



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 December 2025

Hi folks,

Welcome to the December newsletter. I hope all is well for you in your corner of the world. I'm mindful that the time period from November to January is a time of holiday celebrations, which can be quite joyful and yet hard to navigate for many. If the holidays are a time of stress and dread, please take time for lots of self-care and see what these organizations have to say to help cope:

- 1] [10 tips to reduce stress and take care of yourself during the holidays](#) - Cultivating Health – University of California - Davis Health
- 2] [Holiday Survival Guide: Food, Stress, and Mental Health Tips](#) – University of Rochester Medical Center Newsroom
- 3] [Dougy Center for Grieving Children & Families](#) - Portland, OR

Things are progressing for all that is entailed regarding the printing of my memoir, [***The Lunch Box Theory: Lessons Learned from Trauma and Abuse***](#). [**Pre-order your copy.**](#)

Please take a listen; [**NH Writers' Project Live Broadcast Featuring Michael Skinner**](#) – YouTube.

Don't miss this special live broadcast featuring Michael Skinner, a NH Writers' Project author and member. In this 15-minute conversation, Michael will share the story behind his book "The Lunchbox Theory: Lessons Learned from Trauma and Abuse", the spark that inspired it, and the themes that shape his work. Tune in to hear what he hopes readers will take away, ask questions, and discover your next great local read while supporting New Hampshire writers.

Thank you and take care, *Michael Skinner*

There can be no keener revelation of a society's soul than the way in which it treats its children. - Nelson Mandela

Kindness is like snow. It beautifies everything it covers. - Kahlil Gibran

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Don't judge a man until you have walked two moons in his moccasins. – Sharon Creech

The worst cruelty that can be inflicted on a human being is isolation. – Sukarno

1] [Sally Littlefield](#) - Mental Health Advocate Living with Schizoaffective Disorder

I'm Sally Littlefield—a **national speaker** and **award-winning advocate** working to change how the world sees schizophrenia.

Living with Schizoaffective Disorder: My Journey

In 2019, I experienced a 10-month episode of psychosis that marked the onset of schizoaffective disorder, bipolar type—a condition that combines features of schizophrenia and bipolar disorder. Seven months after my last hospitalization in early recovery, I returned to full-time work in the nonprofit sector. I held communications, development, and training roles at three mental health organizations. That experience deepened my understanding of trauma, stigma, and the systemic barriers that so many people with serious mental health conditions face.

Mental Health Advocacy Through Writing & Media

I started my advocacy career as a writer, publishing essays in [Slate](#), [STAT News](#), [Psychology Today](#), and [Health Union](#)—not just about the challenges of schizophrenia, but also about its humanity. My story has also been featured in a documentary on the [television network A+E](#) and in [interviews](#) with the [Associated Press](#), helping to elevate the voices of people living with psychosis on a national stage.

Talks, Trainings, & Consulting on Psychosis & Stigma

Today, I offer:

- **Keynote talks** on stigma reduction, recovery, & mental health justice
- **Trainings** on mental health crisis de-escalation & supporting people with psychosis in clinical, family, & workplace settings
- **Consulting** for peers, caregivers, pharmaceutical companies, advocacy organizations, & clinicians

Why I Do This Work

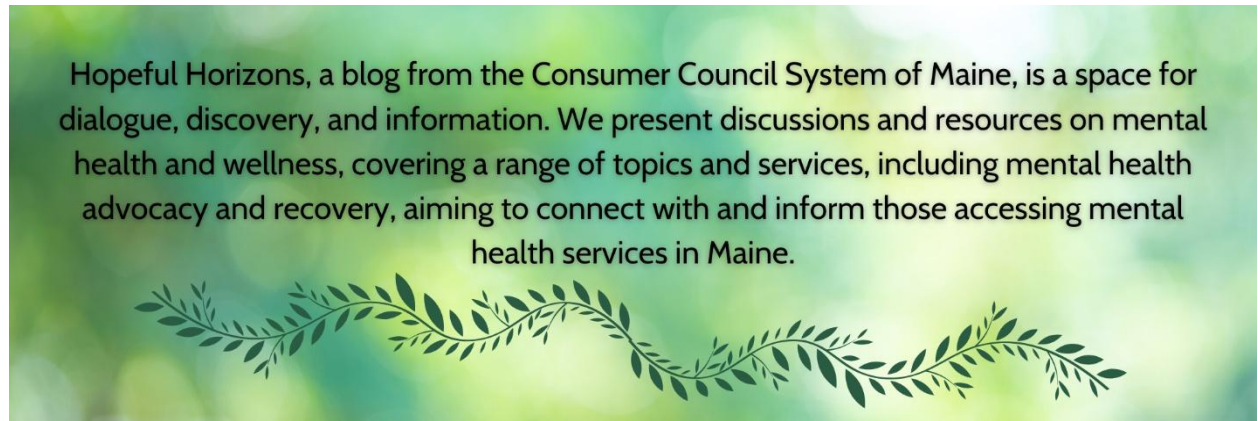
This work is personal. I know how easily people like me are dismissed, pathologized, or feared. My mission is to create spaces where we are treated instead with curiosity, dignity, and care.

[Contact Sally](#)

Sometimes in tragedy we find our life's purpose – the eye sheds a tear to find its focus. – Robert Brault

Silence is the abuser's friend. – Unknown

2] [Consumer Council System of Maine](#) [CCSM] - Providing a Voice for Consumers of Mental Health Services



The History of Institutionalization in Maine. Part 1: The Promise and Failure of State Care (1820-1890) by author Brittany Lorance, *Outreach Coordinator at CCSM*

The failure of state care was a betrayal of trust, turning a promised sanctuary into a site of suffering that would set the stage for decades of institutional trauma.

Article excerpt:

The story of state-run psychiatric care is not one that begins with grand hospitals. It begins in the dark corners of the local almshouses and poor farms of early 19th-century Maine. Before the towering bricks of the Maine Insane Hospital (MIH) were even laid, this was how the state warehoused its most vulnerable citizens.

When Maine achieved statehood in 1820, its system for caring for the poor, sick, and mentally distressed was based on the principle of local responsibility. This took several forms.

Such as the pauper auction, where the town would literally auction off individuals who could not support themselves to the lowest bidder. To the person who would agree to care for them for the least amount of public money. This was done under a guise of compassion, but was simply legalized exploitation, forcing people who were mentally or physically disabled into a form of indentured servitude.

Imagine being stripped of your autonomy, your struggle with illness or disability laid bare before your neighbors. Imagine being a young widow, perhaps battling “melancholia” after a loss, or an elderly man with dementia, standing exposed in the town square with your body, your very existence, becoming an item on an auction block. You hear the shouts of men haggling over the price of your care, not debating what treatment you need, but how little money they can manage to keep you alive and useful. Every gaze

is a judgment; every whispered bid seals your fate as a burden, purchased by a fellow townsman whose only incentive is profit. This was not a medical transaction or an act of charity; it was public legalization of exploitation, reducing a human life to a cost-saving commodity. You were not a patient awaiting care; you were a piece of livestock being sold into servitude.

There were also town poor farms (Almshouses). These places were repositories for those that society deemed undesirable. Such as the elderly, the physically and developmentally disabled, the poor, orphaned children, and the “lunatic” or “insane.” These poor farms were run by local town officials whose primary goal was to save the taxpayer money, with little or no focus on therapeutic care.

Unlike the large, manicured, and architecturally hopeful State Hospitals of a later era, the town poor farm was usually nothing more than a large, run-down farmhouse adapted to house as many people as possible. There were no specialized wards; instead, you would find crowded, common rooms with thin beds lined up end-to-end. For the “lunatic” or “insane,” specific confinement was often relegated to the cheapest, most isolated spaces, such as small, unheated wooden outbuildings, dank cellar rooms, or hastily converted sheds on the property. These structures lacked any medical or therapeutic design; they were built only for containment and cost savings.

The conditions in these facilities for those suffering from mental distress were often horrific, setting a tragic precedent for what was to come. Patients suffering from acute episodes or behavioral challenges were not treated, they were isolated. Accounts from the era describe individuals kept in cages, cellars, outbuildings, or small, windowless cells on the poor farm property. The lack of heat, sanitation, and human contact was deliberate, a form of crude containment and isolation.

Being committed to an almshouse was a total loss of dignity. You were a pauper, a public burden. The lack of care and hygiene was often viewed as a consequence of the patient’s own moral failing, making cruelty easy for keepers.

For women, often struggling with postpartum depression (then called “puerperal insanity”) or the mental strain of an abusive life, the poor farm offered no relief, only deeper isolation and control by male overseers.

It was against this backdrop of widespread, sanctioned abuse that work of reformers like Dorothea Dix took hold. Having investigated jails and almshouses across New England (and a native of Hampden, Maine, herself), Dix saw the atrocities committed against the “indigent insane.”

The search for a scapegoat is the easiest of all hunting expeditions. – Dwight D. Eisenhower

One of the big challenges with stigma in the provider workforce is that stereotypes and biases are not necessarily recognized or understood by those who hold them. People generally go into the field because they genuinely care and want to make a difference. However, the education and training involved mostly focuses on pathologies, and people become unwittingly influenced without realizing it. Labels such as chronic, persistent mental illness leave little to no space for individuals and those caring for them to conceive of much less move towards growth, recovery, or possibility however big or small. How can we as a field acknowledge and try to understand the biases, stigmas we hold and reconcile these with our best intentions to help others? – Mary Blake

3] [Give Me Hope with Johanna](#) – YouTube

Johanna is the host of "Give Me Hope with Johanna," which airs every Wednesday. She is also the CEO and Founder of [The Prestigious International Hope Book Awards](#). For more information, visit <https://linktr.ee/givemehopewithjohanna>.

If you would like to share your stories of Hope, please reach out to her at givemehopewithjohanna@gmail.com.

Johanna is also available as a motivational speaker. She is a two-time International Impact Book Awards winner for her books "Life? Think Again!!" and "Navigating Through Losses and Grief? Think!!" Her book "Unseen Tears, Beneath the Mask" Won the International Christian Book Award.

You can purchase her books at:

Amazon: ***Life? Think Again!!***- <http://www.amazon.com/dp/B0D4XTKS31>

Navigating Through Losses and Grief? Think Again!

<http://www.amazon.com/dp/B0DW48P1R2>

No man can think clearly when his fists are clenched. – George Jean Nathan

Be not afraid of growing slowly, Be afraid only of standing still. – Chinese proverb

4] [The Incredible Perspective of Trauma Survivors](#) by [Robyn Brickel](#) @ Complex PTSDfoundation.org

Article excerpt:

What perspective are you viewing life through today?

This is a discussion point I often have with my clients—and one I encourage you to sit with as you read. As a therapist who specializes in working with individuals who have experienced complex trauma, I am continually humbled by the strength, resilience, and profound insight trauma survivors bring to their lives and relationships. Their

perspectives are not only shaped by what they've endured, but also by what they've overcome, how they've coped, and what they've learned along the way.

Survivors of trauma—especially those who have engaged in healing work already—see the world in layered, textured, and deeply meaningful ways. The very nature of trauma can fracture a person's sense of safety, identity, and trust. Healing brings integration. Survivors hold a powerful duality: fear and courage, vulnerability and strength, heartbreak and hope.

The Survivor's Dual Lens

Trauma survivors who have walked through the pain and emerged—perhaps [scarred](#), also still standing—carry a perspective that says: “**Things feel scary – they were very scary – [AND](#) I have survived terrible things before.**”

That's a different kind of strength. It's not about denying fear or pretending things are okay when they're not. It's about acknowledging the fear *and* remembering that you've made it through dark times before. You've felt the bottom drop out—and you've clawed your way back to solid ground. You are safe today.

Survivors often live with the leftover residue of their trauma. They live with hypervigilance. Their nervous systems are finely attuned to danger—sometimes too attuned. And alongside this heightened awareness can be an inner knowing: “**I know how to survive.**”

This lived wisdom makes the current triggers and threats feel *more manageable*, because it's not their first time navigating uncertainty. This doesn't mean it's easy. It does mean there's a kind of internal compass that trauma survivors begin to trust over time. And as healing progresses, something else begins to emerge: **Curiosity. Compassion. A sense of safety.** These are hard-won states of being that don't come overnight—but they are deeply meaningful when they arrive.

Peace. It does not mean to be in a place where there is no noise, trouble or hard work. It means to be in the midst of those things and still be calm in your heart. – Unknown

Love has a chance to flower in a shared life; hate is love twisted and warped by disillusionment and despair. – One Day at A Time in Al-Anon

5] [OCD Writer: A fresh perspective on obsessive-compulsive disorder](#) – Carol Edwards

Article excerpt:

Why I Write Publicly About OCD

A few years ago, I embarked on a journey to become a therapist specializing in obsessive-compulsive disorder (OCD). This decision was fueled by witnessing people close to me grapple with the condition. It was a calling to help others reclaim their lives.

As time went on, I transitioned from my role as a therapist to becoming a full-time caregiver, writer, advocate, and advisor for those battling OCD, including visual Tourettic OCD. Through my various roles, I have developed a unique ability to empathize with individuals struggling with unwanted thoughts and the anxiety that accompanies them. I understand the compelling urge to perform repetitive actions to alleviate distressing thoughts, only to find that relief is fleeting. The obsessive thoughts persist, and the compulsions to counter them remain.

Having observed the impact of OCD firsthand, I am acutely aware of the fear, isolation, and sadness that it can bring, and I recognize the strain it places on relationships. Moreover, I understand the profound guilt that arises from feeling pressure to improve, even when suitable treatment options are readily available or proving ineffective. I also acknowledge the frustrations that may arise when loved ones struggle to grasp the complexity of OCD, or when the condition is kept under wraps to avoid conflicts with others. Conversely, I appreciate family and others who genuinely offer support but find themselves at a loss for how best to assist a relative with OCD or a friend.

In essence, my personal journey coupled with my professional expertise has equipped me with an intimate understanding of the complexities surrounding OCD. I am here to lend a compassionate ear, share valuable insights, and provide guidance for both individuals fighting OCD and their supportive circles. Together, we can navigate this challenging path toward recovery and wellbeing.

My Goal - I aim to share information about OCD and related issues through my [blogs](#), [books](#) and [educational documents](#). I hope you (my readers) will connect with me and my insights. I want to help you see OCD with a new perspective, so I look forward to sharing fresh concepts and evidence-based treatments with you.

Shame, blame, disrespect, betrayal, and the withholding of affection damage the roots from which love grows. Love can only survive these injuries if they are acknowledged, healed and rare. - Brené Brown

Awareness is so much better for me than closing out all feelings, shutting out people, withdrawing from living. No matter how hard the truth is or what the facts are, I prefer to know, look at, and accept this day. – As We Understand, Al-Anon

6] [Sounds like activism: musicians who fight for change – in pictures](#) - Photography Curated by [Briana Ellis-Gibbs](#) @ The Guardian

Photographer Janette Beckman and curator Julie Grahame have organized a one-time fundraiser for the ACLU that showcases images of musicians who have recorded protest songs or are known for their [activism](#). Forty-three photographers have [donated images](#) of

50 artists, from John Lennon to Nina Simone to Bad Bunny, and 100% of the profits will go towards the ACLU and their efforts to protect equality, freedom and rights. In addition to the images there is a [playlist of songs](#) for the fundraiser.

Our brains developed along with music and singing as a survival mechanism. - Tania De Jong

Writing is the painting of the voice. – Voltaire

7] [Preview of my International Human Trafficking & Social Justice Conference Speech](#) by Mike Chapman @ YouTube

This is the pre-recorded presentation I will be sharing at the International Human Trafficking & Social Justice Conference [<https://www.traffickingconference.com/>] September 17-19, 2025. My presentation is entitled "Family-Controlled Sex Trafficking of Young Boys: One Survivor's Healing Journey" talking about my experience of being sex trafficked as a child. This video will only be posted for a limited time.

Follow along using the transcript.

Healing takes courage, and we all have courage, even if we have to dig a little to find it. – Tori Amos

A child's world is fresh and new and beautiful, full of wonder and excitement. It is our misfortune that for most of us that clear-eyed vision, that true instinct for what is beautiful and awe-inspiring, is dimmed and even lost before we reach adulthood. – Rachel Carson

8] [‘You Are a Liability’: Student Lawsuit Could Force Harvard To Change Mental Health Policies, Experts Say](#) By [Wyeth Renwick](#), Crimson Staff Writer @ The Harvard Crimson

Article excerpt:

In fall 2022, a Harvard freshman was taken to McLean Hospital in Belmont for expressing thoughts of suicide. The psychiatric ward had run out of beds, she remembered, so she was sent to the emergency room. Then she spent almost two months hospitalized, trying to convince Harvard officials to let her back on campus.

“Mental hospitals aren’t necessarily the best places to be,” the student, who is now listed as “Student B” in legal filings, told The Crimson. “You’re calling your freshman proctor and you’re calling your dean, and you’re saying, ‘What can I do to get back on campus? I want to take my finals. I want to see my friends again.’”

After she was hospitalized, her resident dean informed Student B that she was not allowed to return to campus — placed on “involuntary medical leave,” according to her

hospital discharge summary. Without approval to return from the Harvard College Administrative Board, which handles disciplinary cases, she was unable to attend classes or pack her belongings.

Harvard cleared her the day after the spring semester began, after she agreed to regular therapy in a university treatment contract, granted the College's Counseling and Mental Health Services access to her medical records, and consented to immediate psychological evaluation whenever required by college administrators. Student B is now one of five anonymous students suing the University as part of Students 4 Mental Health Justice, a student advocacy group alleging Harvard's mental health policies break federal law.

"Harvard responds to disability-related behavior with exclusion, blame, and draconian measures," they wrote in the complaint. "Harvard's policies, practices, and procedures illegally discriminate against students with mental health disabilities and must be ceased immediately."

S4MHJ [filed](#) its lawsuit in May, alleging that Harvard violates the American with Disabilities Act, the Fair Housing Act, the Rehabilitation Act, and the Massachusetts Equal Rights Act. After Harvard [asked](#) a judge to dismiss the complaint in October, the group submitted a revised suit with newly detailed allegations.

The lawsuit raises serious questions about Harvard's enforcement of involuntary leave policies and could force the University to change them, legal experts said, pointing to settlements at other Ivy League schools where similar policies were challenged in court.

S4MHJ did not demand any monetary compensation — only that a judge declare the policies illegal and force Harvard to make changes.

All cruelty springs from weakness. – Lucius Annaeus Seneca

You own everything that happened to you. Tell your stories. If people wanted you to write warmly about them, they should have behaved better. - Anne Lamott

9] [Dare To 'Re-Treat'](#) - A Movement - *A New Way to Embrace Your Life: Events and Programs for Burnt Out, Busy, Working Professionals*
If you're burnt out, constantly on edge, overcommitted, or simply moving through life on autopilot—it's time to pause.

Dare to 'Re-Treat' is more than an event. It's a guided re-entry into your own life.

This movement is for those who lead, serve, give, and care—yet rarely extend the same attention inward. Whether you're in healthcare, education, corporate leadership, entrepreneurship, or support roles, this is your space to shift from survival mode into something deeper: sustainable self-care, emotional restoration, and what we call **Mental Beauty**.

Through immersive events, reflective experiences, and mindset-shifting tools, Dare to 'Re-Treat' helps you restore what burnout has quietly eroded—your energy, your presence, your clarity, your self-worth.

Reclaim Your Energy. Redefine Self-Care. Join the Dare to 'Re-Treat' Waitlist Today!

The Heart Behind Dare to 'Re-Treat' - Both of these incredible women—my grandmother and my mother—shaped who I am.

They were strong in such different ways, but they shared a common thread: resilience through sacrifice, strength through softness, and love that gave endlessly. They each taught me powerful lessons about self-worth, boundaries, and the quiet courage it takes to put yourself first in a world that often expects otherwise.

In their honor, I've poured myself into finalizing a vision that had long lived in my heart. While *Dare to Heal* represents my professional foundation and the *Dare to Share Your Untold Story* podcast that aims to break down the barriers of mental stigma and invite in the concept of mental beauty, *Dare to Re-Treat* is the embodiment of my personal mission—fueled by the wisdom, sacrifices, and stories of the women who came before me.

I had the chance to share this dream with both my Grandma and Mom while they were still physically present. They knew what I was building. I never expected to lose them so suddenly—both in the early seasons of 2025. But their legacy didn't just inspire this work; it now anchors it. Their words, their support, their lived experiences—it's all infused in the soul of this movement.

My grandmother always told me:

"No one will understand your pain the way you do, so take care of yourself anyway—and never feel guilty for saying no."

And my mother, through her quiet sacrifice, showed me what happens when we don't.

Remind me each day that the race is not always to the swift; that there is more to life than increasing its speed. Let me look upward into the towering oak and know that it grew great and strong because it grew slowly and well. - Orin Crain.

Sometimes we try so hard that we fail to see that the light we are seeking is within us. – As We Understand, Al-Anon

10] [Marriage after Childhood Trauma: Troubled Relationships Can Be Turned Around.](#)
By Dr. Glenn Schiraldi PACEs Connection

Article excerpt:

Like almost all others, survivors of childhood trauma long for loving connection. Although they often bring unique challenges to marriage as a result of their hidden wounds, they are capable of forming secure and safe marital relationships. In fact, it is a tribute to their courage that they'll risk connection again after their hearts have been broken.

Dr. Susan (Sue) Johnson is the primary developer of Emotionally Focused Therapy for couples (EFT), a respected, well-researched approach to couple counseling that addresses the unaddressed attachment needs that drive repeating conflicts in marriage. This article highlights key findings from her classic work with trauma survivors (Johnson 2005).

Key Emotionally Focused Therapy Principles

1. Secure attachment is not just what children need. Close attachment bonds greatly benefit us *throughout life*. Stable, loving connections give us a secure sense of self (“I’m worthy of love; I matter; I trust myself and others”), provide needed emotional comfort, regulate strong distressing emotions, promote mental and physical health, and foster resilience during distressing times. Conversely, isolation is as harmful to physical health as smoking, hypertension, and high cholesterol. In loving adult relationships, we find a safe haven for comfort and a secure base for venturing out into the world. Healthy attachment relationships also enable couples to build more resilient families.

2. Dependency is a healthy part of being human, a need we don’t outgrow.

Connections with those we trust and depend on calms the nervous system, while promoting confidence and self-reliance.

3. Relationship bonds are built by emotional accessibility and responsiveness. Fear and uncertainty activate attachment needs for comfort and connection. Unsuccessful attempts to attach to a partner during distressing times often result in angry protests, desperate demands, clinging, testing to see if the partner really loves you, and—when hope seems lost—depression, despair, and detachment. Failure to respond emotionally to the distressed partner’s pleas can lead to a relationship rupture, a lasting sense of betrayal and distrust. Conversely, a comforting response builds trust.

Stab the body and it heals, but injure the heart and the wound lasts a lifetime. - Mineko Iwasaki

Weakness is what brings ignorance, cheapness, racism, homophobia, desperation, cruelty, brutality, all these things that will keep a society chained to the ground, one foot nailed to the floor. - Henry Rollins

11] [*Life is beautiful poem*](#) by Sangeeta Rana

Life is beautiful

Being in love is beautiful

Peace is beautiful Simple is beautiful
Silence is beautiful Being passionate is beautiful
Positivity is beautiful Healing is beautiful
Being loved is beautiful Happiness is beautiful
Kindness is beautiful Success is beautiful
Gratitude is beautiful You are beautiful

Love is at the root at everything, all learning, all relationships, love or the lack of it. – Fred Rogers

Quietly endure, silently suffer and patiently wait. – Martin Luther King Jr.

12] How to Get Better Quality Sleep - [Better Because Collective](#)

As life gets busier, a truly restful night is more essential than ever. Between work, exercising, having hobbies, hanging out with friends, and managing life responsibilities, it can be challenging to prioritize getting a good night's sleep. Yet, consistently sleeping 7-9 hours per night is crucial for your mental health.

Here are practical steps you can take today for a better night's sleep:

Calm your mind - Whether it be through having a nighttime routine, journaling, or meditating, giving yourself time to wind down and relax promotes good sleep and reduces anxiety. Check out this [guided 20-minute sleep meditation](#). It's easy to start overthinking unwanted thoughts; these [thought-blocking exercises](#) can help.

Make sure your bedroom is quiet, dark, and cool - Sleeping in a cool and dark room is optimal for melatonin production and helps you regulate your circadian rhythm, thus leading to a deeper sleep.

Limit your usage of devices - Ideally, set aside your phone and/or laptop at least an hour before sleeping. The blue light emitted from screens tricks your brain into thinking it's daytime, which limits melatonin production. Even if you set your screen to have an orange hue to counteract the effects, it doesn't compare to simply turning off your devices.

Skip naps - As tempting as they may be, those long afternoon naps can easily mess with your sleep schedule. It disrupts your sleep at night and leads to an inconsistent sleep pattern. However, naps aren't inherently bad, as they can be great for boosting your energy. Keep naps to under 20 minutes to avoid grogginess when you wake up.

Avoid eating/drinking right before bed -Eating right before bed can extend the time it takes for you to fall asleep and also make you wake up during the night. Most experts recommend eating a meal two to four hours before bedtime. As for drinks, alcohol disrupts normal sleep patterns; experts recommend avoiding alcohol within 3 to 4 hours of sleeping. Caffeine has a half-life of up to 4.5 hours, so it's best to avoid drinking anything caffeinated 6 to 8 hours before bed. Prioritizing good quality sleep is the foundation for a sharper mind and stronger body. As you incorporate these tips into your daily routine, you'll see how quickly a truly restful night's sleep can transform your daily energy and mental well-being.

Better Because Collective

[Inspire Others by Sharing Your Story](#) - We're looking for stories between 500 to 1,500 words that describe how you've grown because of what you've been through. Don't worry about having a polished narrative. Our experienced editors—many of whom have also navigated trauma—are here to help you craft your story.

Only in the darkness can you see the stars. - Martin Luther King Jr

"Let the beauty of what you love be what you do." - Rumi

13] [THE BALANCED LIFE](#): Psychiatrist calls for radical shift in how we view mental illness by John Swart @ Thorold News

Article excerpt:

'Are we pathologizing normal human emotions?' That's the question at the heart of 'Searching for Normal,' a new book by child psychiatrist Dr. Sami Timimi. Dr. Sami Timimi's new book, "Searching for Normal - A New Approach to Understanding Mental Health, Distress, and Neurodiversity," works on two levels. Primarily, Timimi dissects the evolution of the mental health industry in the Western world and its consequent impact on adolescent patients and their parents.

Beyond this, Timimi's thoroughness in evaluating his personal experiences as a therapist provides a framework for how we can all, regardless of age or culture, assess our own life's journey as we progress through a maelstrom of rapid change, environmental drama, new technologies, and an economic reality that is increasingly driven by and for a privileged few.

Timimi has practiced for 30 years as an empathetic child and adolescent psychiatrist and psychotherapist in the United Kingdom's National Health Service. The lived experiences he shares are gathered from his patients, colleagues and workplace.

Timimi builds his case that mental health care in the western world is broken, with incredible attention to the evidence-based integrity of his data and working relationships with patients and parents. He argues mental health has become an industry driven by neo-capitalism and pharmaceutical profits rather than patient benefit and community health at large.

While differentiating the real from the fake, questioning everything that comes his way, and shedding naiveté in favor of trusting facts, Timimi offers us a path to enlighten and protect ourselves in the future by embracing resiliency and independent thinking regardless of our mental health.

[Searching for Normal: A New Approach to Understanding Mental Health, Distress and Neurodiversity](#) by Dr Sami Timimi

Security is mostly a superstition. Life is either a daring adventure or nothing. – Helen Keller

Picking up the pieces of a shattered dream is better than having no pieces to pick up at all. – Matshona Dhliwayo

14] [The Adverse Childhood Experiences Study](#) — the largest, most important public health study you never heard of — began in an obesity clinic by Jane Stevens @ ACEs Too High

Hi folks, this article is old, but it gives a great back story on how the ACE Study came about. Michael S.

Article excerpt:

Mentions of the ACE Study – the CDC's Adverse Childhood Experiences Study — have shown up in the [New York Times](#), [This American Life](#), and [Salon.com](#) recently. In the last year, it's become a buzzword in social services, public health, education, juvenile justice, mental health, pediatrics, criminal justice and even business. Many people say that just as everyone should be aware of her or his cholesterol score, so [should everyone know her or his ACE score](#). But what is this study? And why is it so important to, well, almost everyone in 2012, the same way polio became important to almost everyone in the 1950s?

The ACE Study – probably the most important public health study you never heard of – had its origins in an obesity clinic on a quiet street in San Diego.

It was 1985, and Dr. Vincent Felitti was mystified. The physician, chief of Kaiser Permanente's revolutionary Department of Preventive Medicine in San Diego, CA, couldn't figure out why, each year for the last five

years, more than half of the people in his obesity clinic dropped out. Although people who wanted to shed as little as 30 pounds could participate, the clinic was designed for people who were 100 to 600 pounds overweight.

Felitti cut an imposing, yet dashing, figure. Tall, straight-backed, not a silver hair out of place, penetrating eyes, he was a doctor whom patients trusted implicitly, spoke of reverentially and rarely called by his first name. The preventive medicine department he created had become an international beacon for efficient and compassionate care. Every year, more than 50,000 people were screened for diseases that tests and machines could pick up before symptoms appeared. It was the largest medical evaluation site in the world. It was reducing health care costs before reducing health care costs was cool.

But the 50-percent dropout rate in the obesity clinic that Felitti started in 1980 was driving him crazy. A cursory review of all the dropouts' records astonished him — they'd all been losing weight when they left the program, not gaining. That made no sense whatsoever. Why would people who were 300 pounds overweight lose 100 pounds, and then drop out when they were on a roll?

The situation "was ruining my attempts to build a successful program," he recalls, and in typical Type-A fashion, he was determined to find out why.

The mystery turned into a 25-year quest involving researchers from the Centers for Disease Control and Prevention and more than 17,000 members of Kaiser Permanente's San Diego care program. It would reveal that adverse experiences in childhood were very common, even in the white middle-class, and that these experiences are linked to every major chronic illness and social problem that the United States grapples with — and spends billions of dollars on.

It has been said that time heals all wounds. I do not agree. The wounds remain. In time, the mind, protecting its sanity, covers them with scar tissue, and the pain lessens, but it is never gone. — Rose Kennedy

Childhood trauma does not come in one single package. — Dr. Asa Don Brown

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

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

A diagnosis is not a destiny

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