, again, from a place of just wanting to survive the experience,” he said.

Lack of understanding by fellow Soldiers, friends, Family, leaders, and law enforcement of the brain’s response to trauma can lead to victim blaming of sexual assault survivors and impact their ability to get support or justice. Survivors own lack of knowledge of these trauma responses leads to shame, guilt, and self-blame.

“The survivor may say, ‘I feel like my body betrayed me, I feel like I did something wrong to deserve this, or I led this person on, and they internalize all the victim blaming,’” Wilson said. “Particularly if you’re a Soldier and you experience an immobility or you dissociated, you feel like that is something that indicates a flaw within you.”

“Trauma reactions like immobility responses and dissociative responses are the brain doing what the brain does,” said Wilson. “It’s not that you did something wrong, it’s that something wrong happened to you, and that’s a huge difference.”

*“I can learn to close my eyes to anything but injustice.” - Neil Peart*

*“You can recognize survivors of abuse by their courage. When silence is so very inviting, they step forward and share their truth so others know they aren't alone.” - Jeanne McElvaney*

5] [Mental Health Resources: 80 Apps, Hotlines, Support Groups, and More](#) When you cannot afford therapy. @ [Greatist](#)

Sure, pretty much everyone could benefit from therapy. But not everyone can afford it. Thankfully, there’s a whole world of free or affordable mental health care out there designed to help you with just about every issue.

Whether your issue is [kicking an addiction](#), managing your emotions, finding a group of like-minded peers, or recovering from trauma, affordable help is available. Even better? Some of these resources are available whenever you need them.

We’ve rounded up 80 of the very best affordable (or free) mental health resources. Keep this list handy for whenever you need support.

[Mental health apps](#) - Medically reviewed by [Jennifer Chesak](#) - Written by [Katherine Schreiber](#)

Jennifer Chesak is a medical journalist for several national publications, a writing instructor, and a freelance book editor. She earned her Master of Science in journalism from Northwestern’s Medill. She’s also the managing editor for the literary magazine, Shift. Jennifer lives in Nashville but hails from North Dakota, and when she’s not writing or sticking her nose in a book, she’s usually running trails or futzing with her garden. Learn more at her website <http://www.jenniferchesak.com/> , or follow

her on Instagram or Twitter.

Katherine Schreiber is the co-author with Heather Hausenblas, Ph.D., of *The Truth About Exercise Addiction: Understanding The Dark Side of Thinspiration*. Her writing has appeared in a variety of in-print and online publications, including *Psychology Today*, *Weight Watchers Magazine*, *Psychology Standard*, and *PsychCentral*. She holds an MFA in creative nonfiction from Sarah Lawrence college.

[Greatist](#) is here to help you sort through the universe and find what's real, smart, lasting, and workable. And most important, what's right for you and that precious life you're putting together.

We cover the health and wellness stuff that matters - plus anything else that's cool, important, or maybe even life-changing. Our goal is to help you take healthy - or healthy-ish - actions every day to live your best life. We give you the tools. You make the rules.

Whether we're talking about breakfast, breathing, sex, brain health, or how not to get the flu, you can trust that all Greatist content is evidence-based, science-backed, and expert-approved.

*"Neuroscience research shows that the only way we can change the way we feel is by becoming aware of our inner experience and learning to befriend what is going on inside ourselves." - Bessel van der Kolk*

*"You can't solve anyone else's life for them. But then, if you see someone struggling with a heavy load, isn't it forbidden to walk on without helping them?" - Naomi Alderman*

6] [Taking Back Ourselves](#) [TBO] - is a resource for adult survivors of sexual abuse and assault - whether the abuse was in childhood or adulthood - as they struggle to find a safe space to heal with other survivors.

We hope you can take a good look at our updated website. If any of you wishes to send a poem, a song, or a video of yourself to share your journey in our new blog section.

[www.takingbackourselves.org/blog](http://www.takingbackourselves.org/blog). please send it our way. We will be honored to share it.

& [Resources specifically in the time of coronavirus](#)

& [Registration for Virtual Weekend of Recovery NOW open!](#)

Saturday, January 9 12 p.m. to 3 p.m. (EST)

Saturday, January 16 BONUS HOUR One hour Tune-up 12 p.m. to 1 p.m. (EST)

Saturday January 23 12 p.m. to 3 p.m. (EST)

Thanksgiving can be one of the most difficult holidays of the year for survivors. This year has brought the added challenge of a pandemic and deep racial, political and environmental distress. There is reckoning with what is still unfixable in families, systems, or the world in general. More triggers and

painful memories of the past may surface to the forefront. It can try the spirit.

As you engage with the holidays, you may be grappling with isolation in its many forms. For many survivors, this isolation can be experienced in solitude or in the midst of others. It is often difficult to feel joy in the present if there is still so much grief from the past. You may be drawn to old patterns of self-sabotage and momentarily forget how far you have come in your recovery.

But it is important to remember all you gained on that journey.

Gratitude for instance is not a platitude. No matter what you do in the coming days, we encourage you to decide how you wish to keep the holiday- even within yourself - choosing to separate from situations that do not feel safe ,or making courageous or quiet stands in your own truth, no matter how or who you engage with.

At this time, we at TBO extend our gratitude and the privilege of walking with you in some part of your recovery. We hope you continue to experience resilience and love, and what community truly is.

May your holidays be full and peaceful, however you spend them.

With heart and light, Mikele

*“There is so much pain in the world, and most of these people keep theirs secret, rolling through agonizing lives in invisible wheelchairs, dressed in invisible body casts.” - Andrew Solomon*

*“Anything that’s human is mentionable, and anything that is mentionable can be more manageable. When we can talk about our feelings, they become less overwhelming, less upsetting, and less scary. The people we trust with that important talk can help us know that we are not alone.” - Fred Rogers*

7] [Safe Place For Men Podcast](#) - Each day from Thanksgiving until Christmas, hear the voices of male survivors of childhood, adolescent or adult sexual abuse share their stories of hurt, pain, joy and triumph as they heal from the aftermath of betrayal and trauma. You are not alone.

Thomas Edward,NH, CPC, ELI-MP

- Certified Professional Leadership Development & Male Survivor Resiliency Coach
- Coaching male survivors since 2001
- Board member of a national male survivor organization

*“You are allowed to rest without any justification.” Trauma & Co.*

*“Sometimes the greatest growth comes through pain, but it's not the pain that helps me grow, it's my response to it. Will I suffer through the experience and continue as before or let the pain inspire changes that help me grow? The choice is mine.” Courage to Change, Al-Anon*

8] [Deepness Dementia Radio - Easy Listening For Living Well With Dementia](#)

**Join Our Friendly Community** - We bring people living with dementia together through a series of projects that boost one's autonomy and sense of purpose. Deepness Dementia Media is an organization that provides radio shows, online education courses and many other projects in order to encourage [living well with dementia](#). We help those going through dementia maintain their freedom and get the most out of life. Our community welcomes not just those affected directly by dementia but also family members, young carers, friends, workers, and educators. By coming together in a warm, friendly space, people receive a valuable level of activity and stimulation.

For an organization whose main goal is centered around living well with dementia, get in contact with Deepness Dementia Media.

For people going through dementia, music and the spoken word serve as crucial vehicles for memory and connection. Although one may forget certain things, music and its accompanying memories remain embedded in the mind of someone who is cognitively impaired. That is why Deepness Dementia Radio has gone from strength to strength, and we want you to join our community.

We provide relaxed, soothing music during the night, helping people to enjoy restful sleep. Interviews with activists and the cognitively impaired discuss living well with dementia, while other segments such as storytelling and "Dementia Island Disks".

[Deepness Dementia Recovery College](#) - Living Well With Dementia

**Helping You Thrive** - At Deepness Dementia Media, we provide a number of resources that encourage [living well with dementia](#). Our mission is not to provide people with an absolute cure, but rather offer tools that allow for increased autonomy and enjoyment of life during the recovery process. Our radio station and online education, along with a series of other projects, help to bring people together and provide stimulation, purpose and enjoyment. The Deepness Dementia Media community incorporates not just people with cognitive impairment, but all of the stakeholders involved such as family members, young carers, friends, workers and educators.

*"Learn to listen and listen to learn." - Al-Anon.*

*"Respond to everything that excites your spirit." - Rumi*

9] Incest AWARE - Sexual Assault Awareness

*Learn about it. Talk about it. End it.*

Despite the launch of the #MeToo movement in 2017 and the many stories told since then, still, few are talking about incest.

Frustrated about the lack of information and visibility about this issue, incest survivor and prevention advocate [Suzanne Isaza](#) developed a website devoted entirely to incest - the first of its kind - called Incest AWARE. Its purpose is threefold:

- To help survivors and their loved ones along their healing journeys

- To raise public awareness of incest, how to prevent it, and how to intervene to protect children
- To ensure that survivor stories are heard and are catalysts for meaningful change

Incest AWARE is a comprehensive resource for those seeking information, resources, and support. A website devoted exclusively to the topic of incest shines a light on the most hidden form of sexual abuse. It is a reminder to survivors that they are not alone, and inspires advocates to more vigorously push for societal change.

The vision of Incest AWARE is a community in which children are safe at home, free from the lasting trauma that incest and other forms of family abuse cause. For those who have experienced incest, Incest AWARE envisions a world that validates survivor experience, expects accountability from offenders, and supports families healing from trauma.

Folks can access the site at <https://www.incestaware.org/> and are encouraged to visit the [Contact Us](#) page to let the community know you visited.

**About the Creator** - [Suzanne Isaza](#) (she/her/hers) is a survivor of incest and outspoken advocate for sexual violence prevention, and a DV/SA grant consultant. Her experience as a survivor uniquely positions her to be an effective speaker, organizer, writer, and leader on this issue.

Suzanne’s transition from survivor to advocate began in 2014. She joined a New England-based survivor speakers bureau and began talking publicly about her experience as a survivor of incest. Empowered by her growing voice and the impact she witnessed on those to whom she spoke, Suzanne soon realized the importance of breaking the code of silence surrounding incest and sexual assault more generally. She began to broaden her talks to include practical information about incest and sexual violence, and encouraged more people to become active in prevention and advocacy. Through appearances in over 75 presentations, trainings, podcasts, and media articles, Suzanne has communicated a compelling and powerful message to college students, members of the military, professionals, educators, the general public, and abuse survivors.

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

*“Just because those around you do not constantly tell you what they are going through in their personal life, it does not mean they are living in a fairy tale.” - Auliq Ice*

10] [How to Be at Home](#) - You Tube 4:56 minutes

‘Lean into loneliness like it is holding you’ – a poetic reflection on life in lock-down

Ten years after Tanya Davis wrote the gorgeous poem, How to Be Alone, she's done it again with a

poignant poem for these times, How to Be at Home...and the two of us found ourselves collaborating again (scroll down to read the words to the poem).

This animation was created in my home studio in Halifax, Nova Scotia, while in social isolation through the spring and summer of 2020.

How to Be at Home is one of thirty films made through, The Curve, a National Film Board of Canada series of films created within (and many about) our pandemical times. You can see more of these wonderful and affecting films, and the full list of credits for this one, if you visit this link <https://www.nfb.ca/the-curve/lights-camera-pivot/>

10a] [The Curve](#) - Social distancing stories that bring us closer together

Employing a range of cinematic techniques, three directors craft stylish and thoughtful reflections on the COVID-19 experience.

*“Knowing your own darkness is the best method for dealing with the darkneses of other people.” - Carl Jung*

*“Doubt kills more dreams than failure ever will.” - Suzy Kassem*

11] [The Other Ones Foundation](#) - Austin Homelessness Nonprofit

*“Transitioning Austin’s homeless neighbors into an engaged community through shelter, opportunity, and support.”*

The Other Ones Foundation is a nonprofit that provides extremely low-barrier employment, case management, and humanitarian aid to people experiencing homelessness in Austin, TX.

OUR STORY - The Other Ones Foundation was born out of a multi-agency work group trying to find innovative solutions to Austin’s Downtown Homeless crisis. Knowing that income is vital to finding housing stability, we wanted to offer folks the opportunity to earn an income during the day while the shelters weren’t operating. This led us to seek out employment opportunities for our homeless neighbors, and gave way to our [Workforce First Program](#) (WFF). WFF offers folks (who might otherwise be panhandling) the opportunity to get a days work. The dignity and empowerment of work, and the income it brings, serves a major stepping stone to getting our homeless friends on the path to a more fulfilling life. We have already enjoyed a great deal of success so far: WFF has paid out over \$380,000 in earned income to individuals experiencing homelessness and poverty, and 67 of our clients have moved into stable housing!

When COVID-19 hit in early 2020, we rolled out our second major program, the [Mobile Hygiene Clinic](#) (affectionately named the “Box of Rain”). What started as one shower trailer going around town delivering showers, toiletries, and lunches, has now grown to include several permanent locations as well. So far, we have provided 8,900 showers and over 10,000 lunches from our Mobile Hygiene Clinic locations!

Our most recent endeavor is to step up as stewards, in partnership with a resident-elected Leadership Committee, of Camp Esperanza. Camp Esperanza is a State-sanctioned homeless encampment in Austin, TX that is currently occupied by ~150 people.

TOOF is offering our services to the residents, including hygiene facility access, employment opportunity, and case management. We are also functioning as service coordinators for the camp by partnering with other service providers in the community. Finally, we are partnering with the residents of the camp and their self appointed leadership committee to build a solution focused community at Camp Esperanza. Learn more [HERE!](#)

[TOOF presents: The Other Ones Podcast](#), a show about the intersection of homelessness, poverty, culture, and service. Our Executive Director, Chris Baker, interviews homeless service providers, politicians, musicians, heck, ANYBODY that exists in any of these spaces.

We seek to shed some light on a sometimes dark subject, and to dispel myths and misunderstanding through compassion and honesty.

Produced by Kris Wade at The Other Ones Foundation HQ in Austin, TX.  
Theme music courtesy of The Stumble Brothers:

[https://open.spotify.com/artist/1eHtbiiafqRQMj8VQFmebb?si=DHkEFfWaR\\_uWUPFPSu0lkA](https://open.spotify.com/artist/1eHtbiiafqRQMj8VQFmebb?si=DHkEFfWaR_uWUPFPSu0lkA)

*“Non one has the right to tell you that their life is harder than yours. No one has the right to invalidate your struggles because they “got through it just fine.” No one has the right to tell you to suck it up because other people have it “worse.” Hardships are not comparable. Your struggles are real, legitimate and just as difficult as anyone else's. - Makethingspostive.com*

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

12] [Men's Risk of Depression Up 69%; PTSD Up 68%; General Anxiety Up 55%](#) @ Cision, PR  
Newswire – Total Brain

Until now, the [Mental Health Index: U.S. Worker Edition](#) has shown women bearing the emotional brunt of COVID-19. However, brain assessments taken in August through October reveal a troubling new trend. Men's mental health is declining, and is, in some cases, on par with or worse than that of women. Men's risk of depression is up 69% (154% greater risk than in February); and risk of general anxiety is up 55% (66% greater risk than in February). Between September and October, risk of PTSD went up 68% (74% greater risk than in February). The data show men's mental health risks are nearing levels not seen since the onset of the pandemic.

The Mental Health Index: U.S. Worker Edition, powered by Total Brain, a mental health and brain performance self-monitoring and self-care platform, is distributed in partnership with the [National Alliance of Healthcare Purchaser Coalitions](#), [One Mind at Work](#), and the [HR Policy Association](#) and its [American Health Policy Institute](#).

According to Louis Gagnon, CEO, Total Brain, "Research suggests distinct gender differences in coping styles. When it comes to dealing with stress, men tend to focus on fixing problems, as opposed to women who try to change their internal response to stressors. A problem-focused approach is often successful, except when the source of the stress cannot be eliminated. We believe that given the robust resurgence of COVID-19, the Mental Health Index illustrates this concept quite eloquently."

"The impact of the pandemic on mental health is starting to even out across the gender gap," said Michael Thompson, National Alliance president and CEO. "While men may have been less impacted environmentally over the last eight months, their passive approach to coping may be catching up with them as the pandemic endures."

Garen Staglin, Chairman of One Mind at Work, commented, "Employers should see this latest data and understand that all of their employees – men and women alike – are suffering from the pandemic. Workplaces should use this uncertain time to start prioritizing employees' mental well-being by providing critical support now while incorporating and maintaining best practices for workplaces that prioritize mental health and neurodiversity."

Colleen McHugh, executive vice president of the American Health Policy Institute and strategic advisor for HR Policy Association said, "As we head into the holiday season, typically a more challenging time for many Americans, American Health Policy Institute member companies remain concerned about the mental health of their employees. These large employers are continuing to innovate new ways to support their employees and are also focusing on increased outreach and communications during this tough time. The new data released by the Mental Health Index show that such support is needed now more than ever."

The full Mental Health Index results can be [found here](#). For more information and additional insights there will be a complimentary 30-minute webinar on Friday, November 20 at 12 p.m. ET. Joining Gagnon, Thompson and McHugh are Katy Schneider Riddick, Director of Strategy and Engagement, One Mind at Work and James Garvie, SVP HR, Total Rewards & Technology, Southern Company. Register here: <https://register.gotowebinar.com/register/3806035773333986571>.

**Methodology:** The Mental Health Index: U.S. Worker Edition contains data drawn from a weekly randomized sample of 500 working Americans taken from a larger universe of Total Brain users. The Index is NOT a survey or a poll. Data is culled from neuroscientific brain assessments using standardized digital tasks and questions from the Total Brain platform. Participants include workers from all walks of life and regions, job levels, occupations, industries, and types of organizations (public vs. private). The brain assessments used to compile the Mental Health Index were taken weekly from February 3 to November 3, 2020.

**About Total Brain:** Total Brain is based in San Francisco and publicly listed in Sydney, AUS (ASX:TTB). Total Brain is a mental health and brain performance self-monitoring and self-care platform that has more than 950,000 registered users. Benefits for employers and payers include better mental healthcare access, lower costs and higher productivity. [totalbrain.com](http://totalbrain.com)

***About the National Alliance:*** The National Alliance of Healthcare Purchaser Coalitions (National Alliance) is the only nonprofit, purchaser-led organization with a national and regional structure

dedicated to driving health and healthcare value across the country. Its members represent private and public sector, nonprofit, and Taft-Hartley organizations, and more than 45 million Americans spending over \$300 billion annually on healthcare. [nationalalliancehealth.org](http://nationalalliancehealth.org)

*About One Mind: One Mind at Work* is a leading mental health non-profit that catalyzes comprehensive action across the scale of the brain health crisis, working from science to patients to society. Moving towards its VISION of HEALTHY BRAINS FOR ALL, One Mind is accelerating treatments and cures for mental disorders and providing hope to patients and their families. Launched in 2017, One Mind at Work is a global coalition of employers from diverse sectors who have joined together to transform approaches to mental health and addiction. One Mind at Work now includes more than 60 global employers and 25 research and content partners. The coalition covers nearly 7 million people under its Charter. [onemindatwork.org](http://onemindatwork.org)

*HR Policy Association:* HR Policy Association is the lead organization representing Chief Human Resource Officers at major employers. The Association consists of over 390 of the largest corporations doing business in the United States and globally, and these employers are represented in the organization by their most senior human resource executive. Collectively, their companies employ more than 10 million employees in the United States, over nine percent of the private sector workforce, and 20 million employees worldwide. These senior corporate officers participate in the Association because of their commitment to improving the direction of human resource policy. [hrpolicy.org](http://hrpolicy.org).

*American Health Policy Institute:* American Health Policy Institute is a non-partisan non-profit think tank, started by the HR Policy Foundation that examines the practical implications of health policy changes through the lens of large employers. The Institute examines the challenges employers face in providing health care to their employees and recommends policy solutions to promote the provision of affordable, high-quality, employer-based health care. The Institute serves to provide thought leadership grounded in the practical experience of America's largest employers. Their mission is to develop impactful strategies to ensure that those purchasing health care are able to not only bend the cost curve, but actually break it, by keeping health care cost inflation in line with general inflation. [americanhealthpolicy.org](http://americanhealthpolicy.org).

For More Information - Contact: Kelly Faville - Rocket Social Impact - [kelly@rocketsocialimpact.com](mailto:kelly@rocketsocialimpact.com)

978-621-6667

12a] Related Links - <https://www.totalbrain.com/> - mental health and brain performance self-monitoring and self-care platform

*“It’s okay to let go of those who couldn’t love you. Those who didn’t know how to. Those who failed to even try. It’s okay to outgrow them, because that means you filled the empty space in you with self-love instead. You’re outgrowing them because you’re growing into you. And that’s more than okay – that’s something to celebrate.” - Angelica Moone*

*“Be the one who nurtures and builds. Be the one who has an understanding and a forgiving heart one who looks for the best in people. Leave people better than you found them.”  
- Marvin J. Ashton*

***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](mailto:mikeskinner@comcast.net)

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

***A diagnosis is not a destiny***

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

[The Surviving Spirit Facebook Page](#)

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[Michael Skinner Music](#) - Hope, Healing, & Help for Trauma, Abuse & Mental Health - Music, Resources, & Advocacy

Live performance of "Joy", "Brush Away Your Tears" & more @ [Michael Skinner – You Tube](#)

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