



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

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

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

## **The Surviving Spirit Newsletter October 2021**

“Don't Quit” by John Whittier

When things go wrong as they sometimes will,  
When the road you're trudging seems all uphill,  
When the funds are low and the debts are high  
And you want to smile, but you have to sigh,  
When care is pressing you down a bit,  
Rest if you must, but don't you quit.

Life is queer with its twists and turns,  
As every one of us sometimes learns,  
And many a failure turns about  
When he might have won had he stuck it out;  
Don't give up though the pace seems slow  
You may succeed with another blow,

Success is failure turned inside out--  
The silver tint of the clouds of doubt,  
And you never can tell how close you are,  
It may be near when it seems so far;  
So stick to the fight when you're hardest hit  
It's when things seem worst that you must not quit

Please note Edgar Albert Guest wrote “Don't Quit” [with extra verbiage] a few decades before John Whittier. I suspect Guest did not have a copyright on his poem - <http://faculty.wiu.edu/M-Cole/Paige+Poems.pdf>

Hi Folks,

I first became aware of the poem, “Don't Quit” back in 1993 when the horrors of my childhood and teen-aged years came back to devastate my mind, body and spirit. Throughout my life I had always found a way to keep moving forward no matter how many times I was knocked down – but this time it was different. The “Energizer Bunny” was unable to keep marching and banging on the drum and the Timex watch had finally met *'a licking that kept me from ticking.'* I thought that PTSD was only for

soldiers and major depression wasn't in my vocabulary. My whole being was finally telling me I had to face my demons from the past in order to really live life – work-a-holism was no longer going to sustain me.

During this time of despair and confusion my oldest daughter gave me a little card that had the poem “Don't Quit” printed on it. I placed it on my bureau dresser so I could read it every day, later taping it to my bathroom mirror. Sometimes I would read it several times a day...it also let me know that I was loved .

I did not want to quit but the harsh reality of the trauma, abuse, grief and mental health injuries I was dealing with was a constant whirlwind of turmoil and being over-medicated on psychiatric drugs did not help. Reading every book and article on healing from trauma, abuse and depression I became aware of and the support and friendship of peers I met at peer support centers, conferences and in support groups for those impacted by mental health or in childhood sexual abuse survivor groups have gone a long way in helping me to find the means of thriving in life. I have come to believe that it is a lifetime journey of healing for many of us.

I'm not quitting, but I'm going to take some time off over the next few months to rest, regroup and reflect. There will be a pause in the sending of the Surviving Spirit Newsletter – but it shall return.

Thank you & take care, Michael

*“When you rest, you catch your breath and it holds you up, like water wings...” - Anne Lamott*

*“Sometimes you need to give yourself a break when you've had a lot of life change.” - Barbara Freethy*

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*“Keeping your body healthy is an expression of gratitude to the whole cosmos - the trees, the clouds, everything.” – Thich Nhat Hanh*

*'There is no power for change greater than a community discovering what it cares about.'* – Margaret J. Wheatley

1] [The Chronic Stress Survival Guide: How to Live With the Anxiety and Grief You Can't Escape](#) by Elle Hunt @ [The Guardian](#)

*There are ways to help alleviate the very worst of your stress, whether through support, sleep or radical self-care.*

At a time when all life's challenges have been amplified by the pandemic – and awareness of burnout,

at home and at work, has never been higher – stress might seem to be our baseline condition. For most of us, these periods of pressure pass relatively quickly. Even serious stress can be temporary and, given the chance to recover, we usually will. “But emotional resilience won’t solve everything,” says Rachel Boyd, from the mental health charity Mind. “Some of the causes of stress are very challenging to cope with, even when we feel OK.”

Many of our everyday challenges have been amplified by the pandemic and its consequences for the economy and society. Those living with financial hardship, health conditions, or caregiving responsibilities, in particular, may feel there is no end in sight. But even if stress seems essential to your circumstances and you don’t have the option or the resources to change them, there are ways you can support yourself.

**Take Your Stress Seriously** -Short-term bursts of stress can be weathered without a negative impact and can even be productive, says Victoria Zamperoni, senior research officer for the Mental Health Foundation. “But if stress is really intense, frequent or chronic, that’s when you see it having knock-on effects ... and the threshold will be different for everybody.”

Harvard University’s Center on the Developing Child [distinguishes](#) between positive, tolerable and toxic stress (the terms refer to the effects on the body, not the stressful event or experience itself – though questions of context, intensity and duration are relevant). Toxic stress response can result from strong, frequent or prolonged adversity without adequate support – and the health effects can accumulate and last for a lifetime.

When your situation is so overwhelming, protecting your wellbeing can seem irrelevant or even impossible. But it’s important to take whatever steps you can. Ongoing stress can cause or exacerbate many serious health problems including cardiovascular disease, high blood pressure, heart disease and heart attacks, and stroke. It impairs your memory, thinking and judgment in the present, and has been linked [to developing depression](#), anxiety and perhaps even Alzheimer’s disease.

“Stress is a really important physical influence and it deserves to be taken seriously,” says Zamperoni. “If someone is struggling, they should reach out for help.”

**Be Aware of the Bigger Picture** - “Stress is often a legitimate response to difficult circumstances, that no amount of resilience or self-care can overcome,” Boyd says. Much prolonged stress is a product of poverty, financial struggle and health conditions and exacerbated by cuts to benefits and support services. So any discussion of ways to cope must acknowledge that the solution lies in structural societal change, such as welfare reform, more protective labour laws and more support and resources for caregivers.

Middle-aged women, in particular, shoulder the burden, often working full-time while also caring for young children and elderly parents. “It’s unfair to put all of the responsibility for staying healthy on the individual,” says Zamperoni. “At the same time, that social change is often slow – so people do need resources they can draw on in the meantime.”

**Find Solutions That Work for You** - Everyone’s experience of stress is different, says Zamperoni. “Stressors can vary by your environment, your past and present, and the social or economic situation you find yourself in.”

Even genetics inform our stress response, meaning [other people's strategies](#) won't necessarily help you; the key is to come up with your own. Public Health England's [Every Mind Matters](#) online tool helps people come up with a personalised "mind plan".

"You could say, 'I've got to learn to cope', but there are specific things that will help you," says Paul Gilbert, a clinical psychologist and the founder of the [Compassionate Mind Foundation](#). "What's going to help you with your elderly relatives is not going to be what's helpful on a Covid ward. [Different stressors](#) require different solutions."

Try to approach your stress with curiosity: what triggers it and what makes you feel better? Boyd suggests taking time to reflect on your specific experiences, either alone or with a friend. "You might be surprised to find out just how much you're coping with at once."

**Don't Underestimate the Basics** - We all know the importance of movement, nutrition and sleep, but it's not always easy to do something about it, especially when resources are stretched. In desperate circumstances, these might seem like simplistic solutions. But they can either exacerbate your experience of your circumstances or help you to cope. "A good night's sleep makes a world of difference, which sounds like a pat thing to say – but it really does," says Zamperoni.

As stress is partly physiological, says Gilbert, paying attention to physical health is relevant to regulating our response. Even breathing matters: "Get your body into a position where it's much more grounded."

If just the thought of taking this on is overwhelming, Boyd suggests only doing what feels comfortable, and taking small steps at a time: "Pick one or two things that feel achievable at first, before moving on to try other ideas. Something as simple as looking after an indoor pot plant or counting the birds you see from your window can help." Establishing a daily routine adds to a sense of control.

If making time for sleep or exercise feels self-indulgent when others are depending on you, re-frame it as what you need to do to be an effective provider or caregiver for them.

**Surround Yourself With Support** - Not only does asking for help lighten your load, it will make your situation feel more tolerable. Individuals' biological response to stress is moderated by genetics, over which we have no control – [but also](#) the availability of supportive relationships, which we do.

The feeling that other people care about us activates the brain's "soothing system" for managing stress, says Gilbert. Even if it's not possible for us to remove ourselves from the stressor, we can still access a sense of "social safety" by turning to people for help, "rather than just trying to deal with the threat yourself," says Gilbert.

A 2018 [systematic review of](#) coping strategies in caregivers found that problem-focused responses – steps to change the relationship between the person and their environment, such as those that reduce time and labour – were associated with less psychological distress and more positive outcomes.

Even talking about your stress with a trusted friend will alleviate it. "It's why, if you've got something a bit scary to do, such as going to hospital, having somebody come with you makes you more able to

cope,” says Gilbert.

Carers UK [suggests](#) joining a local support group to connect with people who are dealing with similar challenges. Its online forum also allows anonymous exchanges for those who feel uncomfortable about sharing publicly.

**Manage Your ‘Internal Entrapment’** - You might not be able to escape or change your situation, but you can manage the feeling of being trapped by it. “Internal entrapment” is the tunnel vision that comes from repetitive negative and self-critical thinking, warping perception and worsening our experience of stress. “What sometimes appears to be the stressor isn’t,” says Gilbert.

We may even be undermining ourselves with self-talk: “What are you trapped with in your own mind? Do you live in your mind as a compassionate, supportive, empathic, validating self? Or when you experience threat, do you start to criticize yourself and put yourself down?”

Whatever your situation, [treating yourself with compassion](#) will support you. Gilbert suggests taking whatever breaks possible from your stressors, doing breathing exercises and practising acceptance. “If you tell yourself you can’t cope, it just adds to your stress, rather than saying: ‘OK, this is a difficult situation, it’s not my fault, I’m going to find a way through.’”

[Understanding the bodily processes at play](#) can also help to put stress into context, Gilbert says. “It’s not something wrong with your decision making, or that you’re just not up to it.”

**Allow the Emotions, but Not the Spiral** - Understandable feelings of frustration, such as about making a mistake or not getting a job, can often escalate to a sense of: “I’m useless”, “Nobody’s ever going to want to hire me”. “Deal with the emotion without then having the second hit of self-criticism,” says Gilbert.

The three to become familiar with are anger, anxiety and grief. Some stress may result from permanent life changes, says Gilbert: “If you learn to deal with the ‘big three’, it helps you to come to terms with them.”

Likewise, emotional avoidance is an established risk factor for poor mental health.

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[A 2021 UK-wide study](#) of health and social care workers, exploring the toll of working through the pandemic, found that those who had positive coping strategies had higher levels of mental wellbeing, a better quality of working life and lower rates of burnout. There was an especially strong association for "active coping": applying your available internal resources to controlling a stressor.

Those who reached for negative coping strategies had poorer outcomes, says Paula McFadden, the study's principal investigator and a senior lecturer in social work at Ulster University. "Things like venting can be therapeutic for people but if it's ongoing, it also contributes to wellbeing decline."

The study also revealed an association between burnout and self-blame: "That's an unusual one in a pandemic, with it being out of our control."

**Do the Most Helpful Thing** - Practicing self-compassion is not necessarily comfortable or easy at the best of times, says Gilbert. "People often say, 'It's about being kind to yourself.' Well, sure, but the key is how you find the courage and the wisdom to deal with your situation ... rather than doing the things that will temporarily make you feel better."

Courage might be needed to leave a relationship, or care for an elderly parent, while it takes wisdom to recognise what can be let go, or what to do next. Both may take time to develop, says Gilbert. But sometimes the next step is about asking yourself: "What would be the most helpful thing?"

It might be going to bed early enough to get a good night's sleep – or accepting that you haven't had enough sleep and are not fully functioning as a result. Shift workers often have to learn how to cope with being tired, says Gilbert. The key is to be clear about the best way to manage your body and mind to get you through, "and not doing things that make it more difficult."

“Sometimes accepting that there are some things happening to you that you probably can’t do anything about right now, will help you focus your time and energy more productively,” says Boyd. “If you feel prevented by your circumstances ... it can help to focus on the areas where you do have some choice and power.”

**Explore Your Options at Work** - If your stressors are not work-related – and even if they are – your employer may be able to do more to help. The Ulster University study of health and social care workers emphasized the important role of employers in supporting staff through the pressures of the pandemic, and helping them to recover.

“People had so many additional pressures in their personal life, they found it sometimes impossible to juggle home schooling kids, caring for elderly relatives and trying to hold down their jobs,” says McFadden. “If employers allowed them to work flexibly, that helped them to cope with their stress at work.”

If pressures in your family life could be alleviated by changes to your work patterns, it is worth raising that with your manager – as is the provision of any technology or equipment that would make it easier to work from home.

Employers, meanwhile, need to take the initiative by making systemic changes to support staff to take breaks and holidays, to create pathways to expert psychological help, and to make available opportunities for extra recovery time, if necessary.

The study showed that even relatively straightforward things, such as clear lines of communication and face-to-face time with managers and colleagues, made a difference to people’s work-related wellbeing and ability to manage stress. “Even if only virtually, connection really matters,” says McFadden.

Indeed, the first step to managing the impact of working with long-term stress is to focus attention on what we can do as individuals to support ourselves, and what will work against us. “This is about employers and employees listening, so there is a shared understanding of what the workforce needs to do to help them.”

In the case of the health and social care sectors, more funding is what is needed, the study concluded.

But as the pressures from the pandemic continue, it is especially vital that we recognize that we are not operating in a vacuum and do what we can to support the workforce and each other.

“It’s a really important message to employers, and to employees,” says McFadden. “Create the circumstances where people can adopt these ways of coping.”

*“Be there for others, but never leave yourself behind.” Dodinsky*

*“Many people, especially ignorant people, want to punish you for speaking the truth, for being correct, for being you. Never apologize for being correct, or for being years ahead of your time. If you’re right and you know it, speak your mind. Speak your mind. Even if you are a minority of one, the truth is still the truth.” - Mahatma Gandhi*

2] [How Gratitude Helps Your Brain and Mental Health](#) by Debbie Hampton @ [The Best Brain Possible](#)

[Research](#) has proven many significant benefits in cultivating gratitude for mental and physical health. Studies show that the practice of gratitude can increase happiness levels by an average of 25 percent and overall health by, for example, increasing the quantity and quality of sleep. Beneficial outcomes can be achieved by such simple practices as praying, writing in a gratitude journal, placing a thankful phone call, making a mental gratitude list, or writing a thank-you letter to someone.

Gratitude is primarily studied by self-reporting, but, science is turning out increasingly promising results measuring hard scientific data, such as decreasing cortisol and stress levels, heart rate variability, and brain activation patterns and increases in beneficial neurochemicals. Some studies are showing that gratitude can actually [rewire the frontal lobes](#).

**What Exactly Is Gratitude?** - It may seem like a no-brainer, but let's talk about what gratitude is, exactly. It's a feeling of thankfulness and appreciation; seeing the glass half full instead of half-empty; viewing a day as partly sunny instead of partly cloudy. Gratitude is a shift in perspective and a conscious choice. In any situation, you can choose to focus on a feeling of lack or abundance, choose a state of complaint or gratitude. Every day, in every circumstance, this choice is always available to you.

**How Gratitude Changes Your Brain** - It Improves Activity in the Dopamine Circuits

[Feeling grateful increases your brain's production of dopamine](#). Dopamine is a feel-good neurotransmitter that's part of the brain's reward and pleasure-seeking circuit. People with [abnormally low dopamine levels may have](#) impaired thinking and memory and slowed reaction times. A lack of [dopamine causes the motor symptoms of Parkinson's](#) disease. [Dopamine is also linked to depression](#), anhedonia, the inability to feel pleasure, and lack of motivation.

In the [Upward Spiral](#), Alex Korb explains:

*“The benefits of gratitude start with the dopamine system, because feeling grateful activates the brain stem region that produces dopamine. Additionally, gratitude toward others increases activity in social dopamine circuits, which makes social interactions more enjoyable.”*

**It Boosts Serotonin** - Thinking about the positive aspects of your life can up serotonin levels.

According to Korb:

*“One powerful effect of gratitude is that it can boost serotonin. Trying to think of things you are grateful for forces you to focus on the positive aspects of your life. This simple act increases serotonin production in the anterior cingulate cortex. The same [study](#) that found this also showed that remembering sad events decreases serotonin production in the anterior cingulate. Thus, remembering positive events has a twofold effect, it directly increases serotonin and indirectly keeps you from remembering negative events.”*

**Gratitude Changes Neural Expression** - One [study determined that](#):

*“...even brief expressions of gratitude may have profound and lasting effects on neural activity and sensitivity...”*

This particular experiment involved dividing participants into three groups and having them perform different activities every day for three weeks. Group one wrote a grateful letter to another person. The second group wrote about their thoughts and feelings pertaining to negative experiences. Group three didn't write anything at all. Each group received counseling services.

Only group one that wrote the letter reported better mental health when the researchers followed up with them at four and 12 weeks. The findings suggest that counseling combined with gratitude is more beneficial than counseling alone. Upon analyzing the results, the researchers determined that practicing gratitude helps mental health in four distinct ways.

**Four Ways Gratitude Shifts Thinking Patterns** - Thinking gratefully disconnects us from toxic, negative emotions and the [ruminating thoughts](#) that often accompany them. Intentionally looking for things for which to be thankful engages your frontal lobe and shifts your focus to positive emotions.

1. Expressing gratitude helps even if you don't explicitly share it with someone. We're happier and more satisfied with life because we actively looked for things in our lives for which to be grateful.
2. The positive effects of gratitude writing compound like interest. You might not immediately notice the subtle benefits of a daily or weekly practice. However, after several weeks and months, the effects will be noticeable.
3. A gratitude practice trains your brain to be more in the habit of experiencing gratitude. Your brain is a feedback loop. Positive emotions and neurochemicals can generate more positive. Similarly, negative thinking encourages more of the same.

**12 Ways You Can Grow Your Gratitude** - According to the article, [14 Health Benefits of Practicing Gratitude According to Science](#), here are suggestions you can do daily or weekly to cultivate an attitude of gratitude:

1. Journal about things, people, or situations for which you are grateful. Consider including negative situations like avoiding an accident, for instance.
2. Think about someone for whom you are grateful
3. Write a gratitude letter to someone for whom you are thankful. Consider sending it or giving it to them in person.
4. [Meditate on gratitude](#) (present moment awareness).
5. Do the “Count Your Blessings” exercise (at the end of the day, write down three things for which you were grateful)
6. Practice saying “thank you” in a real and meaningful way. Be specific. For example, “Thank you for taking the time to read this article and leave a comment. I enjoy reading your contributions because they broaden my understanding of this subject.”
7. Write thank-you notes. Some might say this is a lost art. Challenge yourself to write one hand-written note every week for one month.
8. Be mindful of your five senses. How does each enhance your life?
9. Create visual reminders to practice gratitude. Sticky notes, notifications, and people are great

for this.

10. Focus on the good that others have done on your behalf.
11. Actions lead to gratitude. Smile, say thank you, and [write gratitude letters](#).
12. Give something up. We tend to adapt to newness; sometimes it's a good idea to give something up so that we can increase our appreciation of it.

**My Personal Experience** - At first, it may be difficult to see life from the perspective of gratefulness. It may even feel forced or fake. That's OK. With regular practice over time, being grateful will feel more authentic and become a habit and default setting in your brain.

Practicing gratitude has drastically changed my life. I began my practice at a time in my life when [I had just tried to kill myself](#) resulting in a serious [brain injury](#). I could barely walk with any coordination or talk understandably. Because of the suicide attempt and my mental condition, I had lost custody of my two sons. Being appreciative did most definitely feel fake. However, the alternative, focusing on all that was wrong in my life, only made me feel worse by perpetuating feelings of hopelessness and pain. Even though I had no idea what I was doing, I stuck with it, and it definitely helped.

There really is no right or wrong way to practice gratitude. "Right" is whatever is right for you. I may have to get out the magnifying glass, at times, but I can always find something for which to be grateful.

2a] [Beat Depression And Anxiety By Changing Your Brain: With Simple Practices That Will Improve Your Life](#): by Debbie Hampton

2b] [Trauma Changes Your Brain - So Does Healing](#) by Debbie Hampton @ The Best Brain Possible

*"The remarkable thing is that we really love our neighbor as ourselves: we do unto others as we do unto ourselves. We hate others when we hate ourselves. We are tolerant toward others when we tolerate ourselves. We forgive others when we forgive ourselves. We are prone to sacrifice others when we are ready to sacrifice ourselves. It is not love of self but hatred of self which is at the root of the troubles that afflict our world." - Eric Hoffer*

3] [Study confirms how profoundly the brain is affected by major depression](#) @ News – Medical Life Sciences [ You can download the study at the website]

Scientists have found that the more severely patients have been hit by depression across their lifespan, the less they react emotionally to negative faces during current depression. The researchers are now working to understand if this means that serious depression changes the way the brain reacts to emotion over time, or if people with stronger emotional responses to negative faces are less vulnerable to long-term depression. Either may have implications for future patient care. This work is presented at the ECNP conference in Lisbon, after recent publication.

Depression is a major mental health burden, but the direct effect on brain activity is only just beginning to be understood. The brains of depressed patients normally show greater activity in certain areas than those of non-depressed healthy people.

Now a group of German scientists have discovered that, while still greater than in non-depressed people, brain activity of patients who are currently depressed and have suffered with prolonged and

severe depression is lower than that of patients with less severe and prolonged depression. No specific relation is found between brain activity and previous depression in patients where the depression is no longer present.

The researchers worked with 201 seriously depressed patients and 161 patients who had come out of the period of depression (remitted). Each patient was questioned about the duration and extent of their previous depression, which allowed the researchers to build a tailored depression history. Then during the study, each patient was placed in an MRI scanner, and brain changes were monitored while the patients viewed a series of unsettling images - fearful or angry faces.

Lead researcher Hannah Lemke (University of Münster) said:

"We saw that the unsettling images of negative faces caused activity in certain areas of the brain, mostly the amygdala, parahippocampus PHG and Insula, which are areas where emotions are processed. However the extent of the brain activity was different according to the severity and duration of the depression the patient had already suffered. Those patients where the depression had remitted showed a certain level of activity, but those patients where the depression was current exhibited a reduced activity in these brain areas. This differed for each patient, but in general the more severe the depression history, the less responsive their brains were to the photographs".

Hannah Lemke continued:

In those patients where the depression had remitted the brain response was not related to the previous depression history, which may indicate the importance of disease remission to brain health.

Interpreting this needs more work. It's tempting to think that reduced brain activity is a way the brain copes emotionally with long-term depression, and that maybe the first episode of depression was qualitatively different to the current episode. It seems that underlying brain activity related to the emotional information of serious depression may change over the course of the disease.

But we also need to consider alternative explanations, for example, it may be that people who process emotions in a certain way are more vulnerable to long-term depression. In either case, we are looking at different faces of depression, with different effects and different outcomes. And perhaps future treatment will need to take this into consideration.

This is a big study, so we can be fairly confident in what we have found. Nevertheless, we now need longitudinal studies, where individual depressed patients are followed over a period of years to see how their brain response changes".

*"This study confirms how profoundly the brain of patients is affected by major depression. A number of mechanisms can explain these findings, all relevant to the further understanding of depression, as this biological signature could be either a risk factor for, or a consequence of, more severe and chronic depression. Moreover, future studies should clarify if these effects are driven more by the maximum severity of depression, the chronicity of depression, or the exposure to antidepressants; and clarify the molecular mechanisms underpinning these functional changes".* - Dr Carmine Pariante, Professor of Biological [Psychiatry](#), King's College London

*“Just for today I will try to live through this day only, and not tackle all my problems at once. I can do something for twelve hours that would appall me if I felt that I had to keep it up for a lifetime.” - Al-Anon*

*“The answers you seek never come when the mind is busy, they come when the mind is still, when silence speaks loudest.” Unknown*

#### 4] **Call for Poetry Submissions** - Jyl Anais

Jyl Anais is compiling a poetry anthology that focuses on justice, the interface between the spirit and physical realms, intimate partner/domestic violence, and violence against women. Poetry that challenges the culture of psychiatric diagnosis and addresses trauma, its effects, and hope is welcome.

(Note: if you don't have a critical perspective on psychiatry and/or have a psychiatric diagnosis that you identify with, you're also welcome to contribute. You may submit your work either way.)

Please submit up to 3 poems in any style. Each poem should not be more than 2 pages long. The anthology will be published in 2022/23. A percentage of the profits will be donated to [The Gabby Petito Foundation](#). International submissions are welcome. Poems must be in English.

Submission fee is \$5 USD, payable to [paypal.me/jylion](https://paypal.me/jylion). (If you cannot afford this, please reach out to me.)

Please only submit original poems that you've written. If the poems have been published somewhere else, please note that in the submission. If included, authors must sign a contract before publication giving permission for the poem/s to be republished. Authors will retain rights to their poetry after they are published. Simultaneous submissions are encouraged. If the poem is accepted elsewhere after you've submitted it, please let me know when you do. DEADLINE: November 30, 2021.

- Send submission fee via Paypal.
- Submit poems as an attachment in Microsoft Word or Open Office in 12 pt. Times New Roman to [sinmiedopressofficial@gmail.com](mailto:sinmiedopressofficial@gmail.com) with the subject line: Spirit Anthology Submission/ Your Name.
- Please include your bio and the names of your poems in the body of your email.
- Do not include identifying name or email address on any page that includes a poem.

Thank you!

#### 4a] [Soft Out Spoken the collection](#) - Jyl Anais

Jyl Anais' debut poetry collection was published by Sin Miedo Press in 2019. It's available in paperback at a local, independent bookstore near you. Find out where at [Indiebound](#). Or find it online at [Lulu](#), [Barnes & Noble](#), and other retailers worldwide. The collection is available through Ingram to libraries and booksellers. The ebook is available through [Amazon](#). We offer discounts for orders of 10 or more paperback copies. Email us through the [contact](#) page for our discount schedule or if you would

like a signed copy.

*“Thoughts are an important part of our inner wisdom. And they are powerful. A thought held long enough and repeated often enough becomes a belief. A belief then becomes our biology. Beliefs are energetic forces that create the physical basis for our individual lives and our health.” Dr. Christiane Northrup*

*“We can never gain any peace of mind until we secure our own soul.” Margaret Chase Smith*

5] [Richard Bentall Articles on Mental Health](#) @ The Guardian

Richard Bentall is professor of clinical psychology at the University of Sheffield

[1] [Has the pandemic really caused a 'tsunami' of mental health problems?](#) by Richard Bentall

Our research shows coronavirus ‘winners’, ‘losers’, and a lot of resilience. Understanding that can help us target support better

[2] [Mental illness is a result of misery, yet still we stigmatize it](#) by Richard Bentall

Patients are being shunned in the mistaken belief they have biological defects. In fact the evidence shows that most have endured traumas

[3] [Too much coercion in mental health services](#) by Richard Bentall

Sometimes, coercion of patients may be hard to avoid, but it's something to which mental health professionals too easily resort

[4] [Do we need a diagnostic manual for mental illness?](#) by Richard Bentall and Nick Craddock

Richard Bentall and Nick Craddock discuss the controversial revisions to the US Diagnostic and Statistical Manual

[5] [Diagnoses are psychiatry's star signs. Let's listen more and drug people less](#) by Richard Bentall

The biological approach to treating mental illness has been a lamentable failure. We must focus on a patient as a person

*“May you move all of your mountains, and disturb the peace by adding to it.” Carol Horos*

*“This is the way of peace: Overcome evil with good, falsehood with truth, and hatred with love.”  
Peace Pilgrim*

6] [International Peer Respite/Soteria Summit](#) - October 3, 10, 17, 24, 31, 2021

Creating Compassionate Alternatives to Mainstream Interventions for People in Crisis and Distress

Every Sunday in October! October 3, 10, 17, 24 & 31

9am-12pm PT; 12pm-3pm ET; 5pm-8pm BT; 7pm-10pm IT

Convert to your Time Zone: [www.thetimezoneconverter.com](http://www.thetimezoneconverter.com)

People are welcome to join for one day or as many days as you can. Registration is still open for the Summit.

**Our mission-** The Summit is organized to promote and support Peer Respite and Soteria Houses as effective alternatives to existing mainstream responses for people in emotional distress or life-interrupting challenges. This free international, online, participatory conference will give people the inspiration, tools, resources, networks and ongoing support to bring a Peer Respite or Soteria House to their communities.

\*Click [here](#) for a Peer Respite/Soteria comparison chart.

Note: If you have registered for the Summit, you will receive an email with the information to join the Summit before each weekly session.

Questions? email [peerrespitesoteriasummit@gmail.com](mailto:peerrespitesoteriasummit@gmail.com)

**Day 1 Recording** [The International Peer Respite Soteria Summit](#) – You Tube

**Day 2 Recording** [The Big Picture Workshop](#) – YouTube

**Day 3 Recording** [The Administrative Container workshop](#)

**Day 4 Recording** – [please visit website for recording link](#)

*“Note To Self: when you are no longer able to change a situation you are challenged to change yourself. And that shift in minds changes everything. - marcandangel*

*“It's easy to judge. It's more difficult to understand. Understanding requires compassion, patience, and a willingness to believe that good hearts sometimes choose poor methods. Through judging, we separate. Through understanding, we grow.” - Doe Zantamata*

7] [Betrayal Trauma Can Having Lasting Mental Health Effects-What to Know](#) by Claire Gillespie @ [Health.com](http://Health.com)

This specific type of trauma is a violation of trust and mistreatment.

If someone you've depended on for survival has violated your trust or well-being, either during a one-time incident or over time, you may have experienced betrayal trauma.

Author and professor emeritus of psychology at the University of Oregon [Jennifer Joy Freyd](#), PhD, was the first to introduce the concept.

"In the early 1990s I was trying to make sense of why people often seemed to remain unaware of or forget certain types of trauma," Freyd tells *Health*. "I realized that the need to stay attached to a caregiver could override the need to detect betrayal even when the betrayal was traumatic, like sexual abuse. Betrayal captures the dilemma people face." This betrayal usually causes a person to feel shame and fear, and it can have lasting [mental health](#) repercussions. Here's what to know about this specific form of trauma.

**What is betrayal trauma?** - In short, betrayal trauma is trauma stemming from mistreatment by a caregiver and/or a trusted person, like an intimate partner. It can include physical violence or emotional or sexual abuse.

Not everyone who experiences it reacts the same way. "How people respond [to betrayal trauma] depends on the person and details of the experience," says Freyd. "But we do see common reactions, including anxiety, depression, and dissociation."

Clinical psychologist [Melissa Platt](#), PhD, who specializes in working with survivors of trauma, first became interested in understanding betrayal trauma when she worked with veterans returning from Iraq and Afghanistan in the mid-2000s.

The veterans Platt interviewed as a part of a [post-traumatic stress disorder](#) (PTSD) study often answered "no" to many of the PTSD assessment questions, and yet they seemed deeply pained.

"It seemed like the PTSD interview was not always asking the right questions in situations in which the trauma was perpetrated by a commander, fellow unit members, or anyone else the veteran trusted or depended on for survival," Platt tells *Health*. "Since then, my career has focused on understanding and treating betrayal trauma."

**The difference between betrayal trauma and PTSD** - Traditionally, psychologists and other mental health professionals have focused on PTSD as the typical negative health impact of trauma. "Although PTSD does impact a lot of survivors, its diagnosis and treatment do not take into account the particular ways that being abused by someone trusted or depended upon impacts a survivor," says Platt.

Traditional PTSD results in fear and problems caused by trying to avoid fear, while betrayal trauma often results in shame and dissociation, as well as problems caused by trying to avoid shame and dissociation. "These different trauma consequences necessitate quite different treatment approaches," notes Platt.

**Examples of betrayal trauma** - Childhood physical, emotional, or sexual abuse perpetrated by a caregiver are types of betrayal trauma. But it's not restricted to childhood. Infidelity and intimate partner violence are other examples of events that can cause betrayal trauma, because they all involve a breach of trust between people in an intimate relationship.

Betrayal trauma can also happen when an institution, such as a government or law enforcement body, harms the individuals it claims to serve.

"Anyone can experience betrayal trauma, but our research suggests that women experience more

betrayal traumas than men, while men experience more non-betrayal traumas than women," reveals Freyd.

**Betrayal trauma recovery** - Betrayal trauma is not a diagnosis; it's a way to understand a type of harm inflicted on a person. With that in mind, there's no single treatment approach. But Platt says the following elements are necessary for deep healing to be possible:

**Psychoeducation** - Betrayal trauma survivors often believe that there's something wrong with them because they experience dissociation, have difficulty trusting themselves, and have mental health symptoms they can't explain. "They often believe they are 'bad' because they feel bad and because shame is a normal survival response to experiencing betrayal trauma, but they are not usually aware that is the case," says Platt.

Dissociation and shame are actually survival mechanisms that keep a person from making waves while they are in the relationship with the perpetrator, which might make things worse. "Survivors need to understand that these symptoms are signs that their mind was trying to help them to survive, rather than signs that there is anything wrong with them," says Platt.

**Somatic focus/interoception** - Betrayal trauma survivors are often disconnected from their bodies, but developing the skill of interoception can help them heal. "Interoception is the ability to recognize and understand the body's internal sensations," Platt explains. "Without adequate interoceptive skills, psychoeducation will not be effective in changing the survivor's negative beliefs about themselves because the negative beliefs will still feel true."

While it can be scary at first for survivors to tune in and listen to their body, ultimately they often learn that their body's messages are more trustworthy than they ever could have imagined. "Many somatic approaches, such as somatic experiencing and sensorimotor psychotherapy, help survivors develop interoceptive skills," says Platt.

**Compassion and self-compassion** - It's crucial that therapists who are working with betrayal trauma survivors embody compassion, so that the survivor can feel safe enough to do their own work.

"Survivors also need to learn to treat themselves with kindness and compassion in order to be able to stay the course and heal," says Platt. "Approaches such as compassion-focused therapy and mindful self-compassion offer wonderful tools for building compassion and self-compassion."

**Patience** - Betrayal trauma typically involves abuse over the course of months, years, or even decades. And therapy for betrayal trauma can also take time. As Platt explains, it's about healing rather than fixing or getting rid of symptoms.

Since Freyd's first betrayal trauma paper was published in 1994, research on betrayal trauma has increased at an exponential rate. Hundreds of articles and chapters on betrayal trauma are now published each year. "This gives me hope that survivors will have access to more and more betrayal-trauma-informed providers in the coming years," says Platt.

*"So often, children are punished for being human. Children are not allowed to have grumpy moods, bad days, disrespectful tones, or bad attitudes, yet we adults have them all the time! We think if we*

*don't nip it in the bud, it will escalate and we will lose control. Let go of that unfounded fear and give your child permission to be human. We all have days like that. None of us are perfect, and we must stop holding our children to a higher standard of perfection than we can attain ourselves. All of the punishments you could throw at them will not stamp out their humanity, for to err is human, and we all do it sometimes.” - Rebecca Eanes*

8] [10 Ways to Support a Loved One Who Has Lost Someone to Suicide](#) - American Foundation for Suicide Prevention

Watching a loved one struggle with the pain and devastation of losing someone to suicide can make you feel utterly helpless. You might want to reach out, but hesitate because you don't know what to say or do, and perhaps worry you might somehow make them feel worse. Here are 10 ways we recommend to support a loved one who has lost someone to suicide:

1. Refrain from saying “I know how you feel” unless you are also a suicide loss survivor. Instead, something like, “I don't know what to say: I have no idea what you're going through, but I care about you and I want to be here for you,” will be more honest and meaningful.
2. [Read about suicide loss](#). You'll better understand what your loved one is experiencing, and in the process might discover helpful information you can share with them.
3. Don't wait for your loved one to ask you for help; they may be too deep in their grief to realize what they need. Rather than saying, “Let me know if I can help,” do something specific for them, like shop for groceries, offer to babysit, bring dinner to their home, etc.
4. Help connect your loved one with other suicide loss survivors through [International Survivors of Suicide Loss Day](#), AFSP's [Healing Conversations](#) program, and [bereavement support groups](#). (When appropriate, consider offering to accompany them to an event so that they don't feel so alone.)
5. Many people find that professional counseling helps them deal with their grief in a healthy way. Help your loved one search for a therapist, schedule appointments, etc.
6. Don't be afraid to speak the name of the person who died. Your loved one will be grateful for the opportunity to reminisce.
7. Knowing what to expect and learning from someone else's experience can help both you and your loved one get through the more difficult times.
8. Just be there. Sit with them. Watch TV or a movie. Listen to music. Go for a walk together.
9. Be patient. This experience has changed your loved one's life forever. The weeks and months following the funeral, when the initial shock wears off and the full reality of what has happened sinks in, may be the toughest for them. Continue to check in, and let them know you are thinking of them, that you're there for them, and that you want to listen.
10. Most importantly, be sure to remind your friend of their self-care needs: get plenty of rest, eat

nutritiously, etc.

*“Death leaves a heartache no one can heal, love leaves a memory no one can steal.” - From a headstone in Ireland*

*“Grief is not a disorder, a disease or a sign of weakness. It is an emotional, physical and spiritual necessity, the price you pay for love. The only cure for grief is to grieve.” - Earl Grollman*

9] [How People with Rough Childhoods Grow Up to Beat the Odds](#) by [Edward \[Ned\] Hallowell](#) M.D. - Driven to Distraction @ Psychology Today

*One man's reflection on escaping the likelihood of a lousy life.*

How bad does your [childhood](#) have to be before you know that you will likely have a lousy life as an adult and in all probability die young?

People actually study this sort of thing. So many people, in fact, that the question has been answered several times over, perhaps most definitively by the [Adverse Childhood Experiences](#) Study (ACES). The people doing that study worked up a definition of exactly how bad your childhood had to be before you pretty much became toast for the rest of your life.

They named 10 severe risk factors, like divorce, an alcoholic or drug-abusing parent, [sexual](#) molestation, violence at home as well as mental illness in a family member—and then followed thousands of children to see what the impact of these risk factors would be.

They found that if you had four or more of the risk factors, your chances for a happy life were low, and your chances for a lousy life were high.

These are just numbers, statistics, probabilities, and odds, but what the numbers show is that if you have a score of four risk factors or higher, the odds are stacked against you.

Of course, odds are just odds, and ACES did not assess the positive people and events that can save kids. If you get lucky, you can beat the house, and the long shot can come in. You just don't want to bet the ranch on it. But I had to bet my life on it.

Through no choice of my own, I had an ACES score of *eight*. With a score of eight, the odds were so loaded against me that no one in their right mind would have bet on me to do very much in life. By rights, I should have become an alcoholic, suffered from major [depression](#), been unable to earn a living and raise a family, and I probably should have died young, either by [suicide](#) or the ravages of [alcoholism](#), depression, or [drug abuse](#).

What were the strikes against me? I had a [psychotic](#) father and an abusive, alcoholic stepfather. My mother became an alcoholic and [divorced](#) twice. I saw my mother abused. I took care of myself when the adults were lost in their drinking. Male counselors at camp fondled me. I have two learning disabilities—[ADHD](#) and dyslexia—and I was sent away to boarding school at age 10.

I'm now 68 years old, and I've been married to the same wonderful woman since 1988. We have three

grown children who are thriving, I am an M.D., a child and adult psychiatrist specializing in, naturally, learning disabilities. I am also an author of 20 books that have sold 2 million copies, including best-selling books on ADHD. I give talks all over the country and around the world. I see patients every day in my offices outside Boston and in New York City, and I am in the process of trying to expand my centers in order to reach more people. I am going strong with no desire to slow down.

Until I wrote my memoir, [\*Because I Come from a Crazy Family: The Making of a Psychiatrist\*](#), it rarely dawned on me how unusual my life had been. After all, I was not watching it or studying it; I was living it. It's hard to examine the wave as it's crashing you down on the shore.

I almost never thought about the odds I was actually beating every day. But when I looked back at my childhood and wrote about it, and when I looked at the studies of kids like me, I had to acknowledge the elephant in the room. How is it that I was where I was? What had happened? How on earth did I beat those odds?

In the memoir, I tell my story—my childhood and early training in [psychiatry](#)—and let the reader decide how it happened. But I will offer my own opinion here as to why I found the favorable winds that allowed me to win the race rather than capsized.

What saved me can be summed up in one word. That word is love—love in its many different faces and places, love by chance, love on purpose, love on the fly, brief love, lasting love, love that was too embarrassed to name itself, broken love that got repaired—every kind of love you can imagine.

It's a pretty fair bet—indeed, it's a proven fact—that love is the biggest difference-maker life has to offer us searchers and sufferers. Thankfully, it's free and infinite in supply. It's sad, though, how hard it can be to find sometimes, and how terribly afraid of love some people can be.

I invite you to speculate as to what has worked for you, what rules and tools helped you out most, and then see if what worked for me was what worked for you. The question of how a person overcomes the bad luck, injustice, mistreatment, prejudicial behaviors, deprivation, and random evil most people encounter while growing up—some more than others—perplexes and engages me every day in my work, and as I look back on my own life.

Beyond love, I have some other concrete answers, most of them obvious: Keep up with friends, learn how to [forgive](#), get a dog (or a cat if you must), visit graveyards, walk outside around 3 a.m. and look upward, root for your favorite teams, and look at triumph and disaster and treat those two imposters just the same (thank you, Rudyard).

But I also feel endless amazement and humility at how mysterious and inexplicable the wondrous, happy outcomes can truly be, how unpredictable, how dumbfounding, how out-of-the-clear-blue-sky. I invite you to join me in marveling at that sky. The more of us who look at it, the more expansive it becomes.

9a] [How Childhood Trauma Saps Joy and the Ability to Cope](#) by [Iskra Fileva, Ph.D](#) The Philosopher's Diaries @ Psychology Today

*But healing is possible, though the road to recovery may be a long one. The missing inner joy can be found and a reservoir of well-being can be built later in life, through [intimacy](#). A loveless childhood*

*does not make us destined to have a loveless adulthood.*

9b] [8 Reasons It's So Hard to Overcome a Tough Childhood](#) by [David Sack, M.D](#) @ Psychology Today

*Understanding what prevents healing can be the first step toward recovery.*

*“The friend in my adversity I shall always cherish most. I can better trust those who helped to relieve the gloom of my dark hours than those who are so ready to enjoy with me the sunshine of my prosperity.” - Ulysses S. Grant*

*“Resilience is accepting your new reality, even if it’s less good than the one you had before. You can fight it, you can do nothing but scream about what you’ve lost, or you can accept that and try to put together something that’s good.” - Elizabeth Edwards*

10] [Treating Patients with Traumatic Brain Injury](#) - SAMHSA Publications and Digital Products

This *Advisory* is an update to the SMA10-4591, Vol. 9 Issue 2, published in 2010. The advisory summarizes key elements of Traumatic Brain Injury (TBI), and describes its relevance to behavioral health, including recommendations for behavioral health professionals.

**Excerpt from the advisory:**

Each year in the US traumatic brain injury (TBI) results in approximately 2.8 million emergency department visits, hospitalizations, or deaths.<sup>1</sup> TBIs account for almost 2% of all emergency department visits, and more than one-quarter million Americans are hospitalized each year with a TBI. Heightened public awareness of sports-related concussions and TBIs incurred in combat in Iraq and Afghanistan have contributed to a marked increase in emergency department visits over the past two decades; however, the greatest increase has been in the rate of fall-related TBIs among older adults. Potentially hundreds of thousands more individuals sustain TBI each year but are not included in the data sets used to form these estimates because they do not seek medical treatment or because they are treated in physicians’ offices, urgent care clinics, or Federal, military, or Veterans Affairs hospitals.<sup>2</sup>

Public awareness of TBI has shifted dramatically since it was dubbed “a silent epidemic” in 1980; however, appreciation of its effects has not garnered the attention of professionals outside of medical rehabilitation. Particularly among behavioral health specialists, a gap remains in knowledge about TBI, understanding its implications for behavioral health conditions (i.e., mental illness and substance use disorders), and active consideration of treatment implications.<sup>3</sup> This Advisory briefly summarizes key elements of TBI and describe its relevance to behavioral health, including recommendations for how behavioral health professionals can better meet the needs of patients who have a history of TBI.

**Key Messages:**

- Traumatic brain injury (TBI) is a common neurological condition that results from an external force altering normal brain function, whether temporarily or permanently.
- TBIs vary greatly in severity, which concomitantly creates tremendous variability in the impact on cognition, affect and emotion. A concussion is a mild TBI.
- The lasting effects of TBI also depends on whether there are multiple injuries, age at which

they occur and whether a person already had another source of compromise to brain function

- The fingerprint of TBI is damage to the frontal areas of the brain, which with sufficient magnitude results in impairment of a person’s ability to regulate cognition, emotion, and behavior.
- Not only does TBI cause behavioral health problems, associated deficits can affect the effectiveness of behavioral health treatments.
- Behavioral health professionals do not identify TBI among their patients.
- The consequences of TBI necessitate screening during behavioral health treatment.
- The presence of a problematic history of TBI should lead to identification of accommodations to minimize the effect on behavioral health treatment.

Full Advisory - [https://store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/PEP21-05-03-001.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-05-03-001.pdf)

*“Healing may not be so much about getting better, as about letting go of everything that isn’t you – all of the expectations, all of the beliefs – and becoming who you are.” – Rachel Naomi Remen*

*“Love one another and help others to rise to the higher levels, simply by pouring out love. Love is infectious and the greatest healing energy.” – Sai Baba*

11] [A Brief But Spectacular take on the disability rights movement](#) by Judy Heumann - PBS Newshour – You Tube 4 minutes

Since childhood, Judy Heumann has faced ableism — institutionally, socially, and personally. New York’s public school system prevented her from enrolling, and she was often bullied or excluded by her own peers. After a lifetime of activism, she is finally seeing a shift in how people with disabilities are viewed and treated. She gives us her Brief But Spectacular on the disability rights movement.

11a] [Being Heumann](#) by Judith Heumann, Kristen Joiner: Penguin Random House Books

*An Unrepentant Memoir of a Disability Rights Activist*

*“We are all damaged. We have all been hurt. We have all had to learn painful lessons. We are all recovering from some mistake, loss, betrayal, abuse, injustice, or misfortune. All of life is a process of recovery that never ends. We each must find ways to accept and move through the pain and to pick ourselves back up. For each pang of grief, depression, doubt, or despair there is an inverse toward renewal coming to you in time. Each tragedy is an announcement that some goodwill indeed come in time. Be patient with yourself.” – Bryant McGill*

12] [Women Unsilenced - Our Refusal to Let Torturer-Traffickers Win](#) by Jeanne Sarson & Linda MacDonald The Friesen Press Bookstore

Women Unsilenced explores the impact of unthinkable violence committed against women and girls through multiple perspectives—women’s recall of life-threatening ordeals of torture, human trafficking, and organized crime, society’s failure to recognize and address such crimes, and close examinations of how justice, health, political, and social systems perpetuate revictimizing trauma. Written by retired

public health nurses who include their own experiences helped give voice and understanding to women who have been silenced. This book discloses their “underground” caring work and offers “kitchen table” research and insights, using women’s storytelling on multiple platforms to educate readers on the unimaginable layers of perpetrators’ modus operandi of violence, manipulation, and deceit.

At times raw, painful, and shocking, this book is an important resource for those who have survived such crimes; professionals who support those victimized by torturers and traffickers; police, legal professionals, criminologists, human rights activists, and educators alike. It reveals how healing and claiming one’s relationship with/to/for Self is possible.

*“Our sorrows and wounds are healed only when we touch them with compassion.” – Buddha*

*“It is your reaction to adversity, not the adversity itself, that determines how your life story will develop.” – Dieter F. Uchtdorf*

**Closing thoughts of Wisdom - [If Even 1% Could See it - Maya Angelou On Finding Courage](#) - YouTube 8:41 minutes**

An emotional and profound speech from poet, activist and singer Maya Angelou on finding the ultimate courage. Remember - "*You can't get so high somebody won't try and bring you down*" advice from Billy Holiday

*“Courage is the most important of all the virtues because without courage, you can't practice any other virtue consistently.” - Maya Angelou*

*“The love of the family, the love of one person can heal. It heals the scars left by a larger society. A massive, powerful society.” – Maya Angelou*

***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 "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***