



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 March 2017

Greetings Folks,

Here we are in the month of March, *“In like a lion, out like a lamb”*. It certainly rang true in the Northeast here...one heck of a storm, grounding over 7,000 flights, one of those was mine. So, three days of, 'time off', watching the snow come down and grateful to have not lost power.

March is also a time of recognition for, [Women's History Month](#), and [Youth Art Month](#), very cool!

Friends of mine have joked of how trauma and abuse, are the *'gift that keeps on giving'*...sometimes it does feel like that. I've done a lot of healing work and work hard everyday on my mind, body and spirit. And yet, sometimes the trauma speed bumps appear. It is disconcerting and I don't like it, but I've learned not to fight it and just go with the flow, knowing that it will end. It's been going on for the last several months, I believe it is because I still need to process hurts and losses from the past, c'est la vie. Again, I know it will pass, but right now, it seems to have pitched a tent in the back yard.

Grateful to have a part in this upcoming film, here's a short teaser clip, it may be triggering for some. That said, we need to be talking about this, Amy Goodman stated, *“Go to where the silence is and say something.”* I agree.

[Hold Me Right Film](#) – YouTube 2:12 minutes

[Hold Me Right is a documentary](#) that explores the aftermath of sexual assault. Through intimate first-hand testimonies, the film exposes the consequences of our ingrained misconceptions about these often unspoken crimes.

Decades later, this painful past still haunts me...I cannot undo the past, but folks, we can help those who are being abused in the here and now...And you *never get over it*, we find peace, we find joy, but the pain is always inside.

Take care, Michael Skinner

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- 1] [From Hell to Healing: A Survivor's Journey](#) by Malcolm Aquinas @ ACEsConnection

It was a sweltering day in the summer of 1987 in Limestone County, Alabama. The air, thick with humidity, sapped what little strength remained from already heat-wearied bodies, the chittering of bush crickets rising as the sun sank.

Following 11 hours of clearing hillside with a sling blade at the Elk River State Park, I let my thoughts wander while resting my right arm on the window frame of my father's pickup truck, grateful for the air rushing against me. He and my stepmother, Louise, were continuing a disagreement they'd begun some time earlier about the whereabouts of a frying skillet.

The combination of fatigue and stifling heat dulled my usual hypervigilance around my father, so my response to Louise's seemingly innocent question, "Don't you remember your Daddy using the skillet last?" was unusually honest and unfiltered.

Absentmindedly, I replied, “I think so.”

Suddenly, the lap-belt compressed against my waist as my body lurched violently forward, then quickly snapped back. My dad, trying to hit me while leaning over Louise, screamed, “You calling me a liar! I’ll f—ing kill you, boy!” Louise pleaded with him to calm down, and screamed at me to get out of the truck.

Fueled by adrenaline, I hopped over a roadside fence and ran at breakneck speed across a heavily vegetated field. I could hear my father screaming obscenities and threats as Louise begged him to stop. I heard Louise’s panicked cry, “Run! Run! Oh my sweet Jesus, he’s going to kill you! Run!” The next sound I heard was bullets flying past me.

Louise saved my life that day, of that, I have no doubt. She would lose her own life, violently, seven years later, shot twice.

This traumatic experience, and others too numerous to recall, left an indelible mark on me. Two and a half decades later, I took the Adverse Childhood Experiences¹ (ACEs) questionnaire and began to understand trauma’s enduring impact on my life.

The ACEs study was a self-report questionnaire administered to more than 17,000 members of Kaiser Permanente in San Diego. It asked participants if they had experienced abuse, neglect, and household dysfunction prior to their 18th birthday. Scores range from 0 (no ACEs) to 10 (each ACEs), and the results were used to determine if there was any correlation between adverse childhood experiences and adult physical and behavioral health difficulties.

My ACE score is 10.

How has that score played out in my life?

I was expelled from the fifth grade for repeated schoolyard fights. I was arrested for arson at 10 years old. I was arrested for assault at 14. I dropped out of high school at 17. I abused alcohol my first two years of college. I attempted suicide five times. I was diagnosed with major depression, bipolar disorder, borderline personality disorder, post-traumatic stress disorder, and a few other diagnoses along the way. I was hospitalized, voluntarily and involuntarily. I was placed on numerous psychiatric medications. I also underwent electroconvulsive therapy.

None of these behaviors, diagnoses, or treatments would surprise experts in the field of childhood trauma. It was, in fact, one such skilled clinician who helped me continue my long, but rewarding, journey of recovery.

How has a trauma-informed approach paved a healing path for me?

My therapist, Paula, recognized the effects of my experiences as adaptations to extreme circumstances, not symptoms of a disease. She realized these were normal responses to abnormal situations; they once served an important role in keeping me alive, but now they were preventing me from living successfully. Moreover, she recognized the tell-tale signs of ACEs by “thinking trauma” and responded to my treatment and care needs based on this understanding. Finally, she actively sought to avoid

circumstances that might lead to my retraumatization.

Paula practiced the Six Principles of a Trauma-Informed Approach²

1. She worked with me to establish a sense of safety in the environment, between us, and inside of me.
2. She practiced transparency—sharing what she was doing and why she was doing it—which built a trusting relationship.
3. She encouraged my use of peer support, connecting with others who have had similar life experiences to decrease my sense of isolation.
4. She identified the cultural context and intergenerational aspects of my trauma to increase her sensitivity and deepen my understanding.
5. She explicitly recognized my expertise and leadership in the healing process. From day one, she made it clear that therapy would be a collaborative process, something we did together, not something she did to me.
6. Finally, she maintained a focus on empowering me to make my own choices and to express my voice in every step of the healing process.

Adverse Childhood Experiences or later-life traumas can leave a lasting impact on our lives, but they don't have to dictate our destinies. People need to understand that we are not broken people, damaged goods, or inherently flawed. Rather, we are affected by past events not of our own choosing. Through this mindset we can begin to write a new narrative, a narrative based on empathy, compassion, acceptance, and nurturing.

This is where healing begins.

1. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. Felitti, Vincent J et al. American Journal of Preventive Medicine , Volume 14 , Issue 4, 245 – 258
2. SAMHSA Trauma and Justice Strategic Initiative. (2014 July). [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.](#)

Malcolm Aquinas is a self-identified trauma survivor and warrior. He works as a Peer Recovery Specialist at the Oregon State Hospital. Additionally, he is the Team Lead for the OSH Trauma Informed Care Project. Malcolm is a professional consultant for the National Center for Trauma Informed Care. He is also a member of the Trauma Informed Oregon Leadership Team. He provides trainings on trauma informed care, trauma informed approach, trauma informed systems transformation, and peer support and supervision. He has served as Board Chair for the Oregon Consumer Advisory Council, Board Chair for the Klamath County Commission on Children and Families, and a Board Member for Project ABLE, a peer-operated organization. He is a current Board Member for the Oregon Consumer Survivor Coalition. Malcolm received his Bachelor of Arts in Psychology at Athens State University and a Master of Arts in Teaching at Southern Oregon University.

[ACEsConnection](#) - ACEs Connection is a social network that accelerates the global movement toward recognizing the impact of adverse childhood experiences in shaping adult behavior and health, and reforming all communities and institutions -- from schools to prisons to hospitals and churches -- to help heal and develop resilience rather than to continue to traumatize already traumatized people.

“If opportunity doesn't knock, build a door.” Milton Berle

“In the midst of movement and chaos, keep stillness inside of you.” Deepak Chopra

2] [6 Things to Consider When You Have a Depression Relapse](#) by Therese J. Borchard @ World of Psychology

Following my post on my recent depression setback, I heard from many readers who were comforted to know that they were not alone. As I said in that piece, if you suffer from chronic depression, you know all too well that setbacks happen - even to those of us who think we're doing everything right to protect our limbic systems from intense sadness and anxiety.

I thought I would follow up, then, by listing some nuggets and things to remember that help me when I'm in a bad place. I hope they might help you, too.

1. Watch the Panic

When my son was about 9 months old, loving to climb on everything but not yet walking, we visited some friends who had a 6-year-old daughter. My son saw their stairs and immediately began to tackle them. Sitting on the fourth step, the little girl immediately pushed him down the stairs and, with the panic of someone whose house was on fire, declared, “He’s going after my tea set!”

I always remember that response in the first weeks that my mood plummets, and I can't control the tears. “Oh my God! I'm going THERE AGAIN!” It's the same sheer panic of knowing that someone is coming after my precious tea set. Of course, there is no tea set. Even if there was, I'm sure it would be quite ugly and no one would want it. But our minds are quite adept at convincing us of realities that don't exist. When you panic and know for sure that you're headed for the abyss - toward a depressive episode that's worse than the one that had you hospitalized three years ago - remember the tea set and loosen your grip.

2. Avoid All Negativity and Triggers

When I'm fragile, I have to become a bit of a recluse because the least bit of negativity will trigger my reptilian brain into thinking that the saber-toothed tiger is, in fact, running after me and will be feasting on my organs by dinner. While connecting with other people who struggle with chronic depression is a lifesaver for me most of the time, I have to be careful of the sad stories when I'm extremely low, because I will make them my own story: “If she can't get well,” I start to think to myself, “neither will I.”

During these periods, I can't talk to certain people because I know their negativity will seep into my spirit and spiral me further down the rabbit hole, and I stay offline completely. Until I'm resilient enough to hear something negative and not absorb it, make it my own, or obsess about it day and night, I have to avoid certain people, places, and things.

3. Get Rid of the Line

In my relapse piece, I mentioned the Gilda Radner quote:

“I always wanted a happy ending ... Now I’ve learned, the hard way, that some poems don’t rhyme, and some stories don’t have a clear beginning, middle, and end. Life is about not knowing, having to change, taking the moment and making the best of it without knowing what’s going to happen next. Delicious ambiguity.”

Getting rid of that line we all want to draw - before good health versus after good health - has afforded me a surprising freedom in the midst of extreme pain. As a result of my suffering, I’m gradually learning to replace the lines and squares in my life with circles and spirals. I’m not “going back” to a dreadful place of the past. The word “setback” is even wrong. I’m reaching a spot I haven’t been at before. Right now it’s packed full of heartache and hurt, but it’s also a new beginning, teaching me things I need to know and helping me to evolve in ways that will promote emotional resilience in the future. This space where I am right now is totally new. It exists somewhere outside of the radius I want to assign to it. There really is no line.

4. Know You’re in the Basement

When I was in the midst of a depressive episode a few years ago, a friend of mine insisted that I shouldn’t believe anything that my brain was telling me because “I was clearly in the basement.” She explained to me her theory of the “mood elevator”: When we’re feeling okay, we’re somewhere above ground level, with a decent view. We can look at the trees outside and even walk out the door if we want to enjoy some fresh air. When we’re depressed, however, we exist in the basement. Everything we see, smell, feel, hear, and taste is from the perspective of being on the lower level. So we shouldn’t take our thoughts and feelings so seriously when we’re down there, sitting among stinky boxes and mouse turds.

5. Focus on Positive Actions

My husband is much better at this than I am. My problem-solving skills aren’t so sharp when I’m in the basement. I want to dwell on how miserable I feel and leave it at that. But he always brings the conversation back to positive actions which, in turn, always give me hope. To help solve the insomnia problem, we bought a mattress for our bedroom closet since I needed a quiet place to sleep where I couldn’t hear snoring or barking dogs, as well as some meditation tapes, audio books, ear plugs, calming teas, and other sleep tools. These have granted me another hour or more of sleep a night. We also brainstormed about what our next course of action should be if my depression doesn’t lift in the next few weeks. We decided that for me, investigating transcranial magnetic stimulation (TMS) is a good next step. After making the consultation, I felt huge relief that I was doing something to move in the right direction.

6. Be Kind to Yourself

We can be downright cruel to ourselves when we are in the midst of a depressive episode. We talk to ourselves like we would to no one else - even our worst enemies - calling ourselves worthless, lazy, unlovable, or pathetic. And yet it’s precisely during these times that we need to be most gentle with ourselves, offering compassion and kindness whenever possible. Now is not the time for the “tough love” that I think many of us on some level, even subconsciously, think we need.

We need to congratulate ourselves on every small accomplishment throughout our day - getting out of

bed, going to work if we were able to do that, picking up kids from school - because the act of staying alive itself takes enormous strength and energy on those days when everything in us wants to self-destruct. We need to become our own best friend, swapping the self-flagellation with words of support and gestures of kindness.

Therese Borchard is the founder of [Project Hope & Beyond](#), an online community for persons with treatment-resistant depression and other chronic mood disorders. She blogs for [Everyday Health](#) and is the author of [Beyond Blue: Surviving Depression & Anxiety and Making the Most of Bad Genes](#). You may find her at [ThereseBorchard.com](#) or you may follow her on [Twitter](#).

[Project Hope & Beyond](#) (PHB) is a program of [Psych Central Community Connection](#), a nonprofit run by [Psych Central](#), the Internet's largest and oldest independent mental health social network. PHB is an online community for persons with unrelenting depression and anxiety, as well as their families and friends who want to better understand them. Its purpose is to offer support and hope to people whose conditions are lasting or difficult to treat, those who often fall through the cracks of today's healthcare system.

It was founded in 2014 by mental health blogger [Therese Borchard](#) to fill a need for persons who are treatment resistant--who have not responded to countless medication combinations and alternative therapies-- and have challenges unique to other people with simpler mood disorders. Inspired by her heroes Mother Teresa and Holocaust survivor Viktor Frankl, she wanted to turn her pain into service and create a network where people with treatment-resistant depression could transcend their suffering by reaching out to others with similar frustrations. PHB has enjoyed enormous growth from the day it was launched and continues to grow each day moving forward.

Due to an intellectual property claim, Project Beyond Blue changed its name in March 2016 to Project Hope & Beyond.

Together there is hope!

[Why Project Beyond Blue?](#) - YouTube 3:34 minutes [now Project Hope & Beyond]

"Isolation and loneliness are among the most terminal and expensive conditions of all." Robert Shuman

"You change your life by changing your heart." Max Lucado

3] [Cocoa Fly: 'Get Out' Gets In Our Heads About African Americans and Mental Health](#) by Jenee Darden.

Jenee hosts the Cocoa Fly blog and podcast. She brings a fresh voice to stories and commentary on women, race, sex and wellness.

SPOILER ALERT! DO NOT READ IF YOU HAVE NOT SEEN GET OUT

"When you control a man's thinking you do not have to worry about his actions. You do not have to tell him not to stand here or go yonder. He will find his 'proper place' and will stay in it."

Carter G. Woodson, *The MIS-Education of the Negro*

Get out for your safety. Get out of this neighborhood. Get out of Black minds. There's so much symbolism to unpack in Jordan Peele's film *Get Out*, a psychological thriller about how a black man's visit to the estate of his white girlfriend's parents turns into a trip from hell. Mental health and African-American trauma is one of the film's major themes.

Chris Washington rides to upstate New York with his girlfriend Rose Armitage to meet her parents in a secluded, rural area. Rose's mother Missy is a psychiatrist and her father Dean is a neurosurgeon.

I watched the film with a majority Black audience in Oakland. During the scene where Missy offers to hypnotize Chris in the middle of the night to "help" him kick his smoking habit, the audience yelled, "Nooooo!" The hypnosis is actually the Armitages' trick into trapping Black victims for enslavement. I'm a mental health advocate and live with depression. That scene and the audience's reaction reminded me of our history with medical racism and why some African Americans distrust the mental health system.

In 1851, a physician published a report claiming that runaway slaves who sought freedom were mentally ill and called their "sickness" drapetomania. Today, the National Association of Mental Illness reports that African Americans are misdiagnosed more than white patients and over diagnosed for schizophrenia. This results in Black patients not receiving the correct treatment for what's really ailing them.

Investigative stories from a few years ago revealed that providers are giving children in foster care psychotropics at disturbingly high rates. Black children account for 26 percent of kids in foster care, according to the Dept. of Health and Human Services. Our prisons are filled with many who should be in psychiatric care, not behind bars. And there's a serious need for diverse health providers. The American Psychological Association reports that, 84 percent of psychologists are white, while 5 percent are Black. Having culturally competent providers who understand our challenges is important.

I can personally attest that receiving quality mental health care and community support, understanding mental health and having a therapist who understands my culture makes a difference. We need the help because studies have shown racism causes stress, depression, anxiety, PTSD and other health issues.

For Missy to prey on Chris' trauma from losing his mother and use that pain to enter his mind, demonstrates the psychological oppression of racism. She sends Chris to the "sunken place," a dark space where he sees Missy seeing him. It's a reference to many things, including W.E.B Du Bois theory of "double consciousness" where we see ourselves through the eyes of the dominant culture. Double Consciousness is an internal struggle that affects the Black psyche. We carry this in our minds constantly. Which makes sense why the horror in the film is the Armitage's surgically transferring parts of white brains into Black skulls.

The audience sees the internal struggle of double consciousness with all of the Black characters held captive. A few times Georgina, the house servant, is looking at her reflection. She sees herself through the gaze of Grandma Armitage, the white matriarch whose mind she carries. During the powerful scene where Chris tells her sometimes he's afraid of white people, Georgina tears up. Then she contradicts herself and says, "No, no, no, no." The real Georgina is trying to emerge, but Grandma mentally wrestles Georgina back into her place.

The “sunken place,” is where we’re weighted down by lies we’ve internalized about our history and image and racial trauma. Educator and researcher Dr. Joy DeGruy is author Post Traumatic Slave Syndrome (PTSS). On her website, PTSS is defined as “a condition that exists as a consequence of multigenerational oppression of Africans and their descendants resulting from centuries of chattel slavery. A form of slavery which was predicated on the belief that African Americans were inherently/genetically inferior to whites. This was then followed by institutionalized racism which continues to perpetuate injury.”

Like Chris, this “sunken place” paralyzes us by impacting both our mental health and physical health. But Chris escapes once he blocked out the hypnosis trigger of the silver spoon and teacup. His physical freedom was dependent on his mental freedom. Other victims became “woke” when they “saw the light” from Chris’ camera. Light therapy is used to treat depression.

The comic relief in the film reflects how Black folks have used comedy to cope. You know that saying, “I gotta laugh to keep from crying.” Sometimes the messages in the film were so deep and real to me, I almost got teary-eyed. The suicide of Walter the groundskeeper reminded me of captured Africans who jumped off slave ships because the middle passage voyage was so inhumane. And more recently, the suicides of Kalief Browder and Black Lives Matter activist Marshawn McCarrel came to mind. Walter possessed Grandpa Armitage’s brain. He knew he could not be free with the mental shackles. It was no surprise he shot himself specifically in the head. As for Chris, he made it out alive but probably with even more post trauma issues. How will his friend Rod support him in the aftermath? How do we as a community support each other mentally and emotionally in a racist society?

Jordan Peele brilliantly addressed so many issues in one movie without overwhelming the audience. It’s a disturbing reminder that Black people carry these issues every day, all day and all at once.

There’s an African proverb that says, “Until the lion learns how to write, every story will glorify the hunter.” Jordan Peele calls out the hunter, validates our pain, and let’s his Black audience know that our racial oppression is not a figment of our imaginations. We are not crazy. We are traumatized, constantly.

“Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate; only love can do that.” Martin Luther King, Jr

4] [Trauma Informed Pioneers: First Ladies Working to Heal Communities](#) by Helga Luest, M.A. - The Huffington Post

Tonette Walker, First Lady of Wisconsin (R), is an unexpected leader in the movement to transform healthcare and our communities to become trauma informed, and she has been paving the path for others to join in. Ms. Walker describes how she came to take on this issue with such passion – noting that at the orientation retreat for gubernatorial spouses, everyone was asked to take on an issue they care deeply about. For First Lady Walker that would be trauma informed care and she began her work to transform the state through Fostering Futures.

“The benefits of trauma informed care reach far beyond the person affected, extending to the family, community, state, and even the nation,” said First Lady Walker. Nearly every county in the state of Wisconsin now has trauma informed initiatives and programs underway, which is tracked on the WI

Office of Children’s Mental Health website. Her vision, “Everyone needs to be trauma informed and understand what that means — from the bus driver, to the lunch aide, to the school administrator, and even the governor.”

First Lady of Illinois, Diana Rauner (R), has also seen the value in understanding trauma and how it affects children. She is an advocate for children and President of the Ounce of Prevention Fund. She recently supported a bill that requires schools to provide social and emotional screenings for kids starting school for the first time. Her husband, Illinois Governor Bruce Rauner, signed the bill in January, providing schools with important insights into the needs of children and how best to support a healthy school climate.

Then there is First Lady of Tennessee, Crissy Haslam, who helped to organize a summit in her state around adverse childhood experiences (also known as ACEs) and how best to work on reducing the number of children needing foster care. The effort served to educate state leaders about the science of toxic stress and how this can affect a person across their lifespan.

Gubernatorial First Ladies aren’t the only ones using their leadership to advance trauma informed initiatives. First Lady of New York City Chirlane McCray who has taken on the city’s mental health and substance misuse concerns as her key issue announced in December that a new program called Trauma Smart would be integrated into the city’s social-emotional learning initiative called ThriveNYC. First Lady McCray believes “By incorporating ThriveNYC, our comprehensive mental health plan, into our Pre-K and Early Learn Centers, we’re giving parents, caregivers and educators the tools to help children build healthy relationships, handle conflict, and make good choices. We’re also providing parents with information and skills that can make it easier to connect with their child. We want all children to grow up healthy.”

Chiara de Blasio, daughter of First Lady McCray, joined her parents at the Substance Abuse and Mental Health Services Administration’s (SAMHSA) 2014 National Children’s Mental Health Awareness Day event as Honorary Chairperson. Chiara received the SAMHSA Special Recognition Award because she created a video about her recovery from substance use and depression in order to help other youth and young adults. This was part of what inspired her mother to focus on these issues.

First Lady Walker is expanding her work and focus beyond the state of Wisconsin. She recently came to Washington, DC with Elizabeth Hudson, Director of the Wisconsin Office of Children’s Mental Health, to meet with leadership at the U.S. Department of Health and Human Services (HHS) and with policymakers on Capitol Hill. Ms. Hudson noted that through the MARC project, Wisconsin is broadening trauma informed collaboration nationwide by working with other states, including AK, IL, MT, and WA, and in cities like Philadelphia, Tarpon Springs, and Kansas City. First Lady Walker stated, “Trauma informed care can be the ‘glue’ that brings agencies and states together.”

Her sights are much bigger than that though. She noted “If First Lady Trump decides to pursue her interest in bullying prevention, trauma informed care will resonate. I’d like to talk with her about it.” First Lady Walker also noted that this is a nonpartisan issue that everyone should support – in her words “It doesn’t matter where you sit - this is bigger than that.”

[Helga Luest, M.A.](#) Expert on Trauma Informed Approaches & Violence Prevention, Advocate & Strategist

Helga is a behavioral health expert who has managed and contributed to many federal efforts including SAMHSA News, StopBullying.gov, and the National Center for Trauma-Informed Care. Helga was appointed to the Maryland Governor's Family Violence Council and also serves on the U.S. Congressional Victims' Rights Caucus Advisory Group. In 2010 she was awarded the Congressional Unsung Hero Award for her effective advocacy work on violence prevention and response. Helga's passion for this work stems from her own experience as a survivor of an attempted murder in 1993, and more recently, domestic violence. She continues to bring a survivor-informed perspective to programs and advocacy.

"It is your ability as a creative person to envision positive change that will make a difference."
Patricia Johanson

5] [Sweatpants & Coffee](#) – A bastion of comfort and sanity in an uncomfortable world.

The idea for Sweatpants & Coffee was born, as many great ideas are born, during a time of personal reflection and solitude. That is to say, while its founder was taking a hot shower. The concept of a site that would celebrate all things comfort-related, one that would help people to feel good about themselves, was immensely appealing to Nanea Hoffman. With dripping hair, she bought a domain name and sketched out a plan. Nanea spends a lot of time in sweatpants, drinking coffee, so this was inevitable. Sweatpants & Coffee is a place where you can kick back, enjoy yourself, and be comfortable. Because when you are your most comfortable self, you can do anything.

"The goal of recovery is not to become normal. The goal is to embrace the human vocation of becoming more deeply, more fully human." *Patricia Deegan*

6] [Behind the Scenes of PTSD Parent: Erasing the Flinch](#) by Kelly Wilson @ *Sweatpants & Sanity*

The Flinch has always been there.

I first remember The Flinch when I was a junior in high school. My family imploded from years of alcoholism and abuse. I came forward, telling anyone who would listen that my father had sexually abused me for several years.

Every time I told somebody, there was The Flinch. A physical reaction, like I had delivered an open-handed slap to the face. Or an involuntary emotional reaction that I saw just behind the other person's eyes; like an emotional smack or a curtain closing.

I saw The Flinch a lot, until one day, it wasn't there anymore because I stopped speaking. My voice went dormant. I studied hard and worked my way through my last year of high school and then college. I eventually got a job as a teacher and I got married and had kids. All the while, blissfully pretending that nothing flinchable had ever happened to me.

Okay, not blissfully pretending. How about straight up denial? Because I was "over it." I had gone to counseling when I was in college and I had "moved on."

Until I had a complete breakdown about ten years ago, and my recovery really began.

n 2006, I realized – against my will, mind you – that I was not done with my grief and trauma. After settling in with a new therapist, I was diagnosed with Post Traumatic Stress Disorder (PTSD), depression, and anxiety. I started talking again about my abuse and challenges and experiences, my voice paper thin and breaking, my shoulders up to my ears with tension, my stomach knotted with anxiety. Every day, and month, and year, over ten years, my voice got stronger and louder. My nerves smoothed out, and I stood up straight.

In 2015, I began to do stand-up comedy that centered around mental health. While I had some experience doing stand-up, I had not focused on telling jokes about my PTSD, depression, and anxiety, or my childhood sexual abuse. For the first time since I was a junior in high school, I began to say, “I am a survivor of childhood sexual abuse” to anyone who would listen.

The Flinch was back.

One of my first recent encounters with The Flinch happened while I was speaking with someone in my local coffee shop. I’m a regular there, and they know me and what I’m about. One of the other regulars said, “Hey, you’re the one with PTSD, right?”

“Yes,” I answered.

“Were you in the military?” she asked.

“No,” I said.

“Then, why do you have PTSD?”

I hesitated for three seconds. Should I tell her the truth? I took a deep breath and said, “I’m a survivor of childhood sexual abuse.”

The Flinch. Right behind her eyes. Not because she was a terrible person or anything, but because she didn’t expect me to say anything like that. She thought that the only people with Post Traumatic Stress Disorder were those in the military – and those people are most likely male. That is the most common information people have about this disorder.

I felt the weight of compassion and responsibility. If I wanted to see a decrease in The Flinch then I needed to do something about it. A few mornings later, I literally woke up with the idea to create a website and podcast called PTSD Parent.

Parenting is tough. I know, because I have a 14-year-old and an 11-year-old. Also, PTSD is tough. I know from my network of friends online and in my community that parenting with Post Traumatic Stress Disorder is especially difficult. Why not combine a couple of my life challenges to help other people and spread the word about this disorder?

PTSD Parent educates, supports, and inspires all people living with Post Traumatic Stress Disorder in their homes and families. Right now, PTSD Parent is a website. Soon, it will be joined by a podcast and a book.

Hopefully, I will see less of The Flinch as time goes on. Not because we have become callous to childhood sexual abuse and related trauma, but because we have become better educated, more supportive, and increasingly compassionate.

[PTSD Parent](#) - Educating, supporting, and inspiring all people living with Post Traumatic Stress Disorder in their homes and families.

“Creativity healed me. I don’t know that I could think of any word that I get more inspired by than the word healing.” Susan Ariel Rainbow Kennedy

7] [The Space Between: Cancer and Your Mental Health](#) by Melanie Childers @ *Sweatpants & Sanity*

At 35, I never thought I’d write “I’m suicidal” on an intake form at an oncologist’s office. I had never been seriously depressed or anxious in my life. But there I was, post double mastectomy and chemo, staring at this form, knowing I needed to be completely honest with my medical team. I was suicidal. And I genuinely wondered if anyone would care.

When you are diagnosed with cancer, everything else happening to your life gets put to the side so you can deal with your medical emergency, whether it’s an impending divorce, financial woes, or your mental health.

Especially your mental health.

Your mental state is a key factor in your quality of life, how you handle stress and trauma, and your willingness to survive things like cancer (and thrive afterward), yet it quickly gets swept to the side in the effort to save your life. If you’re already struggling with anxiety or depression, a diagnosis can put you into an emotional tailspin, making medication more challenging to manage, and upping the ante on your daily life struggles. Even if you had no history of mental health issues, a cancer diagnosis does not play nicely with your mind. You can’t just walk it off or pretend it didn’t happen.

What oncologists either don’t know, or simply forget, is that a cancer diagnosis is a shock to the system. It is mental trauma. We are beside ourselves with fear, anxiety, uncertainty, and dread. And each new appointment means a new round of information, which triggers the trauma all over again. Even hearing about someone else’s diagnosis triggers the trauma. Hell, my head is spinning just writing about it.

But for doctors, the only mission is to scorch the earth of you. Burn, cut, and poison, then leave you to deal with the aftermath of a mental, emotional, and physical post-apocalyptic wasteland.

This is the space between. Where we’ve been dumped on our asses into the land of You’re Cured, only to realize this is not a happy ending and there is much rebuilding to be done before things are back to even a semblance of “normal”. This is where many of us get stuck. This is where we realize no one prepared us to survive this emotional half-life. No one told us we would have to rebuild. No one gave us the technology. There is no instruction manual. Only the crumbling facade of our former life, much of which will have to be razed as we forge new roads into our future.

If you have been diagnosed with breast cancer, keep in mind that many cancer centers don’t have

psychologist or psychiatrists. Your cancer team may never speak to your own mental health professional, if you have one, to loop them in or ask questions. You may never speak to anyone, or be referred to anyone, to discuss how you're really doing. As patients, we must advocate for our treatment choices and options, as well as our mental health, at a time when both are challenging.

The common breast cancer narrative is that you're a tough badass who can handle anything, even cancer, with a smile, and when you're finished you live happily ever after and everyone is amazed at how strong you are. But that story falls flat when you're living it and realize it's a lie. 30% of us will die, and most will have lasting treatment side effects and mental health issues. But we're trained by the narrative to suck it up, put on a happy face, and move on. To pretend, so everyone else is more comfortable and they don't have to face the reality of life behind the pink ribbon.

I remember the oncologist looking at my intake form that said, "I'm suicidal," and pausing. She asked if I was seeing a therapist and I said no. There were no further questions. Then she referred me to a psychiatrist. You might think that I would be mad she wouldn't ask me the necessary questions like, "Do you have plans to kill yourself?" but I wasn't. Instead, it got so little reaction that I was mortified I had even brought it up. I was ashamed for her to even make eye contact with me. It was like admitting that I wasn't strong enough to handle cancer. Admitting I couldn't do it right. That I needed help.

But afterward, I was angry. Angry that she didn't ask why I was struggling. Angry that it didn't even seem to matter. That suicidal thoughts belong to some other realm, and well, oncologists don't treat that, so that information somehow isn't relevant to saving your life. She's not a bad oncologist (I do like her and still see her), just a typical one. I've heard the same story from many other cancer survivors. This issue seems to not matter much to those who are trying to save our lives. You'd think preventing suicide would count as part of all this life-saving, but it's like it's not even on the radar.

So, you have to save yourself.

The world needs you and you are meant to be here, right here, right now. The people you influence and inspire need your presence. You are worth it and you're valuable. [Read the entire article](#)

Melanie Childers is an editor, code monkey, writer, breast cancer body coach, yoga instructor, and all-around badass. She is one of the founders of *The Underbelly*, an online magazine and community dedicated to illuminating the darker side of breast cancer.

8] [The Underbelly](#) – Illuminating Breast Cancer's darker side

[Submissions * The Underbelly](#) - Want to Join The Underbelly? We would love to feature your article, personal essay, art, or poetry.

Submissions can include either your personal breast cancer experience or a depiction of how cancer affects us all (whether you've had cancer or not!).

We invite you to share breast cancer experiences with harsh truths, irreverent humor, and relatable coping mechanisms. We're looking for honest perspectives from all walks of life – queer, straight, trans, all races, all stages, all diagnoses, all treatment options (or none at all!). No sugar coating or excessive cheerfulness required. We are especially looking for feminist viewpoints (though not

exclusively female) on all breast cancer-related topics and advocacy. We like stories that surprise, amuse, enrage, and illuminate. We're showing our soft underbellies, now show us yours.

“Stigma against mental illness is a scourge with many faces, and the medical community wears a number of those faces.” Elyn Saks

Additional Resources:

9] [Dave Isay: Everyone around you has a story the world needs to hear](#) - TED Talk

Dave Isay opened the first StoryCorps booth in New York's Grand Central Terminal in 2003 with the intention of creating a quiet place where a person could honor someone who mattered to them by listening to their story. Since then, StoryCorps has evolved into the single largest collection of human voices ever recorded. His TED Prize wish: to grow this digital archive of the collective wisdom of humanity. Hear his vision to take StoryCorps global - and how you can be a part of it by interviewing someone with the StoryCorps app.

10] [‘I Don’t Know Who I Am’: Establishing Your Sense of Self](#) – by [Denise Olesky, MA, NCC, LPC @ Good Therapy.org](#)

As we grow and develop from children to young adults, we listen and learn from the world and others around us. When others listen to and learn from us, we learn that our needs are valid and that we are valuable. We learn that we are individuals with our own identities and our own ideas and sets of behaviors. When our environment is healthy, we grow into adults with a healthy sense of self. We learn that our opinions and thoughts are important. We know who we are.

Those who do not grow up in a healthy environment - perhaps one scarred by emotional or physical abuse, neglect, or over-parenting - may not develop a sense of self in the same way. Their identities may have been minimally acknowledged, if at all. When feelings and thoughts are ignored in childhood, children may grow up not recognizing that they have their own ideas and sets of behaviors. If children are forced to yield to others' thoughts, wants, and needs continually over time, the development of their identity may suffer. As they grow into adults, they may question, “Who am I?” [Read the entire article](#)

11] [Accidental Courtesy](#) Daryl Davis, Race & America - The Feature Documentary

African American musician Daryl Davis has a peculiar, controversial passion: meeting and befriending members of the Ku Klux Klan in an attempt to change their minds and forge racial conciliation, one racist at a time.

He's played all over the world with legends like Chuck Berry and Little Richard, but it's what Daryl does in his free time that sets him apart. Daryl likes to meet and befriend members of the Ku Klux Klan - something few black men can say. In his travels, he's collected robes and other artifacts from friends who have left the Klan, building a collection piece by piece, story by story, in hopes of eventually opening a “Museum of the Klan.”

“Kindness is the language which the deaf can hear and the blind can see.” Mark Twain

12] [MentalMusic: High school student creates radio program to help peers with anxiety](#) - ABC News [Australian Broadcasting Corporation]

A Brisbane high school student has created a radio program to help his friends open up and talk more about their mental health.

Jordan O'dell-Fontana along with a group of year nine students from Brisbane State High School launched the program MentalMusic. The team wanted to create a platform where young people could tune in and feel included, while also listening to music produced by their peers. The project, which started as an English assignment in social entrepreneurship, grew quickly into a weekly podcast.

“We take music and stories from teenagers and combine it with expert advice into a 30-minute podcast that we release weekly,” Jordan said. “It’s a music-based podcast that caters for 14 to 19-year-olds and looks at teenage mental health issues.”

“Good actions are a guard against the blows of adversity.” Abu Bakr

13] [The Difficult Art of Self-Compassion](#) By Maria Popova @ Brain Pickings

“Compassion,” wrote historian Karen Armstrong in considering the proper meaning of the Golden Rule, “asks us to look into our own hearts, discover what gives us pain, and then refuse, under any circumstance whatsoever, to inflict that pain on anybody else.” In her beautiful ode to compassion, Lucinda Williams urged: “*Have compassion for everyone you meet ... You do not know what wars are going on down there, where the spirit meets the bone.*”

And yet even the most compassionate among us have one sizable blind spot: the self. Our culture’s epidemic of self-criticism has left us woefully unskilled at self-compassion - that essential anchor of sanity, which both grounds and elevates our spirit.

14] [Do Some Trauma Survivors Cope by Overworking?](#) By Tanya Paperny - The Atlantic

Hyper-vigilance and an inability to relax without guilt may lead some people to blunt their emotions through work.

The link between traumatic experiences and the development of addiction has been well-documented. Edward Khantzian, who originated the self-medication hypothesis of substance abuse, writes that “human emotional suffering and pain” and an “inability to tolerate [one’s] feelings” are at the root of addiction. People may use alcohol, drugs, or gambling to numb or control distress, low self-esteem, anxiety, or depression.

But there is virtually no empirical research on the potential link between trauma and overwork or work addiction. While a 2015 study on women survivors of intimate partner violence and a 2013 study on survivors of childhood sexual abuse both indicate that these populations may be inclined toward workaholic behaviors, there is no research on why trauma survivors might turn to work to cope with their feelings.

But a number of researchers and clinicians—and people who self-identify as workaholics or overachievers—believe the connection between trauma and overwork is likely. Some believe coping with trauma is at the very heart of a work addiction.

“You build on failure. You use it as a stepping stone. Close the door on the past. You don't try to forget the mistakes, but you don't dwell on it. You don't let it have any of your energy, or any of your time, or any of your space.” Johnny Cash

Take care, Michael, Mary, Becky, Cynthia, Lynn & Mary Ann

PS. Please share this with your friends & if you have received this in error, please let me know – mikeskinner@comcast.net

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

A diagnosis is not a destiny

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

[The Surviving Spirit Speakers' Bureau](#)

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