



*Healing the Mind, Body & Spirit 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 July 2024**

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*“The good life is one inspired by love and guided by knowledge.” - Bertrand Russell*

*“In everyone's life, at some time, our inner fire goes out. It is then burst into flame by an encounter with another human being. We should all be thankful for those people who rekindle the inner spirit.” - Albert Schweitzer*

1] [The Unbearable Lightness: Loneliness, Onlyness, One-liness](#) by Mikele Rauch, LMFT @ [Taking Back Ourselves](#)

Article excerpt - Loneliness. A difficult subject for most humans. It may be hard to describe or even admit it within yourself. In the world we are in, pain of aloneness has become an epidemic. It is present in people of every age, class and race. Loneliness can kick you in the ass, paralyze you with longing, and seep into your soul, whether you are by yourself or surrounded by adoring fans. Loneliness is a grief that comes in many forms—death of a beloved, estrangement, geography, age.

Every minute of the day filled with activity, work, or endless social engagements cannot cover over an empty hole of loneliness. We may use television, social media, constant noise, or substances to block out the pain. Sometimes we simply return to a codependent or even a violent relationship just so we will not have to feel so alone. But of course, all this does is increase a sense of isolation, fear and a probable rerun of the past.

For a survivor, neither family, religion, nor situation may have ever fit for you, especially as a result of abuse. In fact, if you looked inside, beneath the clutter of imposed *shoulds* and *should nots*, (*don't talk, don't ask, don't you dare...*), you may have used whatever it took to have some shred of connection. Perhaps being honest could have destroyed the flimsy semblance of connection, especially if lies or silence instead of truth protected a more palatable narrative.

There is another component that can compound the sense of aloneness. A history of neglect is one of the heaviest realities for a survivor. Neglect is most true when family, friends, or partners failed to see you or what was happening in plain sight. Maybe your safety depended on your love or loyalty, and was given only marginally—and only if the lie or silence remained. Maybe this invisibility insisted that transpiercing honesty would ensure you as the casualty—your truth denied, or even demonized.

Perhaps the premise you are left with is that your place in this world cannot matter unless you forfeit

yourself. The fallout from this kind of abandonment is what you neglect inside yourself. It can evolve into a lifestyle. You may be conditioned to repeat these kinds of toxic connections again and again, because it is all you know. You may burn when there are no apologies or accountability, no matter how many times you have tried to be heard. But sometimes you continue with the same relationships anyway in order to ensure some place for yourself--or perhaps simply to survive.

There are other ways to find a way out of loneliness. Pleasantries cannot cover the sheer longing inside to truly connect, but this is not to say that every single interaction with another must be profound or even consequential. There is solace in small talk, joking with strangers, kindness offered on subways and streets. Sometimes just the simplest human contact with a stranger can fill the heart: the cashier, the sanitation engineer, that funny little puppy, the old lady in line with her beet greens. JS Park calls it "breaking breath" together, moments when you are seen—and as importantly, when you truly can see *an other*.

*“Without a single thought, two hands collide and the world finally makes sense again.”—Kayla Dawn*

*“Look deep into nature, and then you will understand everything better.” - Albert Einstein*

2] [A bench and a grandmother's ear: Zimbabwe's novel mental health therapy spreads overseas](#) by Farai Mutsaka @ AP News

Article excerpt - After her son, the family's shining light and only breadwinner, was arrested last year, Tambudzai Tembo went into meltdown. In Zimbabwe, where clinical mental health services are scarce, her chances of getting professional help were next to zero. She contemplated suicide.

“I didn't want to live anymore. People who saw me would think everything was okay. But inside, my head was spinning,” the 57-year-old said. “I was on my own.”

A wooden bench and an empathetic grandmother saved her.

Older people are at the center of a homegrown form of mental health therapy in Zimbabwe that is now being adopted in places like the United States.

The approach involves setting up benches in quiet, discreet corners of community clinics and in some churches, poor neighborhoods and at a university. An older woman with basic training in problem-solving therapy patiently sits there, ready to listen and engage in a one-on-one conversation.

The therapy is inspired by traditional practice in Zimbabwe in which grandmothers were the go-to people for wisdom in rough times. It had been abandoned with urbanization, the breakdown of tight-knit extended families and modern technology. Now it is proving useful again as mental health needs grow.

“Grandmothers are the custodians of local culture and wisdom. They are rooted in their communities,” said Dixon Chibanda, a psychiatry professor and founder of the initiative. “They don't leave, and in addition, they have an amazing ability to use what we call ‘expressed empathy’... to make people feel respected and understood.”

Last year, Chibanda was named the winner of a \$150,000 prize by the U.S.-based McNulty Foundation for revolutionizing mental healthcare. Chibanda said the concept has taken root in parts of Vietnam, Botswana, Malawi, Kenya, and Tanzania and is in “preliminary formative work” in London.

In New York, the city’s new mental health plan launched last year says it is “drawing inspiration” from what it calls the Friendship Bench to help address risk factors such as social isolation. The orange benches are now in areas including Harlem, Brooklyn and the Bronx.

In Washington, the organization HelpAge USA is piloting the concept under the DC Grandparents for Mental Health initiative, which started in 2022 as a COVID-19 support group of people 60 and above.

*“The meaning of life is to find your gift. The purpose of life is to give it away.” - Pablo Picasso*

*“Everything is on fire, but everyone I love is doing beautiful things and trying to make life worth living, and I know I don't have to believe in everything, but I believe in that.” - Nikita Gill*

3] [Overcoming stigma as an academic with schizophrenia](#) by Nev Jones @ Public Source-Community Storytelling

Article excerpt - Schizophrenia, stigma and systems hold so many back, which made it tough to celebrate my hard-won tenure.

17 years passed between enrollment in a graduate program that didn’t want me and receipt of tenure at Pitt. Along the way, I learned the hard way that the mental health system often doesn’t listen closely to its consumers.

Three months ago, I was officially notified that I’d received tenure (and promotion to associate professor) in the School of Social Work here at the University of Pittsburgh. Tenure is a big deal for anyone — even against a backdrop of escalating political hostility toward higher ed — but particularly meaningful after a history marked by experiences in which I’d been told, over and over, that I wouldn’t or couldn’t make it.

The first graduate program I joined, in Chicago in 2007, terminated me. The program director explained to me that allowing “someone like me” to continue in higher education would be unethical. Why would that be? Because, as he put it, I had no hope of ever working and repaying student loans, hence it would be unethical of him to allow me to continue taking classes.

This communication immediately followed a graduate faculty meeting in which, for nearly an hour, I sat at an oval table, surrounded by leading social and political philosophers who I had worshiped for years. They discussed my case and opined on the reasons I should be terminated from the program in spite of a 4.0 GPA.

What was the actual underlying reason? A schizophrenia diagnosis.

The fact that, pre-Affordable Care Act, I would immediately lose my student health insurance didn’t cause the program director to waver in his conviction that exclusion was in fact the moral way to proceed.

When I finally approached the school's Title IX Office a few months later, the case worker I was assigned first asked why I had never filed formal paperwork with the Disability Services Office. They then explained that unless I wanted to rejoin a program I "was not wanted in," there would be no purpose in filing a grievance. The only way I could hold back a flood of tears was to leave without explaining.

I actually had initiated the disability documentation process a year earlier, and the office's director, upon hearing that my diagnosis was schizophrenia, informed me that "we don't have students with diagnoses that severe here" and that I should "reconsider graduate school." I fled, sobbing, and I could never bring myself to return.

*"The best arguments in the world won't change a person's mind. The only thing that can do that is a good story." - Richard Powers*

*"You never find yourself until you face the truth." - Pearl Bailey*

4] [A Compelling Memoir About Schizophrenia](#) by Claire Wilcox M.D. @ Psychology Today - Book Review: "[The Edge of Every Day](#)" by Marin Sardy.

Article excerpt - Last month, I met Marin Sardy, the author of the book *The Edge of Every Day*, for coffee. She had been my teacher in an online essay-writing class, during which we found out we lived near each other. We decided to meet.

Marin was fashionable but understated, in her white flowy pants and simple black top. Once she started talking her fierce [intelligence](#) was evident. She was delightfully intense. At one point she talked about the passing of her brother, and her eyes shone with [grief](#). She also seemed to have a core of something solid holding her up. She had loved him, and she refused to let the loss sink her.

I hadn't yet read her book—a memoir about schizophrenia, which her mother and brother were afflicted by, and which ultimately claimed her brother's life. But, inspired after meeting her, I bought it and consumed it just days after. Her book is spectacular.

For anyone who works with patients with schizophrenia, schizoaffective disorder and/or [bipolar disorder](#), or their family members, this book is a must-read. It humanizes the illness. It shines light on the intensity of the terror and heart-break families experience. Although her book isn't a call for mental health care reform, per se, she doesn't [shy](#) away from directly pointing out places where better resources and a more comprehensive mental health treatment system may have been able to save her loved ones. We learn, we grieve with her, and we are engaged throughout.

*"Trust is like a vase, once it's broken, though you can fix it, the vase will never be the same again." – Shakira Nandini*

*"Few things can help an individual more than to place responsibility on him, and to let him know that you trust him." BT Washington*

5] [Fighting stigma by mental health providers toward patients](#) by Tori Deangelis @ American

Psychological Association

Article excerpt - Using person-first, nonstigmatizing language is crucial to overcoming biases and providing better treatment

Throughout her undergraduate and graduate training in psychology, Maya Nauphal was surprised that her professors and colleagues sometimes perpetuated unhelpful stereotypes about people with mental illness. In an introductory course on psychopathology, for example, she remembers a professor “showing pictures of [police] mug shots as an example of what happens to folks who use drugs,” said Nauphal, now an intern at Montefiore Medical Center in the Bronx.

“People in our field sometimes use judgmental language when talking about patients,” Nauphal added. “We don’t always notice that we’re doing it, but it has a big impact on the way we think about and interact with our patients.”

While stigma by mental health providers toward mental health patients remains understudied, the existing research suggests it is common. Psychologists, other mental health professionals, and health care workers in general all exhibit this kind of discrimination. A review by sociologist Stephanie Knaak, PhD, of the University of Calgary, and colleagues, for instance, cites several studies showing that people with lived experience of mental illness commonly report feeling “devalued, dismissed, and dehumanized” by many providers they encounter ([Healthcare Management Forum, Vol. 30, No. 2, 2017](#)). Similarly, a Swedish study found that both mental health staff and patients held negative attitudes about patients, particularly when it came to accepting a patient’s work applications, dating a person who had been hospitalized, or hiring a patient to take care of children ([Hansson, L., et al., International Journal of Social Psychiatry, Vol. 59, No. 1, 2011](#)).

Knaak’s review also found that a number of factors appear to underlie such stigma. These include societal stereotypes about mental illness that can lead to negative and sometimes unconscious attitudes and behaviors; therapeutic pessimism—the idea that people with mental illness cannot get better; and stigma in the workplace culture, which can lead people with lived experience of mental health difficulties to remain silent. In addition, inexperienced providers may be more prone to stigmatizing patients than others, said John F. Kelly, PhD, ABPP, a professor of psychiatry at Harvard Medical School who treats people with substance use disorders and studies ways to reduce stigma related to this population.

“We all have implicit biases that we suffer from—stereotypes and prejudices toward those who are different from us,” he said. “Those tendencies can be amplified in clinicians, particularly when they don’t have much experience with certain types of disorders.”

*“Music is the mediator between the spiritual and the sensual life.” Ludwig van Beethoven*

*“Always tell someone how you feel, because opportunities are lost in the blink of an eye, but regret can last for a lifetime.” Unknown*

6] [Survivors say Russia is waging a war of sexual violence in occupied areas of Ukraine. Men are often the victims](#) by Ivana Kottasová and Olga Voitovych @ CNN

Article excerpt - Within an hour of being arrested by Russian security forces, Roman Shapovalenko was threatened with rape.

On August 25, 2022, the day after Ukraine's Independence Day, he said three armed, masked officers from Russia's Federal Security Service (FSB) stormed his home in the southern Ukrainian port city of [Kherson](#), which was [occupied by Russian forces](#) at the time.

They turned his house inside out searching for incriminating evidence. A message in Shapovalenko's phone that called Russian soldiers "orcs" — a derisive reference to the evil forces in J. R. R. Tolkien's Middle-earth books and a popular Ukrainian slur for the Russian army — was enough for them. He said he was tied up, blindfolded and stuffed into an unmarked car.

For days after, Shapovalenko said he was repeatedly electrocuted in his genital area, threatened with being raped with a glass bottle, and was even made to believe he could be sterilized.

"They seemed to have a fetish for genitalia. Sometimes the door would open, and they would say: 'We're going to take out our batons and we're going to rape everyone here,'" the 39-year-old farm manager told CNN.

Describing the graphic detail of his experience matter-of-factly, Shapovalenko sometimes paused to laugh nervously. He said his sense of humor is helping with what he knows will be a long recovery. The Russians, he said, hated it. "I made a little joke, and they didn't like it. I got punched for that."

Shapovalenko's experience of sexual violence at the hands of Russian forces is common among Ukrainians – including civilians and soldiers – who have been detained since Russia launched its full-scale invasion of the country more than two years ago.

Human rights monitors have long reported on the [rampant use of sexual violence](#) by Russian police and security forces against prisoners and detainees in Russia. Now it seems Russia is exporting the practice to occupied Ukraine.

*". . . you cannot heal what you do not acknowledge, and what you do not consciously acknowledge will remain in control of you from within, festering and destroying you and those around you . . ." Richard Rohr*

*"Strong people stand for themselves but stronger people stand for others." Jeyhan Neyga*

6a] [Ukrainian author turned soldier Oleksandr Mykhed: 'This is not Putin's war. This is a war waged by the whole Russian nation'](#) by Charlotte Higgins @ The Guardian - Journalism books

Article excerpt - In 2022, the writer was living an ordinary life with his wife in Kyiv. Now, after fleeing his home and volunteering for the army, he's written a powerful account of the past two years.

Before 24 February 2022, writer Oleksandr Mykhed, then 33, and his wife, Olena, had an enviable life. In 2018 they'd bought a three-storey townhouse in Hostomel, a suburb of Kyiv. On Saturdays, they'd go out for brunch – poached eggs for him, cottage cheese pancakes for her – and walk their dog, Lisa, in the forest. Their weekend ritual involved cleaning the house, and for Mykhed, that often meant being

pleasurably distracted by one of their many books. Life was full of things to look forward to: tickets for a Nick Cave concert; his new book, on classic Ukrainian authors, nearly finished. On weekend evenings they'd cook something delicious. Olena was perfecting her shrimp curry.

Just over two years later, I meet Mykhed at a Georgian cafe near Kyiv's central railway station. He's late because of an air raid alert: when the siren's sour notes rise through the rush-hour bustle, Kyvians, as usual, look at their phones, discover it's just planes loaded with ballistic missiles taking off in Russia, and by and large decide to get on with life. When Mykhed arrives, wearing a hoodie and cargo pants, he looks pale and tired, his once floppy blond hair shaved to a scalp-revealing military buzzcut. He volunteered for the armed forces as soon as the full-scale invasion started. He's not allowed to tell me anything about his service, except that he's just back after an exhausting 40-day training exercise. What he can tell me is that his old life is irretrievably lost. "I live with the feeling that I don't have a past. I live with the feeling that I don't have a future. I feel like my memories don't belong to me," he says. He doesn't even know how old he is, he says – 36, officially. The war has made him feel both way older than that, and way younger.

In the months leading up to Russia's invasion, the veil of normality was already beginning to slip. Over dinner one night in December 2021, Artem Chekh, a writer and veteran of the earlier phase of the Russo-Ukrainian war that began in 2014, remarked that a British magazine had asked him to write about preparations for a full-scale invasion. "I can't imagine Russians pummeling Kyiv with rockets just like that," Mykhed remembers saying. Nevertheless, he and Olena were sufficiently rattled that on 18 December they went on an unconventional shopping trip for a power bank, a knife, an axe, a head torch, freeze-dried food and a first aid kit – the ingredients of an emergency grab bag. Then, in mid-February, for the first time in his life, Mykhed touched a gun. He and Olena did a few hours' training on how to assemble and disassemble a Kalashnikov. The boundaries of what might constitute ordinary life were becoming thoroughly distorted.

*"It is not normal, for any writer of my generation to know how to write obituaries for your fellow writers. But I know how to do that."*

*"You are under the unfortunate delusion that simply because you run away from danger, you have no courage. You're confusing courage with wisdom." the Wizard of Oz*

*"If I have the belief that I can do it, I shall surely acquire the capacity to do it even if I may not have it at the beginning." Mahatma Gandhi*

7] [How to navigate caring for an adult with an intellectual or developmental disability](#) by Keren Landman, MD @ Vox

Article excerpt - A practical guide to navigating a fractured support system.

A few Fridays ago, at 4:30 in the afternoon, my mother texted me a photo of my brother David's face, his left eye bruised and a cut on his cheek. I spent the next hour and a half on the phone, talking with doctors and caregivers about what caused the injury; the one person I couldn't ask about his black eye was David.

My brother is in his late 40s. He has severe autism and a combination of other intellectual disabilities;



he doesn't communicate much verbally except for his immediate needs. It's not just that he can't tell anyone whether and how he's been hurt, he also can't make decisions independently, and he needs 24/7 support for all of his daily activities, including bathing, dressing, and preparing meals. He lives full time in a group home about 15 minutes away from my folks' place in Atlanta and spends his weekdays at a day program down the road.

David's wounds were minor, and the story I eventually got about an accidental injury made sense to me. Still, that frantic evening was a sharp reminder of my brother's vulnerability, and of my growing obligations to him. Although he has full-time care, I'll eventually take over managing that care, and I still have a lot to learn and a fair amount of decision-making to do. Both my parents and I still stay up nights worrying what will happen once they're gone.

It'd be easier to engage in magical thinking than to actually take a hard look at David's future plans, and that's often the tendency for people charged with the care of someone with an intellectual disability, says Anna Maki, director program services at the Bobby Dodd Institute, a Georgia-based nonprofit that offers support services and benefits navigation to people with disabilities.

"[Parents say], 'I can't die,'" Maki says. "That's not really very feasible, but I get it."

In 2019, around [7.4 million Americans](#) were living with intellectual or developmental disabilities, a broad spectrum of conditions that affect how people learn and the skills they develop to live, socialize, and make decisions independently. There are at least as many ways to worry about how to get these people the care they need, especially after their parents are gone. I'm wildly fortunate that years ago, my mother undertook the massive task of getting David the services he has. We are in the minority: Nationwide, 70 percent of people with intellectual and developmental disabilities — known as IDD — live with family. Most have a range of unmet needs, and many of their caregivers are suffering: In 2023, 54 percent reported high levels of stress. The burden isn't equally borne across Americans: Black families are less likely to have a support plan that details the kinds of care their person will need and how they'll get it. Broadly speaking, families of color in the US have less access to services to support people with IDD.

*"Hope is the thing with feathers, That perches in the soul, And sings the tune without the words And never stops at all." Emily Dickinson*

*"Every good thought you think is contributing its share to the ultimate result of your life." Greenville Kleiser*

8] [Altered States of the Arts](#) – Arts and history of the Psychiatric Survivor movement

Welcome to **Altered States of the Arts**, named for a popular initiative that was started by artists (and art enthusiasts) in the Consumer/Survivor Movement at the Alternatives Conference in the 1990's. With a new focus on inclusiveness, *Artists for Change*, as we will refer to this site as well as this call to action, is for persons who have lived (living) experience with mental illness, trauma, or emotional disorder. It serves as a clearinghouse or "home" for historical works of artists who participated in the [Consumer/Survivor Movement](#).

The site includes a curated Exhibit by artists in the Consumer/Survivor Movement. The Exhibit will

change periodically, as more artists participate with *Artists for Change*.

The site is chock full of different types of resources including links to articles, books, memoirs, presentation slides, and research by artists with psychiatric histories.

Of particular interest is the historical archive, [Altered States of the Arts](#), with anecdotal stories from early pioneers who performed at early Alternatives Conferences. Anyone can access the site and we hope it will be of interest to a wide variety of viewers.

This website includes many examples of visual art, music, performance and written word, dance, and other forms of creative expression that “tell a story” that is in some way helpful for the reader to understand a person’s experiences or some aspect of living with psychiatric or mental health challenges. The content of the art may be personal, political or social in nature.

### **[\(A Letter from Gayle Bluebird\)](#)**

*“Something is always born of excess: great art was born of great terrors, great loneliness, great inhibitions, instabilities, and it always balances them.” – Anais Nin*

*“Sometimes, the prettiest smiles hide the darkest secrets. The prettiest eyes have cried the most tears. And the kindest hearts have felt the most pain.” - Author unknown*

9] [Peer-Run Respite Approaches to Supporting People Experiencing an Emotional Crisis](#) by Lauren Spiro, M.A., and Margaret Swarbrick, Ph.D., F.A.O.T.A. @ Psychiatry Online - Lived Experience Inclusion & Leadership

Article excerpt - Research shows that guests experience peer-run respites as empowering and safe places where they feel more seen, heard, and respected than they do in conventional settings. This column describes the successful and unique processes of peer-run respites that support guests in emotional crisis and facilitate healing. In a discussion informed by their experiences and the literature, the authors examine how peer-run respites differ from conventional psychiatric crisis response services in their basic philosophy: how emotional crisis is understood, the goal of crisis response, how trauma is viewed, the importance of self-determination, power dynamics, and relationality. Psychiatric Services in Advance (doi: 10.1176/appi.ps.20230599)

Emotional crisis is a universal experience that can happen to anyone at any time across the lifespan. A crisis may occur when individuals face an obstacle to an important life goal that appears insurmountable by means of their usual coping strategies. The crisis may be precipitated by one or more identifiable situational, cultural, or interpersonal stressors.

People experiencing an emotional crisis often report feeling heightened levels of fear and anxiety that affect their ability to focus, concentrate, and effectively resolve the challenges they face. Many people report that when they are in crisis, they experience tension, physical symptoms, or pain, along with associated feelings of emotional distress that may manifest as signs of depression, withdrawal, or anxiety. These feelings of distress may lead to unpleasant reactions such as grief, fright, shame, humiliation, anger, worry, frustration, sadness, anger, and helplessness. People experiencing an emotional crisis may not be able to sit still or initiate and sustain patterns of activity that they typically

perform with little effort (e.g., work, leisure activities, play, or self-care). People who experience an emotional crisis benefit from having a safe, caring, and supportive environment to help them regain emotional balance.

The trending increase in the number of people who need psychiatric crisis response services has resulted in significant funding being budgeted for crisis response and its improvement (1). Peer-run respite programs, one type of resource for crisis support, are underfunded (2), possibly because of a lack of understanding of what these programs offer. Increased attention to the need for crisis services prompted us to provide in this column an overview of the essential approaches of peer-run respites that appear to make them favorable options compared with conventional psychiatric crisis response services.

*“It’s not about being good at creativity, it’s about creativity being good for you.” - Author unknown*

*“The art of healing comes from nature, not from the physician. Therefore the physician must start from nature, with an open mind.” – Paracelsus*

10] [Rochester high schoolers form a club to help their peers amid mental health struggles](#) by Jackie Harris@ New Hampshire Public Radio [audio link posted at the website]

Article excerpt - A [new CDC survey](#) of New Hampshire high schoolers finds that while the number of teens struggling with their mental health is slightly decreasing, it’s still higher than pre-pandemic levels, especially among girls.

The [Youth Risk Behavior survey data](#), collected in 2023, shows 51% of teen girls said persistent feelings of hopelessness stopped them from doing usual activities, compared to 28% of boys. Thirty-three percent of students reported struggling with their mental health in general, including feeling stressed, depressed and anxious.

At Spaulding High School in Rochester, students started a club this school year to destigmatize mental health issues among students.

*Editor's note: We recommend listening to the audio to hear from students at Spaulding High School’s Mental Health Awareness Club.*

Isabella Veno, a sophomore and member of Spaulding’s Mental Health Awareness Club, was in middle school when the pandemic started. She says it still has a lingering effect on students.

“It definitely secluded us in not being able to express how we feel most of the time, being sucked into our screens and our laptops as our only form of education and communication with other people,” Veno said. “I think it definitely impacted our communication skills and our ability to be ourselves around people.”

Junior Dylan Gravalles says he sees fellow student athletes struggle with their mental health, too.

“I do wrestling, and with having to watch your weight, that causes a lot of mental health issues with thinking that you're overweight or you're fat or issues with anxiety. And [that] can cause further issues

in the future,” Gravalles said.

Most students in the club say social media negatively impacts their peers’ mental health, but sophomore Isabella Dumont pointed out that it can also lead people towards help.

“I had a therapist for about a year, but I always had a hard time talking about my feelings. So for me, it didn't completely help,” Dumont said. “Social media helped me to see that I wasn't alone and that there were people who could help me.”

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

*"All healing is first a healing of the heart." - Carl Townsend*

11] [The loneliness trap: it is as bad as smoking 15 cigarettes a day. So will it shorten my lifespan?](#) by Phil Daoust @ The Guardian

Article excerpt - Lonely people are more likely to get heart disease, strokes, anxiety, depression, dementia ... Add it all up, and they're 26% more likely to die early. How do you avoid joining the unhappy millions?

I don't spend a lot of time worrying about a lonely old age. Closing in on my 61st birthday, eight years into a very happy marriage, I've got a wife, two teenage stepkids, an older daughter by an ex, a grandson and four siblings. Most of them at least tolerate me; a few even tell me that they love me. But maybe I'm taking too much for granted. People die, drift apart, fall out – and anyone who knows me will tell you that I can be very irritating.

Fifteen or 20 years from now it's not inconceivable that none of my family will want to have much to do with me.

As for my close friends, some of whom I have known for more than 40 years, well, a) they're obviously getting on a bit, and b) I've done a terrible job of keeping in touch with them. What with the lockdowns, and giving up booze, I have almost forgotten how to socialise. Almost four years after I stopped drinking, I'm not afraid of relapsing, but the sober me finds it just a little harder to enjoy pubs or wine bars, and has just a little less to say for himself. When I'm feeling charitable, I remind myself he's also less likely to end the evening spouting bollocks.

Maybe I'll just be left with a dog or two. That might not be so bad. I'm a late convert to the waggy-and-licky cause, but for the past six years I've been lucky enough to look after two Romanian rescues. Sienna, a fatheaded staffie-dalmatian, and Stevie, a bogbrush-tailed quarter-alsatian, are always glad to see me, always good company. I talk to them more than you might think healthy. Is it wrong to call a dog darling?

Just out of curiosity (I talk to dogs!), I decided to see how I rank right now on the UCLA loneliness scale, introduced in 1978 and, after several revisions, still one of the most popular measures. How often do I feel alone, asks [the online test](#). Never, rarely, sometimes, often? How often do I feel my interests and ideas are not shared by those around me? Never, rarely, sometimes, often? Twenty questions like this and I score 37 out of a possible 80. This represents a “moderate” degree of loneliness, as opposed

to “low”, “moderately high” or “high”. That’s a little worse than I expected. Stevie, Sienna, you’re not pulling your weight.

We should probably pin down what we mean by loneliness, as opposed to solitude, aloneness, social isolation, disconnectedness etc. For [Henry Rollins](#), the former Black Flag frontman turned writer, it’s something that “adds beauty to life. It puts a special burn on sunsets and makes night air smell better.” I’m going to file that under Poetic Nonsense. The Campaign to End Loneliness (CEL), more usefully, defines it as “a subjective, unwelcome feeling of lack or loss of companionship. It happens when there is a mismatch between the quantity and quality of the social relationships that we have, and those that we want.”

*"Eventually you will come to understand that love heals everything, and love is all there is." - Gary Zukav*

*"Awareness is the first step in healing." - Dean Ornish*

12] [8 homeless moms in San Francisco struggled for help. Now, they're learning to advocate for others](#) by Jane Har (@ AP News

Article excerpt - They know chronic back pain from couch surfing while pregnant. They tuck their children in at bedtime in the backs of cars and under bridges. Once their kids are asleep, and only then, do they let themselves cry.

Since January, a group of eight San Francisco mothers have met regularly as part of a local nonprofit’s pilot program to share their stories and learn to advocate for the needs of families like theirs [experiencing homelessness](#).

“I feel like I failed my kids,” says Teniah Tercero, breaking into tears as she talked about how she hates exposing her three young daughters to the open drug use of the city’s [gritty Tenderloin neighborhood](#) where they sleep at a shelter.

The room falls quiet. Christiana Porter, a fellow mom, gently pats Tercero’s shoulder as someone else passes over a box of tissues.

“I know the feeling,” adds Danica Gutierrez, also a mother of three girls.

Gutierrez, 29, was skeptical about relaying some of the hardest moments of her life with people who were strangers.

“Then after being in the group, I started realizing that all these ladies have a strong voice,” she said, “and maybe our voices put together could be strong enough to make a difference in someone else’s life.”

The women are on the Family Advisory Committee, a program launched by San Francisco nonprofit Compass Family Services this year to empower homeless people to better serve their needs.

They have learned how the city’s budget process works and met with politicians, sharing personal

experiences and insight into what the city’s Department of Homelessness and Supportive Housing and nonprofits should be providing.

Broadly, the women describe a homeless services system that is confusing and even hostile, with websites that lack clear information and staff who can feel dismissive.

They want housing for families away from people struggling with drug addiction or behavior issues, and staff trained to welcome homeless families. More money, they say, should be spent on housing rather than short-term shelters.

*“The need for connection and community is primal, as fundamental as the need for air, water, and food.” - Dean Ornish*

*“Nothing in life is to be feared, it is only to be understood. Now is the time to understand more, so that we may fear less.” - Marie Curie*

### 13] [Mama Bears](#) Documentary - Independent Lens

They call one another “mama bears” because of the ferocity with which they fight for their children’s rights. Although they grew up as fundamentalist, evangelical Christians praying for the souls of LGBTQ+ people, these mothers are now willing to risk losing friends, family, and faith communities to champion their kids—even if it challenges their belief systems and rips apart their worlds.

### [Mama Bears Documentary Trailer](#) – YouTube

The Mama Bears documentary tells the story of two moms who came to the Mama Bear community from a conservative Christian background believing it was a sin to be LGBTQ+ and, with the help of the Mama Bear community, became fully affirming passionate LGBTQ+ advocates. The documentary also includes the story of a lesbian who does not have an affirming mom and how discovering the Mama Bear community leads her to connections and resources that help her accept herself.

*“The art of life is to know how to enjoy a little and to endure very much.” - William Hazlitt*

*“Life's most persistent and urgent question is, 'What are you doing for others?'" - Martin Luther King, Jr.*

### 14] [Surviving Atrocities at a Mental Institution](#) @ YouTube

Today on Unfiltered Stories, Banning Lyon shares his harrowing journey of enduring horrific abuse as a teenager behind the locked doors of a mental institution. Held captive as part of a horrific insurance scandal, Banning's story is an unapologetically honest account of survival and overcoming unspeakable trauma. His memoir reveals an unflinching yet unexpectedly relatable tale of redemption and finding family, even when everyone else seemed to have abandoned him. Join us to hear Banning's powerful story of resilience and hope.

### 14a] [The Chair and the Valley](#) by Banning Lyon - Memoir of Trauma, Healing, and the Outdoors

Thank you for watching Unfiltered Stories! We offer a platform for our guests to speak openly about their life stories and journeys, shedding light on the challenges they faced and the resilience they've shown. Our mission is to raise awareness about survivors by delving into their stories, exploring the impact of their experiences, and how they've managed to heal and rebuild their lives. By sharing these stories, we aim to break the silence surrounding those challenging memories and create a compassionate environment.

*“We need to give each other the space to grow, to be ourselves, to exercise our diversity. We need to give each other space so that we may both give and receive such beautiful things as ideas, openness, dignity, joy, healing, and inclusion.” - Max de Pree*

*“We cannot become what we need to be by remaining what we are.” - Max de Pree*

***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 Mind, Body & Spirit Through the Creative Arts, Education & Advocacy

[The Surviving Spirit Facebook Page](#)

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