



*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 May 2021**

Hi folks,

Greetings from New Hampshire....spring has arrived and the weather has been all over the place – it is nice to see flowers, shrubs and trees in bloom.

I found joy, wonder and magic with nature as a child. It helped to sooth my troubled mind, body and spirit. Nature still provides me with comfort and peace....

May has been observed as **Mental Health Awareness Month** in the United States since 1949 – there are many paths to healing. I know that peer support has been a lifeline for me....starting back in the 1980's when I began attending [Adult Children of Alcoholics](#). My peer support circle has grown tremendously since then.

Honored to have been a part of this webinar with my good friends, Marsha Woodland, Justin Volpe & Joan Gillece on May 12th. - **Transformation Transfer Initiative 2021 Informational Exchange on Peer Support**

[Peer Support. What a difference it makes](#) – You Tube 1:hour & 17 minutes

Presented by The National Association of State Mental Health Program Directors [NASMHPD]

### **Presenters Bios:**

**Marsha Woodland** - An established professional, consultant and peer working with the National Association of State Mental Health Program Directors (NASMHPD), the Substance Abuse and Mental Health Services Administration (SAMHSA) since 2010 and former consultant for National Council for Behavioral Health and many others. Marsha is uniquely qualified to do this work, her violent story of personal and systemic abuse inspired her to challenge the status quo. She has been in recovery for almost 25 years and on the road to unimaginable accomplishments.

She holds a Bachelor of Science degree in Criminal Justice from the University of Maryland University College and is currently an MSW candidate at Walden University. Her lived experiences, training and education reinforce her commitment to *“Providing Help that doesn't Diminish Hope”*. *She is committed to advocacy that inspires trauma informed systemic change that is gender specific, person*

*centered, and strength based.*

Marsha founded Building Bridges Foundation (BBF) in 2008. Through the organization she has provided technical assistance to approximately 500 criminal justice, law enforcement, military, faith-based, behavioral health, social and human services organizations nationally. She has completed hundreds of keynote speeches at various organizations to advocate for harm reduction and strength-based frameworks to helping individuals impacted by trauma and addiction. Her goal is to inspire hope and resilience.

Marsha works locally to ensure that victims of violence are treated and served with dignity and respect. As a member of the DC Mayor's Violence Interruption Initiative. Building Bridges provided hospital-based, bedside services to individuals impacted by gun violence, and families affected by homicide for 3 years. Through BBF Marsha was instrumental in reducing the violence at families experienced when encountering emergency room security during one of the most horrific times imaginable.

*Through her first book "Doomed to be Nothing" she found her voice. In her book she shares her journey from helplessness to hope and from hurt to healing. She has been honored at the United Nations for her work in Women's Empowerment, received the Joe Mann Black Capital award for her work and expertise in domestic violence, providing outstanding community services with the Legacy award and the Living Legends award for community service. She is honored daily, to live her favorite quote, "Purpose In My Pain" (PIMP).*

**Justin Volpe** - Certified Recovery Peer Support Specialist, 11th Judicial Circuit Criminal Mental Health Project Jail Diversion Programs

Justin Volpe is a Certified Recovery Peer Support Specialist who has worked with the 11th Judicial Circuit Criminal Mental Health Project, Jail Diversion Program since 2008. As a successful graduate of the program, Volpe has firsthand knowledge of the importance of timely, high-quality behavioral health treatment services in the community. After experiencing a series of psychiatric health care crises that lead to a period of unstable living conditions, disruption of family and social supports, and brief involvement in the justice system, Volpe became engaged in treatment and support services in the community. Today, he enjoys a full and productive life in recovery, serving as an inspiration and role model for others. Since 2011, he has also served as a national consultant and has travelled the country sharing his message of hope. Volpe has helped train more than 2,500 CIT officers in Miami-Dade County and assisted in getting more than 1,000 people out of jail. His experiences make him uniquely qualified to speak to the importance of ensuring people have access to care when and where they need it, as well as the unfortunate consequences that can result when they do not. Having overcome significant challenges, he is now married with two sons and is a homeowner.

**Michael Skinner** is an award-winning advocate, educator, writer and critically acclaimed singer, songwriter, guitarist, addressing the issues of trauma, abuse and mental health concerns through public speaking, writing and his music.

He has spoken at the National Press Club, was a keynote presenter for a conference held by the United Nations, The State Department and Georgetown University on the sexual exploitation and trafficking of

children and adults and he was part of the groundbreaking Oprah Winfrey Shows that addressed the issues of males sexually abused as children.

Since 1993, Michael's uplifting and heartwarming story and songs of Hope and Healing has impacted thousands of people every year throughout the country. His presentations at colleges, universities, high schools, mental health centers and conferences, churches, civic groups, sexual assault and domestic violence support centers and conferences, including a women's correctional center in Hawaii are highly acclaimed.

He has appeared on many TV, radio and Internet shows and has been the subject of many news articles regarding child abuse and mental health. Michael is also a frequent and sought after blogger on several websites and writer of articles for mental health publications. He has contributed chapters for three books, "*Jyu No Tobira*" [ "*The Door To Freedom - Live Your Life From Today*" ] published in Japan, "*Our Encounters with Suicide*", Europe and Great Britain and, "*You Can Help: A Guide for Family & Friends of Survivors of Sexual Abuse and Assault*", United States. Michael is also featured in the film documentary, "*Hold Me Right*", addressing the aftermath of sexual abuse.

His role as a consultant and trainer for the Federal government's Substance Abuse and Mental Health Services Administration's, National Association of State Mental Health Program Directors has been crucial in helping to shape the policy initiatives and directives for the delivery and implementation of trauma informed care and services. And he has worked with organizations nationwide to address the stigma of mental health and ending the silence of child abuse and suicide.

Michael is also the founder and director of The Surviving Spirit; a monthly newsletter and website sharing resources to help those impacted by trauma, abuse and mental health challenges.

I shared this song, "**By My Side**" in the presentation - a tune I wrote to express my thoughts and feelings about the peers and friends who have been important in my life.

**BY MY SIDE**(c) Michael Skinner Music -

By my side  
I'll walk through pouring rain  
I'll face the freezing snow  
I'll fight the dogs of war  
I'll hold my head up high  
Cuz your by my side

I feel this sense of peace  
I cherish your light of love  
I feel your hand in mine  
It helps to lighten the load  
By my side

There are times when life has beaten me down

I find the ways to stand  
Once again you've extended your hand  
I know I'm not alone  
You're by my side, By my side, By my side, By my side,

I can travel this road  
I know I'm not alone  
A shelter from the storm  
By my side

And now I want you to know  
As we travel this road  
I'm extending my hand, your friend for life  
I'm by your side, by your side, by your side, by your side,

I'll carry the light  
To help show the way  
As we travel this road  
I'm by your side, by my side, by your side, by my side

& “By My Side” - [Recorded live @ The River Ledge](#)

[NASMHPD](#) - Serving The Needs Of The Nation's Public Behavioral Health System

MISSION - NASMHPD will work with states, federal partners, and stakeholders to promote wellness, recovery, and resiliency for individuals with mental health conditions or co-occurring mental health and substance related disorders across all ages and cultural groups, including: youth, older persons, veterans and their families, and people under the jurisdiction of the court.

*“...stories that rise from deep suffering can provide the most potent remedies for past, present, and even future ills.” - Clarissa Pinkola Esté*

*“We rise by lifting others.” - Robert Ingersoll*

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*“It doesn't have to be a bad day, it can just be a bad moment.” - Mindfully Evie*

*“Healing trauma involves tears. The tears release our pain. The tears are part of our recovery. My friend, please let your tears flow.” - Dana Arcur*

1] [Want to Make Someone Feel Better? Validate Their Feelings](#) by Christopher Bergland @ Psychology Today

Saying “I understand why you feel that way” improves mood and positive affect.

Earlier this year, researchers from Penn State published a study, "How the Comforting Process Fails," that investigated the most effective (and ineffective) ways to comfort and support someone during times of emotional distress. I reported on this research in a March 2020 post, "[Why Validation Is the Best Way to Show Someone That You Care](#) ."

The authors of this study ( [Tian, Solomon, & Brisini, 2020](#) ) found that validating someone's feelings using "person-centered" support messages that convey acceptance of a negative emotional state without trying to convince someone to feel differently resulted in more success during the comforting process and less psychological [reactance](#) .

For example, validating support messages involve saying things like: "It makes sense that you're angry about this" or "I understand why this situation is making you feel [stressed](#) out." On the flip side, messages of intended support that don't validate someone's emotions or try to convince him or her to feel differently (e.g., "Why are you so emotional about this? It's not a big deal." or "Snap out of it!")

generally fail to provide comfort and trigger reactance.

### **Validating How Someone Feels Is Sound Advice, Growing Evidence Suggests**

Recently, an Ohio State University study ( [Benitez, Howard, & Cheavens, 2020](#) ) on the effect of validation and invalidation reaffirmed the [caregiving](#) power of saying "I understand why you feel that way" and displaying [empathy](#) when someone is experiencing negative emotions such as [anger](#), sadness, [fear](#), or disgust. This paper was recently published in *The Journal of Positive Psychology* .

As the authors explain: "Validation communicates that another's experiences make sense and are understood, while invalidation dismisses the validity of an individual's experience."

In one arm of this multi-pronged study, the OSU research team focused on the negative emotion of [anger](#) by having 307 study participants spend five minutes writing about an experience in their past that made the test subject feel intensely angry. Then, each study participant was asked to describe his or her recollection of being really angry in spoken words. The researchers found that "all participants had a decrease in positive affect while they were thinking and writing about being angry."

After writing about their angry experience and describing these feelings out loud, facilitators were coached to respond to each participant's narrative with either validation (e.g., "I completely understand why that made you feel angry.") or invalidation (e.g., "I don't understand why that made you so angry.")

"Invalidation leads to greater reductions in positive affect and slower, more incomplete mood recovery after a discussion of a time in which one was angry," the authors observed. Conversely, they found that validation of someone's anger resulted in improved mood and increased positive affect in the context of someone experiencing negative emotions associated with a past experience.

"When you process negative emotions, that negative affect gets turned on. But if someone validates you, it keeps your positive affect buffered. Validation protects people's affect so they can stay curious in interpersonal interactions and in [therapy](#)," senior author [Jennifer Cheavens](#) of OSU's Department of Psychology said in a Dec. 14 [news release](#) .

Of note: Previous research ( [Shenk & Fruzzetti, 2011](#) ) demonstrated that "participants exposed to invalidating responses experienced significantly higher levels of negative affect." However, Benitez, Howard, and Cheavens' latest research (2020) on the effect of validation and invalidation on positive and negative affect "failed to support the hypothesis that validation or invalidation influence negative affect."

"Overall, [our] results provide a valuable examination of the association between experimental manipulations of validation and invalidation and affect," the authors conclude. "We hope that the findings provide the groundwork for future research and that the replicability of the results helps clarify the contradictions in the extant literature."

[Christopher Bergland](#) - is a retired ultra-endurance athlete turned science writer, public health advocate, and promoter of cerebellum ("little brain") optimization

*“Thank you to all the amazing people who have been this example of humanity to me!  
Most people live their entire lives with their clothes on, and even if they wanted to, couldn't take them off. Then there are those who cannot put them on. They are the ones who live their lives not just as people but as examples of people. They are destined to expose every part of themselves, so the rest of us can know what it means to be human.” - Sheila Heti*

## 2] [Emotions After Brain Injury](#) by Veronique Theberge

Following a recent event, I feel I need to explain a bit further the link between brain injury and emotions. You all know how much less patient you can be when you are tired right? Perhaps you can be more irritable, less tolerant, get angry quickly, feel low, struggle with motivation, burst into tears more easily and let's simplify things by saying...feeling as though you have less control over your emotions in general right? Well let me reassure you by saying that you are perfectly normal as several research have shown that fatigue directly impacts emotion regulation and how efficiently the brain operates. Now that we have established that we've all been through this before, let's look at how this picture changes when you have to factor in brain injury?

**Strike 1** - The first thing to consider here is that the brain injury may have compromised the integrity of the emotional control centre of the brain i.e. the limbic system. If part of the limbic system has been damaged, regulating emotions can become quite challenging and lead to mood swings and emotional liability.

**Strike 2** - The other aspect to consider is that emotional liability may have crept into the picture as a secondary effect of the brain injury. The limbic system may be intact, however the survivor now has to deal with a range of frustrations, cognitive and physical changes that came into play following the brain injury. You can easily see how those life changes can lead to a roller coaster of emotions that they have to try to manage on top of everything else that is going on.

**Strike 3** - When you live with a brain injury, you are operating on a much smaller [energy tank](#) compared to everyone else. That means that you reach your critical fatigue levels much **MUCH** faster. As the energy levels drop, a range of **Weird** and not so **Wonderful** starts to creep in and emotions rumbling and not so wonderful.

I wanted to tell my friends: “Remember when your toddler was 2 years old and they couldn't quite communicate, but you knew his behavior and emotions were all over the place because he was overtired?...Well that is **ME** right now. The brain just doesn't have the mental capacity to deal with **ANYTHING** until it recharges.” But even then, just like a toddler, I couldn't connect the dots or verbalize what I desperately wanted to say. Just a little frustrating to say the least.

Frustrations and fatigue can quickly become a catch 22 because they can take regular emotions to the next level. High intensity emotions (high highs & low lows) are physiologically very taxing on our whole body and when you live with a brain injury, you have to buckle up and be ready for this ongoing roller coaster. High intensity emotions tend to further deplete the amount of brain energy available to you and therefore have a direct effect on your operating center...the brain.

During the recent event that lead to this blog, fatigue levels were pretty intense. Nothing was operating as it should. My vision was distorted, I could barely string words together, everything was either going

way too fast or completely jumbled up, all aspects of cognition were significantly reduced, my emotions were all over the place and my physical body was just so slow. I knew perfectly what was happening, I've been in that space so many times since encephalitis (e) and its token acquired brain injury (ABI). But apart from a few people that I can count on one hand, I think it's fair to say that most haven't been privy to the full blown effects of how brain injury can affect me emotionally. I was far from my safety nest, far from those who know exactly what to do and say to get me through this rough patch and given my level of fatigue, I was incapable of articulating my thoughts and of sharing all of the above mentioned knowledge which was adding to my existing frustrations.

**So the question is how do you escape this vicious circle?** - Unfortunately, there aren't any miracle pills here. First and foremost, the brain needs to recharge to have a fighting chance of regaining some sort of control over your body and mind. However, even though you are pretty slow and tired, you need to be able to escape that fight or flight mode in order for your brain to get the rest that it desperately deserves. I find that breathing exercises, meditation, stretching and colouring in can help reduce the fight or flight hormones that have gone a bit wild. Once I've achieved that, sleep is the main factor that does the trick for me. Talking to a few key people is always helpful to normalise the situation and get some perspective. I also regularly work with a psychologist to help discuss some of my emotions and establish strategies to best manage them. It's a combination of many tools that I have learnt since e and ABI that allow me to regain control over my emotions. It doesn't mean that it doesn't go wonky from time to time, but I know that I also need to be patient and give things time as there is no quick fix with brain injury and its associated set backs.

My friends were very supportive during my recent emotional melt down, but at the time I remember being so frustrated not to be able to explain all of the above to them. The reality is that I knew very well what was happening, I knew I had lost all control over that *Weird Wonderful Brain* of mine, I knew that it wasn't by choice, that I didn't have any overriding power over that brain of mine, that I had to ride the wave like I have done so many times before, but deep down I felt misunderstood. I am hoping that this blog may be handy for other survivors to share with family and friends to help their entourage get some perspective on this harsh reality. Knowledge is power. Knowledge leads to understanding and feeling understood is such an asset to have when you are trying to get back up again.

No one had prepared me for this emotional roller coaster that is brain injury recovery. Perhaps no one could have fully prepared me for this either. To this day, it is the hardest mental game I've ever had to play. I've made a huge amount of progress and knowing that I can survive those hard patches make things a wee bit easier. I know I can do this...perhaps I'm slowly becoming a master at this very tricky game?!

[Weird Wonderful Brain](#) - In August 2017 I became ill to a viral brain infection called Meningo-Encephalitis which left me with an Acquired Brain Injury (ABI). If you are or know of a brain injury survivor, you know first hand the challenges that come along with the ABI survivor title

Having recently been inflicted by a second insult to an already bruised brain, I thought it was about time to go ahead with an idea of mine that has been brewing for a while. This site is still at its infancy but in time I hope to be able to share resources and knowledge that I've gain along the way.

I'd love to hear from your own experiences so please don't hesitate to use the forum for this and I'm looking forward to growing this community of readers to ultimately increase awareness around this

issue.

2a] [Brain Injury Association of America](#) - BIAA's mission is to advance awareness, research, treatment, and education and to improve the quality of life for all people affected by brain injury.

*“To live is the rarest thing in the world. Most people exist, that is all.” - Oscar Wilde*

*“Sometimes we self-sabotage just when things seem to be going smoothly. Perhaps this is a way to express our fear about whether it is okay for us to have a better life. We are bound to feel anxious as we leave behind old notions of our unworthiness. The challenge is not to be fearless, but to develop strategies of acknowledging our fears and finding out how we can allay them.” - Maureen Brady*

3] [Surprising Ways to Beat Anxiety and Become Mentally Strong—According to Science](#) by Olivia Remes

Research-backed methods for alleviating anxiety and a healthy way to worry.

Do you have anxiety? Have you tried just about everything to get over it, but it just keeps coming back? Perhaps you thought you had got over it, only for the symptoms to return with a vengeance? Whatever your circumstances, science can help you to beat anxiety for good.

[Anxiety](#) can present as fear, restlessness, an inability to focus at work or school, finding it hard to fall or stay asleep at night, or [getting easily irritated](#). In social situations, it can make it hard to talk to others; you might feel like you're constantly being judged, or have symptoms such as stuttering, sweating, blushing or an upset stomach.

It can appear out of the blue as a panic attack, when sudden spikes of anxiety make you feel like you're about to have a heart attack, go mad or lose control. Or it can be present all the time, as in generalised anxiety disorder, when diffuse and pervasive worry consumes you and you look to the future with dread.

Most people experience it at some point, but if anxiety starts interfering with your life, sleep, ability to form relationships, or productivity at work or school, you might have an anxiety disorder. [Research](#) shows that if it's left untreated, anxiety can lead to depression, [early death](#) and [suicide](#). And while it can indeed lead to such serious health consequences, the medication that is prescribed to treat anxiety doesn't often work in the [long-term](#). Symptoms often return and you're back [where you started](#).

**How Science Can Help** - The way you cope or handle things in life has a direct impact on how much anxiety you experience – tweak the way you're coping, therefore, and you can lower your anxiety levels. Here are some of the top coping skills that have emerged from our study at the University of Cambridge, presented at the 2017 European Congress of Neuropsychopharmacology in Paris, and other scientific research.

Do you feel like your life is out of control? Do you find it hard to make decisions – or get things started? Well, one way to overcome indecision or get going on that new project is to “do it badly”.

This may sound strange, but the writer and poet GK Chesterton [said that](#): “Anything worth doing is

worth doing badly.” And he had a point. The reason this works so well is that it speeds up your decision-making process and catapults you straight into action. Otherwise, you could spend hours deciding how you should do something or what you should do, which can be very time-consuming and stressful.

People often want to do something “perfectly” or to wait for the “perfect time” [before starting](#). But this can lead to procrastination, long delays or even prevent us from doing it at all. And that causes stress – and anxiety.

Instead, why not just start by “doing it badly” and without worrying about how it’s going to turn out. This will not only make it much easier to begin, but you’ll also find that you’re completing tasks much more quickly than before. More often than not, you’ll also discover that you’re not doing it that badly after all – even if you are, you can always fine tune it later.

Using “do it badly” as a motto gives you the courage to try new things, adds a little fun to everything, and stops you worrying too much about the outcome. It’s about doing it badly today and improving as you go. Ultimately, it’s about liberation.

**Forgive Yourself and ‘Wait to Worry’** - Are you particularly critical of yourself and the blunders you make? Well, imagine if you had a friend who constantly pointed out everything that was wrong with you and your life. You’d probably want to get rid of them right away.

But people with anxiety often do this to themselves so frequently that they don’t even realise it anymore. They’re just not [kind to themselves](#).

So perhaps it’s time to change and start forgiving ourselves for the mistakes we make. If you feel like you’ve embarrassed yourself in a situation, don’t criticise yourself – simply realise that you have this impulse to blame yourself, then drop the negative thought and redirect your attention back to the task at hand or whatever you were doing.

Another effective strategy is to [“wait to worry”](#). If something went wrong and you feel compelled to worry (because you think you screwed up), don’t do this immediately. Instead, postpone your worry – set aside 10 minutes each day during which you can worry about anything.

If you do this, you’ll find that you won’t perceive the situation which triggered the initial anxiety to be as bothersome or worrisome when you come back to it later. And our thoughts actually decay very quickly if we don’t [feed them with energy](#).

**Find Purpose in Life by Helping Others** - It’s also worth considering how much of your day is spent with someone else in mind? If it’s very little or none at all, then you’re at a high risk of [poor mental health](#). Regardless of how much we work or the amount of money we make, we can’t be truly happy until we know that someone else needs us and depends on our productivity or love.

This doesn’t mean that we need people’s praise, but doing something with someone else in mind takes the spotlight off of us (and our anxieties and worries) and places it onto others – and how we can make a difference to them.

Being connected to people has regularly been shown to be one of the most potent buffers [against poor mental health](#). The neurologist [Viktor Frankl wrote](#):

*“For people who think there’s nothing to live for, nothing more to expect from life ... the question is getting these people to realise that life is still expecting something from them.”*

Knowing that someone else needs you makes it easier to endure the toughest times. You’ll know the “why” for your existence and will be able [to bear almost any “how”](#).

So how can you make yourself important in someone else’s life? It could be as simple as taking care of a child or elderly parent, volunteering, or finishing work that might benefit future generations. Even if these people never realise what you’ve done for them, it doesn’t matter because [you will know](#). And this will make you realise the uniqueness and importance of your life.

Olivia Remes is a postdoctoral researcher at the University of Cambridge where she completed her PhD.

*“Every man has his secret sorrows which the world knows not; and often times we call a man cold when he is only sad.” Henry Wadsworth Longfellow*

*“Worrying is carrying tomorrow's load with today's strength – carrying two days at once. It is moving into tomorrow ahead of time. Worrying doesn't empty tomorrow of its sorrow, it empties today of its strength.” Corrie Ten Boom*

4] [The Definition of Insanity](#) - Feature Length Film - The Miami-Dade Community Mental Health Project comes to life in this documentary, following a team of dedicated public servants working through the courts to steer people with mental illness on a path from incarceration to recovery.

*“You don’t have to control your thoughts. You just have to stop letting them control you.” – Dan Millman*

*“Don’t worry if people think you’re crazy. You are crazy. You have that kind of intoxicating insanity that lets other people dream outside of the lines and become who they’re destined to be.” – Jennifer Elisabeth*

5] **Do You Have Superpowers?** - Looking for forthcoming book contributors.

Many adults who experienced childhood trauma, myself included, say they have gained valuable personal strengths. As they reflect back, they say they have enhanced compassion, sensitivity, empathy, and independence—to name just some qualities. Some regard these attributes as superpowers or adversity’s gifts. Even vulnerability (which could be viewed as our kryptonite) can be considered a positive trait.

If you’ve acquired superpowers, consider sharing your story with me. I am writing a book, tentative title: *Superpowers and Kryptonite: The Personal Strengths of Childhood Trauma Survivors*. You can share as much—or as little—about the trauma you endured. My book will focus on resilience and the

superpowers we possess as childhood trauma survivors. It will combine personal stories with research. You can contact me at [alicekennywriter@gmail.com](mailto:alicekennywriter@gmail.com) or [www.alicekenny.com](http://www.alicekenny.com).

*Superpowers and Kryptonite* will be a sequel to my book, [\*Crazy Was All I Ever Knew: The Impact of Maternal Mental Illness on Kids\*](#), which blends memoir with research on the risks faced by children of mentally ill moms, the effects of adverse childhood experiences (ACEs) in general, and the science of resilience. I have contributed blogs (book excerpts) to PACEsConnection, the CPTSD Foundation, and The Mighty.

*I hope to hear from you. I look forward to compiling inspirational stories we can share. In our own ways, each of us is a superhero. Alice Kenny*

*“If we do not transform our pain, we will most assuredly transmit it” Richard Rohr*

*“Do not let your difficulties fill you with anxiety; after all it is only in the darkest nights that stars shine more brightly.” – Ali Ibn Abi Talib*

6] [Inflammation a Core Feature of Depression](#) by Sarah Edmonds @ [Medscape](#)

New research suggests that [depression](#) and inflammation are biologically linked — a finding that may have important implications for patients whose condition fails to respond to treatment with antidepressants.

In the largest-ever examination of genetic, environmental, lifestyle, and medical drivers of inflammation in major depressive disorder (MDD), levels of the key inflammation marker C-reactive protein (CRP) were higher in patients with depression than in those with no mental disorder.

This was true after adjusting for sociodemographic factors such as age, sex, body mass index (BMI), alcohol consumption, early-life trauma, socioeconomic status, and physical health — evidence a core biological mechanism is at work.

The study's joint senior author, Carmine Pariante, MD, Kings College London, London, United Kingdom, said there may be elements of cause and effect in the presence of inflammation in depressed patients.

"We know that patients with depression can have profound changes in all aspects of the body, mostly associated with the stress responses. So the activation of the immune system is present in depression, possibly because it's together with other stress responses," he told a news briefing

The study was [published online](#) May 14 in the *American Journal of Psychiatry*.

**Breaking a Vicious Cycle** - In animal models, stress stimulates the entire immune system, bone marrow included, which leads to the hyperactive production of immune cells.

Humans with depression also produce more white blood cells, particularly monocytes. The release of these important immune cells into the bloodstream prompts further response elsewhere in the body.

Inflammation is an immune response to infection or other stresses on the body. High inflammation levels are associated with autoimmune disorders and can be risk factors for cardiovascular illness or other ailments.

"Then the immune factors they have circulated, they are able to go back and influence the brain. They either change the blood-brain barrier, or move across the blood-brain barrier, or transmit the signal — the information — across the blood-brain barrier and perpetuate the depressive systems by changing the function of brain areas responsible for interpretation of emotions," said Pariante, professor of biological psychiatry at the Institute of Psychiatry, Psychology and Neuroscience, Kings College London.

All this results in a negative feedback loop in which inflammation makes the body believe it is under threat, produces a more robust immune response, and perpetuates or exacerbates depressive symptoms.

"That's why it's so important to understand what is happening but also to break this vicious cycle, because then we could really change the outcome and potentially improve the treatment of these patients," he said.

The findings indicate there may be a benefit in including anti-inflammatories in the treatment regimens of patients with MDD whose condition does not respond to antidepressants. Changes to lifestyle and diet, such as adding high-dose [fish oil](#) supplements, and increased exercise could help as well, Pariante said.

In part, this is because inflammation dampens the effectiveness of antidepressants by reducing the brain's production of mood-determining chemicals such as serotonin.

"We need to remember that around one third of depressed patients don't respond to any of the available medication, so we are a long way from having a silver bullet that can help all depressed patients," he said.

He noted that even if only some patients with MDD could be helped by the addition of an anti-inflammatory, that would be a "really important step forward."

**A New Finding** - For the study, the investigators analyzed blood samples, genetic data, and physical and health questionnaires collected by the UK Biobank, a database of information from more than half a million UK participants who were recruited from 2006 to 2010.

The study compared 26,894 patients who had received a lifetime diagnosis of MDD with 59,001 control persons who had no known mental disorder.

Although the researchers found a link between the genetic predisposition for depression — as indicated by a polygenic risk score — and higher levels of inflammation, this association disappeared when higher BMI and smoking were removed from the analysis.

This contrasted with autoimmune disorders such as [rheumatoid arthritis](#), in which the association between genetic risk and inflammation remained after correcting for behavioral factors.

Pariante said this was a new finding.

"Here we've shown that the genetic contribution to inflammation in depression comes mostly from eating and smoking habits," said joint senior author Prof Cathryn Lewis, head of the Social, Genetic and Developmental Psychiatry Center at the Institute of Psychiatry, Psychology and Neuroscience, King's College London.

"That finding is important to help us understand depression better," she said.

Previous studies have shown that patients with depression have high levels of inflammation, but no study has been as large as the current one or has dealt with such a wide range of causative factors. Pariante said the results may also have implications for long-COVID patients, many of whom suffer exhaustion or depression.

"The research on long COVID-19 is still at the beginning. There's much more discussion than actual data," he said in response to a question from *Medscape Medical News*. Some studies have indicated that patients who experience higher levels of inflammation during SARS-CoV-2 infection were more likely to suffer mental disorders 3 to 6 months after having COVID-19.

"So it is definitely this biological pathway through which high levels of inflammation change brain functioning, induce symptoms...that are relevant to fatigue, for example, or to lack of motivation or lack of willingness to engage in social activity. This could be relevant to some people with long-COVID," Pariante said.

As previously [reported](#) by *Medscape Medical News*, a study published online April 6 in *The Lancet* showed that one third of 236,379 COVID-19 survivors in a US database were diagnosed with at least 1 of 14 psychiatric or neurologic disorders within a 6-month span. The rates of illnesses ranging from depression to [stroke](#) were much higher among those who required hospital admission.

The authors cited several limitations of the study, including the fact that lifetime depression was diagnosed in participants 6 to 10 years after the collection of blood samples and that CRP analysis was based on a single blood sample.

*Am J Psychiatry*. Published online May 14, 2021. [Abstract](#)

*"It's OKAY to be scared. Being scared means you're about to do something really, really brave."* – Mandy Hale

*"Anxiety was born in the very same moment as mankind. And since we will never be able to master it, we will have to learn to live with it-just as we have learned to live with storms."* – Paulo Coelho

7] PEER-A-PALOOZA 2021: Call for Proposals Now Open

Dear Potential Presenter:

Helping to Unite by Generating Mental Empowerment ([HUG ME\) Ink](#) will be hosting the 1st Annual PEER-A-PALOOZA on Friday, September 24th-Saturday, September 25th, virtually through Whova!. Our 2021 theme is:Creating a Zest for Life Through Growth, Resilience, Recovery and Community

Our goals of PEER-A-PALOOZA are:

- To empower peers with the necessary tools to grow in their own recovery
- To leave the past as the past and move forward with dreams
- Be the change agent they can be in their commUNITY

We believe that unifying talented peers of diverse backgrounds provides a unique opportunity to interact and propose stronger solutions together. This year's PEER-A-PALOOZA will have presentations scheduled for 2 days (full time 8 hours a day) but will be accessible to view for 30 days after the event. We invite you to submit a Proposal for this inaugural event.

Please fill out the [Call for Proposals Form HERE](#).

Proposals Due: Saturday; August 14, 2021

Accepted presenters notified: September 1, 2021

Our goal for 2022, is to host this Conference live in San Antonio, Texas. We hope you'll be a part of this inaugural event. Thank you for your time and we look forward to working with you on this Conference!

Sincerely,  
HUG ME Ink Staff and Board

*“Unfortunately, modern man has become so focused on harnessing nature's resources that he has forgotten how to learn from them. If you let them, however, the elements of nature will teach you as they have taught me.” - Anasazi Foundation*

*“Maybe we all have darkness inside of us and some of us are better at dealing with it than others.” - Jasmine Warga*

8] [Homeless Oaklanders were tired of the housing crisis. So they built a ‘miracle’ village](#) by Gabrielle Canon @ The Guardian [*Hey folks, do visit the website, lots of great pix for this article. MS*]

Under a highway, beautiful structures offer food, healthcare, showers and a free ‘store’ – as well as a strong sense of community.

Tucked under a highway overpass in West [Oakland](#), just beyond a graveyard of charred cars and dumped debris, lies an unexpected refuge.

There's a collection of beautiful, small structures built from foraged materials. There's a hot shower, a fully stocked kitchen and health clinic. There's a free “store” offering donated items including clothes and books, and a composting toilet. There are stone and gravel paths lined with flowers and vegetable gardens. There's even an outdoor pizza oven.

The so-called “Cob on Wood” center has arisen in recent months to provide amenities for those living in a nearby homeless encampment, one of the largest in the city. But most importantly, it’s fostering a sense of community and dignity, according to the unhoused and housed residents who came together to build it. They hope their innovative approach will lead to big changes in how the city addresses its growing homeless population.

“It is about uniting everybody,” says Dmitri Schusterman, a nearby resident who also serves as the Director of [Innovation for Artists Building Communities](#), one of the organizations that helped build the center at the end of last year. Cob on Wood was brought to life with help from local advocacy arts and food groups who teamed up with Miguel “Migz” Elliott, an expert in the ancient technique of making cob structures. Together with teams of volunteers and residents, they built each component by hand. Now, roughly five months since they broke ground, a community has coalesced around the space that not only hosts events and workshops but also offers food, hygiene and skill-sharing to the estimated 300 people who live in nearby encampments.

“It is working,” Schusterman says, smiling broadly. “This is the vision we had and it is working like a miracle.”

**Tackling a pair of crises** - Cob on Wood was born of parallel crises – Oakland’s rising rate of homelessness and the Covid pandemic.

The city is home to more than 4,000 unhoused people, a figure that has jumped 86% over a four-year period, according to a 2019 report. [Homelessness](#) disproportionately affects Black Oaklanders, who make up 24% of the general population but 70% of the unhoused population.

Xochitl Bernadette Moreno and Ashel Seasunz Eldridge, co-founders of [Essential Food and Medicine](#), one of the organizations behind Cob on Wood, distributed food and hygiene products to those who couldn’t “shelter in place” during California’s lockdowns. That’s when they learned about just how dire the situation had become.

“[Covid] exposed those pre-existing cracks in the infrastructure of how we take care of our people, our communities, our neighbors,” Eldridge says.

Moreno adds: “Knowing that the issues people in these communities face around hunger and access to water, access to places to cook – these issues existed before the pandemic and they will continue to exist after the pandemic.”

There are [at least 140 homeless encampments in Oakland](#), according to a recent city audit, which found the city had mismanaged its response to the crisis. Building on findings from the United Nations general assembly, which, after visiting the Bay Area in 2018, reported that treatment of the unhoused was “cruel and inhumane”, Oakland’s audit reported that many unhealthy and unsafe conditions have persisted, including a lack of access to clean water, sanitation, and health services.

City officials have tried to address the growing issues with new programs, including the “[tuff shed](#)” project that provides clusters of small structures as temporary housing solutions and so-called “Safe RV Parking” sites that include access to electric hookups, portable toilets and security.

But critics – who include some of the unhoused participants – say the programs are plagued with safety issues and do little to address underlying causes of housing instability. Some have also expressed concerns that the programs have given the city more political leeway to crack down on encampments and increase sweeps, an often traumatic process for unhoused people who can end up losing their few belongings.

“People are not only being evicted from homes they once had, but then they are being evicted from the homes that they create – communities they’ve built for themselves when they had nowhere else to go,” Moreno says.

After growing frustrated with the city’s interventions, several other communities have attempted to create their own solutions, including a group of women who [started a safe encampment in vacant lots](#), and an advocacy organization called the Village, which has built tiny homes on empty areas of public land across the city.

Cob on Wood organizers are also hoping to empower unhoused residents to solve the problems they think the city hasn’t adequately addressed – from fire prevention to sanitation access – while organizing to collectively engage with officials and limit the sense of “otherness” and disenfranchisement which residents say is an all-too-common side-effect of homelessness.

They broke ground in December. Clearing needles and trash from an area near Wood Street – a half-mile area lined with makeshift structures, RVs and tents – a crew of volunteers and camp residents under Elliott’s guidance used pallets to frame the structures. They were insulated with scavenged materials before being coated in “cob”, a mixture made from organic materials including sand, subsoil, water and straw.

Each structure is lined with a “living roof” – featuring a garden – that creates an attractive aesthetic while insulating the inside from the abrasive city sounds and the elements.

“There are cob structures that were built 700 years ago that are still being lived in,” Elliott says. He hopes to prove that “cobins”, as he calls them, could serve as a quick and affordable addition to other encampments, to offer shelter and house other services.

“I am trying to demonstrate a structure that can be built for as cheaply as possible, as naturally as possible, as beautifully as possible and as movable as possible,” he says. “They can have a lock on the door, some shelves on the wall, a little garden on the roof, and the people living in them can actually help build them.”

Cob on Wood organizers also plan to host educational opportunities, including nutrition and cooking classes, skill-shares and career development. “We believe that this place can serve as a model.” Moreno says. “That this city and other cities can adopt to be able to replicate these ideas and create workforce development programs.”

**‘Making us feel good about ourselves again’** - So far, the city has expressed support for the project. Or at least interest.

Carroll Fife, a city council member, has been visiting the encampment and meeting with residents. And

while Cob on Wood was built without a permit on land belonging to the state's transport agency, Caltrans, the agency says it has no immediate plans to remove the structures – though it hasn't ruled out eventually doing so.

Residents and organizers are still concerned. They have experienced sweeps conducted by the city and Caltrans before, and there are rumors that clean-up crews could be deployed to clear the area in the coming weeks.

But they hope that this time, things will be different. The group [has already raised more than \\$24,000 through GoFundMe](#), and there are plans in the works to expand Cob on Wood. Elliott would like to build a chicken coop to house egg-laying hens, a pond full of water-loving plants to collect the runoff from the shower, and a gray water system that will recycle water so that a washer and dryer can be installed.

They'd also like to build residential “cobins” that people could live in long term – that is, if the community is able to stay. Those involved say the project has already had a positive impact – and are determined to build a future for it.

Leajay Harper, who serves as the kitchen manager, is among them. Born and raised in Oakland, Harper lost her housing after losing her job at a non-profit during the 2008 financial crisis. She sent her children, now 14 and 18, to live with her mother, hoping to shield them from life on the streets.

Since she began collaborating with Cob on Wood, she says, there is a place where she feels that they can safely and comfortably spend time with her. Her work here has also helped inspire her to pursue new opportunities.

“It has been a journey and it's been hard,” she says. “But being a part of this and doing this work is getting me motivated.” She plans to launch a zine in the coming months, called From the Gutter, that she hopes will be a platform for unhoused people to share stories and tips.

“This is empowering us and making us feel good about ourselves again,” she says. “Helping us earn our living, and not have to beg for it, or steal it, or commit crimes.”

Mostly, though, like Dmitri Schusterman, she says it's all about coming together.

“It is like a big family,” she says. “We have to make do with what we got. And if we have each other's backs we can do that.”

[Gabrielle Canon](#) is a California-based reporter who has written for Vice, Mother Jones and the Huffington Post.

*“If we could somehow end child abuse and neglect, the eight hundred pages of the DSM...would be shrunk to a pamphlet in two generations.” - John Briere*

*“You say you're 'depressed' - all i see is resilience. You are allowed to feel messed up and inside out. It*

*doesn't mean you're defective - it just means you're human." - David Mitchell*

9] [David Axelrod: I'm sharing my father's story to help end a stigma](#) - by David Axelrod @ CNN

This is always a tough time of the year for me.

It has been nearly half a century, but I am still haunted by the memory of an ominous knock on my college apartment door just before Memorial Day, 1974. A police officer, standing in a darkened foyer, asking my name and, as tenderly as he could, sharing devastating news.

My father was dead.

My dad, Joseph Axelrod, was my hero. Gentle and warm, he provided me much-needed ballast during a turbulent childhood. He was always there to help me through my struggles, but almost never hinted at his own.

Oh, how I wished he had when that police officer told me that my father had taken his own life! The bitter irony of my dad's suicide is that he was a mental health professional. At his funeral, one after another of his tearful patients consoled my sister and me, telling us that our dad had saved their lives. Yet, he was unable to reach out for the help he needed to save his own.

For 30 years, I didn't talk publicly about how my father died. I felt that it would somehow sully his memory; that people would interpret it as weakness or a defect of character. I loved and admired him and didn't want his life to be defined by how it ended.

It took me far too long to realize how wrong that was. Depression is an illness, just like cancer or heart disease.

The very stigma that caused my reluctance to talk about my father's suicide may be why, in part, he failed to seek help. (He left no note or explanation, so I will never know for sure.) It is what too often prevents people from reaching out for the hand they need to climb out of the long dark tunnel that claims tens of thousands of lives each year.

As soon as I began writing and speaking about this, I quickly learned how many others had received that same dreadful knock on the door or call in the night. I've heard from people struggling with depression and countless people who had lost loved ones to suicide. It is a pain so many share.

One of them is Sally Yates, the former deputy attorney general of the United States, whose father, Judge John Kelley Quillian, died by suicide in 1986. On [The Axe Files podcast this week](#), Yates and I spoke about her own journey as a suicide loss survivor -- with her initial reluctance to share her family's story giving way to her powerful advocacy for mental health awareness today.

When I first spoke with Yates about her dad during a 2018 interview on CNN, she teared up. As with me, the memory was still raw, all those years later; the instinct to withhold the story, still strong.

"I had not spoken about it much publicly. It was hard for me to do without getting emotional and still incredibly painful to think about and to talk about," Yates recalled during our conversation this week.

"But also, I think I had felt very protective of my dad."

Yates received an outpouring of responses after her moving testimonial -- from people seeking help or comfort or simply expressing gratitude. She told me the experience prodded her to begin speaking out.

"I feel a real responsibility to bring mental illness out of the shadows so that people will feel more comfortable reaching out for the help that they need with this illness," she told me.

"I know with my dad, that's a big part of why he wasn't comfortable seeking help. He was worried about the stigma. He had been an appellate court judge. He was worried about what people would think. Now, (that was) the mid-80s, and I think we're in a somewhat better place now -- but not where we should be."

For Sally Yates, me and so many others, nothing can completely heal the hole in our hearts. The loss of loving advice and counsel. The special moments and family occasions missed. The grandchildren our dads will never know.

But by sharing our stories, perhaps we can encourage others to seek the help that eluded our fathers.

"Until we can talk about mental illness with the same kind of ease that we talk about heart disease or kidney disease," Yates told me, "and not expect someone who is suffering from depression or from bipolar disorder or anxiety or whatever it might be to tough it out ... there's still more work to do."

May is Mental Health Awareness Month. Let us resolve to, once and for all, defeat the stigma. And if you are struggling with depression and suicidal impulses, please call the Suicide Prevention Lifeline at 1-800-273-8255.

*"I care about truth not for truth's sake but for my own." - Samuel Butler*

*"If your voice held no power, they wouldn't try to silence you." - unknown*

10] [Links Between Trauma, PTSD, and Dissociative Disorders](#) By Matthew Tull, PhD @ Verywell Mind

There is a very strong link between trauma (especially [childhood abuse and/or neglect](#)) and dissociative disorders, and the relationship is important in both directions.<sup>1</sup> It's thought that long-term trauma is a root cause of dissociative disorders, with dissociation occurring as a coping strategy that allows people to distance themselves from a trauma that may otherwise be unbearable.

When dissociation continues when real danger no longer exists, however, it can prolong or even prevent recovery from abuse and neglect. There is also a connection between dissociation and [post-traumatic stress disorder](#) (PTSD).

Changes in brain function may further explain the connections among these causes and conditions.

Dissociation and Dissociative Disorders

It's important to briefly define both dissociation and dissociative disorders before examining the impact

of trauma.

[Dissociation](#) is a disconnection between a person's thoughts, feelings, memories, behaviors, perception, and/or sense of identity. Nearly everyone has experienced dissociation at some time, with examples including daydreaming or zoning out while driving and not remembering the last few miles of highway ("highway hypnosis").

Dissociative Disorders - Unlike "normal" dissociation, dissociative disorders involve dissociation (an involuntary escape from reality) that interferes with a person's work and/or family life. Roughly 2% of the population is thought to experience a dissociative disorder, and it occurs across all ages, ethnic groups, and socioeconomic backgrounds.

While these conditions are diagnosed more often in women, according to the National Alliance on Mental Illness, many men go undiagnosed since they tend to deny their symptoms and traumas. General symptoms of dissociative disorders include:

- Memory loss that may involve people, places, or events
- The feeling of being physically detached from the body, as if watching a movie of oneself
- Emotional detachment
- Lack of sense of self
- Consequences of dissociation, such as relationship struggles, loss of jobs, anxiety, depression, and thoughts of self-harm

Other symptoms may be present depending on the type of dissociative disorder. While there is a spectrum of symptoms from mild to severe, and the symptoms can vary tremendously between people, symptoms tend to be similar each time they occur for a specific individual. Types of dissociative disorders can include.

- **Dissociative amnesia:** This disorder is common, and is characterized by memory loss regarding important events or periods of time in a person's life
- **Dissociative fugue:** This disorder is characterized by wandering off and having no memory of an event or period of time
- **Depersonalization/derealization:** Depersonalization refers to the sense of being outside of your body or feeling as if you are observing your life from the sidelines. While roughly 50% of adults will have at least one episode of depersonalization, it is classified as a disorder if the depersonalization has a negative impact on a person's relationships or work life. [Derealization](#) may occur along with depersonalization and refers to a feeling of being detached from one's surroundings.
- **[Dissociative identity disorder](#)** (formerly called multiple personality syndrome): Identity confusion and identity alteration may occur to varying degrees with this syndrome, with a person's personality "split" between one or more alternative personalities.
- **Dissociative disorder not otherwise specified:** This term is used for a dissociative disorder that does not fit into one of the categories above.

**Trauma and Dissociation** - There is a very strong link between trauma and dissociation. Ongoing trauma, especially childhood physical, sexual, or emotional abuse and/or neglect is a very significant

risk factor for the development of dissociative disorders and is thought to be the root cause in at least 90% of people with these conditions.

In fact, dissociative disorders are associated with the highest frequency of childhood abuse and neglect of all psychiatric disorders.<sup>4</sup> While ongoing abuse, frequently in childhood, is most common, a single but catastrophic episode of trauma in either children or adults (such as natural disasters, military combat, torture, or violent crimes) may also precede the development of dissociative disorders.

**Dissociation as a Coping Strategy** - Dissociation in the setting of chronic trauma is considered to be a coping strategy, at least initially. In the setting of abuse or neglect, dissociation is thought to be a self-protective survival technique in which a child (or adult) slips into a dissociative state in order to escape fully experiencing trauma that is unbearable.

Children, especially, may be helpless to do anything about the trauma, and disconnecting from the abuse or neglect (escaping, in a sense) can allow them to cope.<sup>5</sup> In addition to disconnecting, derealization may help the child experience reality as a dream that is not really happening to them.

[Emotional abuse](#) and neglect in childhood, though somewhat more difficult to recognize than physical or sexual abuse, can likewise lead to dissociation in an attempt to make the neglect more bearable.

To further support this link between trauma and dissociation, researchers note that people with dissociative disorders report the highest occurrence of childhood abuse and/or neglect among all psychiatric diseases. This is an extremely strong link, suggesting that dissociation is a direct reaction to significant trauma. However, not everyone who experiences childhood trauma will develop a dissociative disorder.

**Long-Term Negative Effects of Dissociation** - While dissociation can initially be a coping strategy that allows a person to manage severe stress and personal threats, problems occur when dissociation occurs in situations where the real danger is not present. And since dissociation usually occurs without conscious awareness, people do not usually realize that they are using it as a coping strategy.

Dissociation without a real threat is a double-edged sword in a few ways. It can interfere with relationships, work, and daily functioning. Since addressing a history of abuse may be perceived as a threat and cause dissociation, it can interfere with recovery from trauma. Disconnecting from situations that do not pose significant stress may also result in a person tolerating a situation that should be changed.

**Age of Trauma and Dissociative Disorders** - In general, the severity of a dissociative disorder correlates with the severity of abuse or neglect. But it appears that children of certain sensitive ages are more likely to develop these disorders in response to trauma.

Children who are preschool age (age 4 to age 5), as well as pre-adolescents (age 8 to 9), may be particularly vulnerable. Overall, ongoing severe trauma before the age of 9 years is most strongly associated with the development of dissociative disorders, and when they occur, they may be present as early as age 5.

**Brain Changes in Trauma and Dissociation** - The link between trauma and dissociation is further

supported by studies looking at changes in brain function associated with trauma or dissociation. It's known that [childhood abuse affects the brain](#), and a 2018 review found that dissociation is associated with similar changes in the brain and neural connections that may underlie the symptoms and behaviors.

These changes are complex and may include decreased limbic activity, increased frontal lobe activity, and changes in communication between these two regions. Certainly, the neurobiology of trauma and dissociation is an area where much research is needed.

PTSD and Dissociation - Dissociation and [post-traumatic stress disorder](#) (PTSD) are also closely connected and frequently occur together, with some considering dissociative disorders to be a subtype or subset of PTSD.<sup>2</sup> The symptoms, as well as the impact of the two conditions, however, can be quite different.

PTSD may develop after a single traumatic experience, as either a child or as an adult (for example, witnessing a violent event or natural disaster). Unlike the trauma that often underlies dissociative disorders, in which specific age groups appear to be more vulnerable, PTSD is less dependent on age and related more to the severity of the traumatic experiences.

Dissociative disorders usually result from trauma and stress in childhood, not adulthood. They stem from chronic trauma (for example, repeated episodes of physical, emotional, or sexual abuse).

Dissociation, but without the degree of impact of dissociative disorders, is common with PTSD. In [dissociation with PTSD](#), the symptoms of PTSD can intensify dissociation, but it is often short-lived.

Compared to people with dissociative disorders, those with classic PTSD often have lower levels of trauma avoidance as well.<sup>13</sup> That said, when significant symptoms of dissociation (such as depersonalization and/or derealization) occur, they can hinder recovery (or lead to worsening) of PTSD without treatment.

**Treatment for Dissociation** - If you have experienced trauma and also experience dissociation, it is important to seek help. While dissociative disorders are relatively common, most people are unaware that they are responding with these behaviors. Left untreated, this behavior can lead to depression, anxiety, relationship and work problems, substance abuse problems, and difficulty recovering from the original trauma.

Fortunately, when recognized, recovery from dissociative disorders, PTSD, and childhood trauma is possible. It frequently includes a combination of psychotherapy (such as [cognitive behavioral therapy](#) and [dialectical behavior therapy](#)) and medications.

[Treatment may help you](#) learn how to safely confront and cope with your traumatic experience, as well as face experiences that are non-threatening but often go unaddressed due to dissociation. The [International Society for the Study of Trauma and Dissociation \(ISSTD\)](#) provides a wealth of information on the connection between trauma and dissociation, as well as links to therapists who treat trauma and dissociation.

[Matthew Tull, PhD](#) is a professor of psychology at the University of Toledo, specializing in post-traumatic stress disorder.

10a] [Verywell Mind](#) is a trusted and compassionate online resource that provides the guidance you need to improve your mental health and find balance. Our library of more than 4,000 pieces of content, created and refined over the past 20+ years, has been written by more than 100 healthcare professionals and industry experts including experienced doctors, therapists, and social workers, and then vetted by board-certified physicians. We give you the resources you need to feel happy and healthy.

The Verywell family of brands, including [Verywell Health](#), [Verywell Fit](#), [Verywell Family](#), and [Verywell Mind](#), is a top 5 health publisher, according to comScore, a leading internet measurement company, and helps more than 30 million people each month to feel better and be healthier.

*“The real question is not whether life exists after death. The real question is whether you are alive before death.” - Osho*

*“Having my defenses down felt good. I didn’t realize how much energy it took to carry my armor. My wall of protection kept bad stuff out, but it also kept good stuff from coming in. Guarding my heart is important, but not at the expense of being known by people who love me.” - Shauna L Hoey*

### **Some Closing thoughts on the passing of Jay Mahler – Mental health activist and advocate**

*“I’ve spent 58 years in the public mental health system—10 years surviving it and 48 trying to change it.” - Jay Mahler*

*Jay was one of many advocates I was aware of back in my initial days of trying to find my way to healing, finding my voice and advocacy. He and others helped pave the road for so many....Later in life I was fortunate to cross paths with him at different conferences and events. I fondly remember him as a kind and gentle man with great courage and conviction. Michael*

[Stories of Recovery: Jay Mahler](#) - YouTube 7:13 minutes

In the series debut, longtime advocate Jay Mahler shares his decades-long relationship with the mental health system. Hear about his first encounter with treatment and how that catalyzed a lifelong commitment to consumer rights activism. "Stories of Recovery" is a video series featuring real, honest, and hopeful stories of mental health recovery — all told from consumers themselves.

[Interview with Consumer Movement Organizer Jay Mahler](#) - YouTube 13 minutes

BestNow! Intern Steve Hayes interviews consumer movement organizer Jay Mahler about his life, activism in the East Bay, and his role in the mental health consumer movement.

[Remembering Jay Mahler](#) By [Michael Cornwall, PhD](#) @ Mad In America

***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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[@SurvivinSpirit](#) Twitter

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

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

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