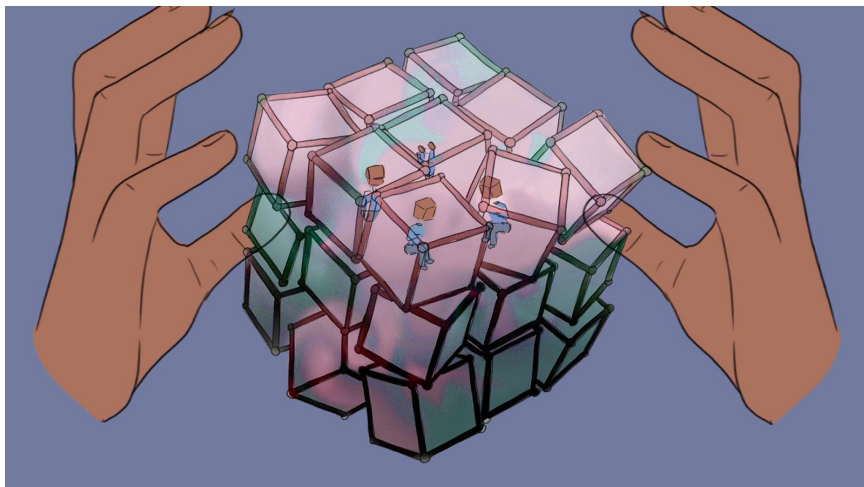


## **Part I**

### **On building resilience, a trauma-informed approach**



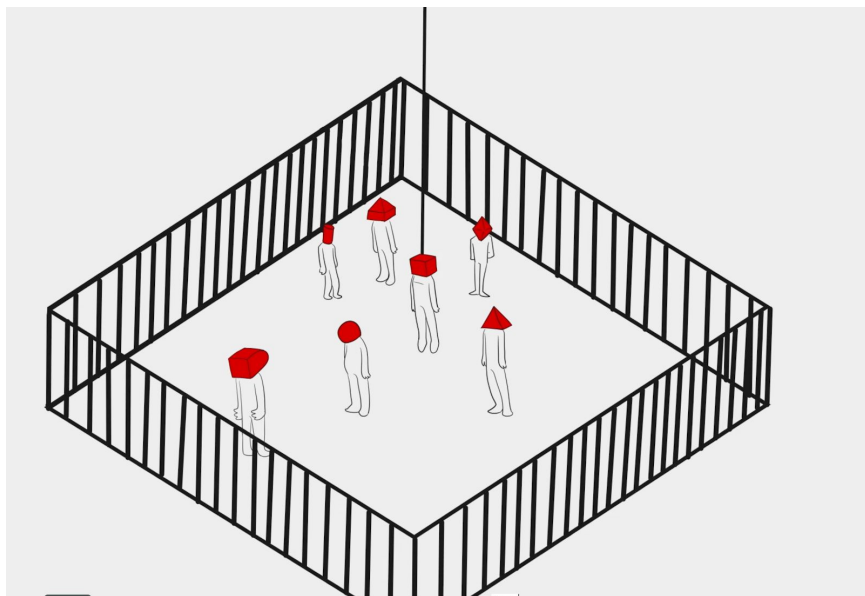
**A life trajectory of traumas:  
Developing resilience in the face of microaggressions  
Dortell Williams**

According to the California Department of Corrections and Rehabilitation (CDCR) website, the vast majority of its 125,000 wards come from the county of my commitment offense -- Los Angeles. Therefore, I can relate to our common experiences, risk factors, and environmental commonalities. Our experiences were, for the most part, wholesale poverty, parental neglect, myriad abuse, and being exposed to crime and violence at an early age. The culmination of such histories is recognized by behaviorists as patterning. The patterning of our experiences are referred to as adverse childhood experiences (ACEs): lack of social resources to cope or build resiliency, discrimination, parental separation, and parental illness to name a few. The environmental factors were shoddy dwellings, neglected schools and underserved neighborhoods, along with severely underserved schools. These environmental factors devalued our self-worth. The aggregate of this, or the message, whether real or imagined, was that we were not worth investing in.

I doubt that anyone was surprised that we ended up in prison. Not our parents, some of whom were criminals themselves, not our neighbors -- many of whom predicted our demise -- and certainly not our teachers. Unfortunately, our teachers were just as ignorant as we were when it came to recognizing our need for trauma-informed intervention and care.

For the vast majority of us, this was our reality, and thus, we too expected a dire end. In fact, for most of us, the ghetto refrain was "You'll either end up in jail or prison." It became a self-fulfilling prophecy, particularly because any real intervention was absent from the equation. When we did end up in prison, fulfilling our

fate as it were, we knew better than to expect the "cushy" motels and good living that the myths of the media perpetuate.



Indeed, prior to prison, it was the sentencing event that reinforced a devaluation so deep, we might as well had not been born. According to the Felony Murder Elimination Project, the vast majority of us sentenced to life without the possibility of parole were first time offenders. Most of us were between the ages of 18-25, officially referred to as Youth offenders when arrested, and yet the sentence implies nothing other than incorrigibility (Miller, 2002). A less sophisticated interpretation of this and other de facto LWOP sentences of life without the possibility of parole (LWOP) is that we were "trash," human trash. And what should trash expect in a penal colony? To be treated like trash, of course.

Upon entering the prison, incarcerated persons are most likely to encounter a phalanx of mean-mugged prison guards who set the "Us against them" tone. The officers threaten the incoming wards with statements such as, "This is our house, our turf; it belongs to us, and you belong to us." Again, more of the same. The same types of statements we were met with in our neighborhoods by the

police who vigorously occupied our stomping grounds (Serpas, 2015). These officers didn't mentor us, give us sound advice, or otherwise guide us. Their intent was to label, intimidate, control and eventually "own us" by stripping away our agency by locking us up.

What we found in prison was just more of the same; more of the same traumas and debilitating circumstances that were beyond our control. For many of us, we never had a chance. Our parents raised us in theft rings, or instilled violence as an acceptable means of expressing ourselves. Some of us were raised into gang families, but we certainly did not make the guns that proliferate our neighborhoods, nor did we travel to other countries to bring the innumerable tons of illegal substances that inundate our cities.

More of the same in prison means more neglect, abuse by guards and other incarcerated souls, and a system that exploits us at every turn. The exploitation comes in many forms, such as exorbitant pay-phone rates, menial prison work at a pay average of .08 an hour and the selected vendors we are forced to patronize for quarter care packages. Prison is a closed system that seems to frown on rehabilitation and self-betterment, and is a constant reminder that we are the "other," worth nothing to no one. We are left to question if it is all by design.

Of course, prison employees do not work in silos. Lawmakers, voters, architects, lawyers, unions and even psychologists play their roles. The very design of prisons is deleterious and malign; created to inflict harm. For instance, the cramped dimensions of the bathroom-sized cells - that we must share with another incarcerated person -- remind us of the impoverished and cramped space we endured in housing projects as children. While I am not advocating that prisons should be "cushy" motels, I am emphasizing that American prisons could be more humane.

Prisons should be places of true rehabilitation, not warehousing where the aggregate is devaluation, exploitation and worthlessness. Instead, these conditions -- a stainless steel sink connected to a

toilet at the front of the cell to deprive us of privacy, a metal bunk with a cookie-sheet-thin mattress, and an additional metal bunk and shelving, again, to be shared by two human beings for the rest of our lives, do nothing more than dehumanize. Again, the message is that this is all we'll ever live up to. Given that people of color are targeted for such extreme marginalization, despite research demonstrating that crime is perpetuated evenly among races, the disproportionality of incarcerating people of color is a clear message that minorities are expendable (Trcustine, 2015). These messages do not heal, they harm. These are the pains imprisonment is designed to inflict in the long and short term, physically and psychologically. Is there any wonder that California has the highest suicide rate in the nation? (CDCR, 2016).

What is interesting is how just about every prison condition one can name is also listed in the Manual of Statistical Mental Health Disorders as a causative factor of trauma: lack of privacy, lack of personal agency, dependence, violence (general and sexual), being controlled, deprivation of self-actualization, and family separation, among others. Personally, I have often asked the question: Can we really rehabilitate people in cages? Again, is it by design?

The very design of prisons is meant only to inflict harm. For instance, grey cells are intended to depress, to act as a depressant that harkens back to medieval dungeons. The problem with this in modern society is that we now recognize the psychological harm depression can cause, so prison physicians administer antidepressants. Yet the grey cells remain, but to what end?

If prisons are for punishment, then "Corrections and Rehabilitation" is a deceptive misnomer that belies the stated aims of voters and taxpayers and is but a hoax. If the pains of prison are purposeful, designed to inflict harm, then the aim is, and has been a success, as long-term imprisonment tends to lower the mortality rates of its wards (Troustine, 2015). I suppose it is better than being gunned down in the streets with excessive force. At times I question if it would have been better to be sentenced to death. Yet

for most of us, particularly those sentenced to life without the possibility of parole, death is coming a lot faster as a result of the debilitating conditions of our modern prison design (Haney, 2012). Until society comes to terms with what it really wants from prisons -- corrections and rehabilitation or painful punishment -- for us, prison is just a continuation of a life-long trajectory of debilitating trauma.

## **Healthy approaches to exercising resiliency**

- Self-forgiveness
- Forgiveness of others
- Activities that build self-worth -- like trying new things and gaining proficiency in them
- Accepting failure as part of growth and refinement
- Exercising empathy towards others (giving others the benefit of the doubt, putting yourself in their shoes)
- Exercising compassion -- wishing the best for others and acting toward that goal, in spite of their actions
- Exercising patience
- Maintaining a positive attitude
- Talking to others (who exercise empathy and compassion)
- Exercising self-determination
- Journaling
- Listening to music
- Exercising
- Hobbies
- Yoga
- Meditating
- Outdoor adventure
- Breathing exercises
- Volunteering (helping the less fortunate)
- Sports activities
- Owning a pet



### **Developing a resilience plan**

1. I had to learn that beliefs = attitudes, and attitudes = values and values = behaviors.
2. To maintain a healthy belief system, I learned to surround myself with people who think in constructive ways, do healthy activities, and have attitudes that are positive, harmonious, and fulfilling.
3. I learned to seek and consider constructive feedback from my friends (people who have demonstrated that they genuinely care for me) and take seriously any feedback that is independently echoed within my circle. In other words, if everyone is telling me the same thing, I begin to consider it seriously. I also never consider myself to have "arrived," but recognize that life is a continual effort at evolution and improvement. Likewise, I strive to intimately know my triggers and maintain emotional intelligence.
4. Every day I make an earnest effort to be healthy. That means concentrating on things that are good for me, such as eating right, sleeping at a consistent time every night, and getting sufficient rest for my body to perform at its best. I recognize

that my health is my most prized treasure, and without it, I can't do anything. So, I prioritize my health.

5. I also make sure to use my best coping strategies to confront life's stressors. That means not acting impulsively or in anger. It means listening more than talking, and considering those around me important because of the talents and contributions they add to my life. It means treating others with respect and dignity and expecting the same, but when they come up short, finding creative ways -- according to their personality -- to teach them how I wish to be treated. I also recognize that each day has its own challenges and pitfalls. When I have bad days, I make sure I do not project my negative experiences on to others, and I try to treat each day as its own event. I have learned to let go of bad events and negative interactions with others. I forgive. I have also learned to confront my problems (which I call challenges) and to never run from them (which is stressful in and of itself).

### **The trauma of microaggressions**

Microaggressions are deceptively harmful because they are easily dismissed as small, innocuous events that amount to nothing. However, like chronic high blood pressure, the accumulation of consistent microaggressive behavior can take its toll on the recipient. Consider human marginalization, for example.

Marginalization is a form of microaggression in that it challenges one's self-worth, lowering a person's social status by causing one to perceive themselves as inadequate. To the microaggressor, excluding others, treating people unjustly and unequally comes with an assumed privilege that makes this behavior acceptable. In America, all too often, those typically marginalized are people of color, women, the elderly, people with special needs, religious minorities, and LGBTQ people. As one might imagine, the identity of many people in these groups transcend into other groups, i.e., a black, female lesbian possesses



three different marginalized identities. To empathize with her experiences would require a tremendous amount of insight.

More often than not, to possess a marginalized identity entails direct and indirect discrimination, and prejudice on a regular basis. These could include verbal aggression such as name calling, labeling and derogatory insults. Negative verbal expressions are just the beginning. Consider how it feels being on the receiving end of microaggressive behaviors, such as when whites roll their windows up at the sight of a black or brown person walking by in a parking lot? And what of environmental-structural barriers that impede a mobility-impaired person? Marginalization invalidates its subjects, making them feel unworthy and excluded. Over time these experiences are internalized, the person begins to question their worth, and it diminishes their will to participate in larger society. Sometimes microaggressions are committed by well-intentioned people, who are simply thoughtless. They may ask why the marginalized person doesn't speak English in public. These types of actions are psychologically damaging and emotionally harmful, particularly over extended periods of time and frequency. Microaggressions are defined in three branches: microassaults, microinsults, and microinvalidations.

A microassault is an overt prejudice that is intentionally expressed with the intention of damaging the target. Microassaults take form in overt discrimination, mistreatment or exclusion. The name-calling can be subtle or explicit, such as a racial slur, or a hate-laden expression of vandalism such as a swastika. Microassaults can derive from individuals, groups, and governments. Many Americans view the sentencing inequalities of crack versus cocaine as a microassault against the black community. Bullying is a more aggressive form of a microassault. Microinsults are just as damaging.

Though typically unintentional, a microinsult can be an indirect attack on the marginalized person. For example, when a

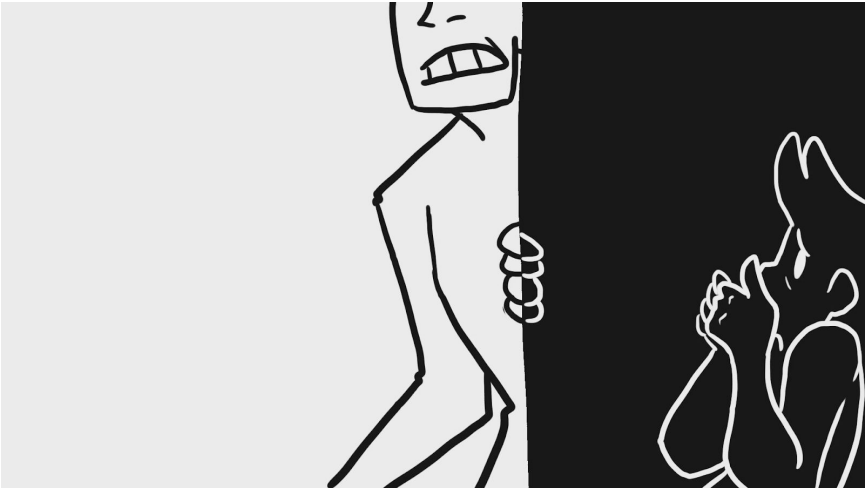
microinsult is veiled as a compliment, or a statement with a hidden message is made to a marginalized person, this undermines a person's identity. An example would be, "For a Mexican, you're pretty smart" or "All Asians are the same, no matter where they come from." These types of statements cause shame, disconnect people, and cause hurt, even generational hurt. Microinvalidations are likewise injurious and mischievous.

Microinvalidations minimize the realities, feelings, and experiences of others. Like microinsults, microinvalidations are typically made on an unconscious level, but they reveal a privileged and prejudicial mindset. An example of a microinvalidation could be telling someone that they are not worthy of a promotion because of their gender or weight. Another example would be Latinos who are told that they don't belong here in America (though North, Central and South America are all part of the Western hemisphere). Microinvalidations say "you're an 'other' and you don't belong." This malicious treatment, though uninformed, is a psychological detriment to the recipient. Again, microaggressions, at any level, take their toll.

Individually and collectively, microaggressions devalue and isolate others and disconnect the perpetrator and victim, perpetuating a hostile society where hate, hurt, and traumatization are ubiquitous. This is not an environment any civil and sensible person should desire to abide in. Kindness, compassion, and acceptance counter the hostility and damage that microaggressions disseminate, and educating others is the best way to oppose these antisocial expressions.

Source:

Levy, Jeff & Jones, Amber (2013, September-October), "Nothing small about microaggressions," *Positively Aware*, pp. 32-35



## **Desperately developing resilience: Creating healing in the face of trauma**

**Daniel Whitlow**

For me, trauma comes from a myriad of negative experiences, as well as from an overall *lack* of positive experiences. From the ashes of my darkest days, when nothing made sense except the lie that I was worthless and beyond repair (a lie I believed and repeated to myself like a abusive mantra), I stumbled on pieces of what would become a three-part process capable of creating resiliency against the harmful and cumulative effects of trauma within me.

### **Desperation / motivation**

A much-needed conversation with a friend sparked an inspired series of flames, which led to this method, followed by years of practice acknowledging my own failures and successes with healthy (and not-so-healthy) coping mechanisms, and learning from each step even when it hurt more than healed, even when it felt more false than real. At times, I felt as though I would learn nothing about myself, thinking *this whole process is silly—it isn't going to work*. I felt as though nothing could relieve the desperate aching wracking my always exhausted spirit and heart. Little did I know, developing resiliency required more than my time—it required sacrifice and vision, a complete surrender to truth and honesty with myself and adopting a lasting willingness to resolve and push away the ubiquitous doubts and self-defeating tendencies surrounding my shameful new identities as a “prisoner,” “murderer,” and “drug addict.”

I have a clear memory, from when I was in my early 20s, of how deeply trauma affected me. I was walking laps around the prison yard, having just finished smoking marijuana. I was very

high and emotionally unstable, to say the least. I looked at the drab, slate grayness of the walls and barbed-wire fences and thought, “This is a graveyard.” I looked at the faces of the men around me and thought, “There is death in their eyes,” and when I saw my own face in the mirror I thought, “I am dead, too.” I completely gave in to the vicious assumptions that because I had done terrible things I was: 1) a cold, uncaring sociopath—consistent with the messaging in my trial—and, 2) incapable of redemption or change. I felt condemned to collapse into a protracted decay, marching towards a distant grave in the iniquitous skin of a monster that I could never remove. I was desperate to change. The conversation with a friend happened the same day, and he challenged my faulty notions by forcing me to take responsibility for my actions with the understanding that once I could accept what I had done, I could work towards changing myself for the better. He told me that I had to learn that even though those new identities were true, at least in some measure, I didn’t have to define myself by them. I didn’t fully grasp the profundity of his advice all at once but, as I continued to hone my self-understanding and developed positive coping strategies, I found more balance in my life. I began to feel good, comfortable with who I was, more alive than ever before. That crucible of suffering I experienced—that constant, painful daily process of inching closer to the “me” I wanted to be—represented small steps toward emotional and spiritual maturation. Although it’s a constant and continuing struggle, through that personal evolution, I developed resilience to trauma’s deceptive murmuring.

### **A self-reflexive methodology**

The process has three parts: 1) Recognition, 2) Deconstruction, and 3) Realignment. Another way of describing these steps is: 1) acknowledgement of the trauma and its effects/impact on my life (and the lives of others), 2) understanding where the trauma came from, how it formed, and why it affects me as it does and, 3)

finding healthy alternatives to recondition myself to respond (as opposed to react) and/or replace the potentially harmful effects with more constructive solutions and/or options.

\* *Recognition* – This first step represents awareness and acceptance. We must first recognize trauma's presence—that we are dealing with trauma. I believe this is the most difficult part because we unconsciously (or overtly) seek to avoid confronting our fears and hurts as a defense against pain, suffering, etc. We must open ourselves to our flaws and defects, we must objectively observe our judgments and decisions, and must have the courage to acknowledge how trauma has infected the way we react/respond and act in our lives.

For example, my drug use was a way for me to avoid being myself and dealing with the painful circumstances of my life. I enjoyed the high, certainly, but more importantly, I was able to escape myself. I hushed shame's insistent voice and, within the high, created more and more distance from who I thought I was—an angry, bitterly resentful, and desperately defective child who hated himself. Drugs allowed me to reimagine myself, to be who I wanted to be. Whoever that was made no difference; I just didn't want to be me. I had to recognize that. I had to become aware of my frantic need to be someone else and find the nerve to ask "Why do I want to escape myself? What have I done to provoke such an aversion of self?" The willingness to ask these questions is the desired outcome of this step.

The challenge lies in taking the plunge, so to speak—finding the courage to admit and accept our traumas. Before we are able to heal, we must first know we are hurt.

\* *Deconstruction* – This step represents reflection and deep understanding. A person must reflect back on the

circumstances of their lives that connect to the feelings associated with the trauma they now acknowledge.

Deconstruction seeks to break down a person's experiences, to find the causative dynamics that trigger and explain traumatic behavior, providing a deeper, clearer perspective.

For example, I looked at how my father (and later, my stepfather) neglected me. When I thought of their neglect, I felt ashamed, as if I was worthless or broken, because they didn't want me. I internalized that sense of brokenness, blaming myself. By taking on the blame, I found stability. It wasn't healthy or right but I knew I was faulty and found a measure of solace (albeit poisoned) in knowing I was the problem. The knowing provided a foundation for me to build on, and I created an altar where I could sacrifice parts of myself that I despised whenever I wanted. I lived a life of avoiding myself. I used the opinions of my friends to define who I was, and who I was changed as their opinions changed. If a friend was sad, I became sad. If they were angry, I was angry. If I said something that offended them, I would feel like a traitor and would do anything necessary to win back their approval. I realized all these things and finally witnessed my manic and traumatized behavior by deconstructing the abandonment I experienced with my father and stepfather. I finally saw the source of my discontent. The realization, discovery and comprehension of trauma's effects on us is the desired outcome of this step.

The challenge lies in seeing the unseen, so to speak—taking the time to objectively observe our actions and thoughts, not from our biased perspective, but rather from an externalized distance, so we can see trauma personified. Sometimes we must consider what trusted individuals in our lives tell us about ourselves.

\* *Realignment* – This step represents restoration and moving forward. Once we acknowledge trauma in our life and go through the arduous process of acquiring a deeper understanding and awareness of our traumas and how they affect our lives, we need to develop healthy ways to cope moving forward. This means learning from our mistakes and understanding our experiences. Due to what we learn and appreciate, we create opportunities to make ourselves into better people. Realignment does not remove or abolish trauma—I don't know if such a thing is possible. What realignment signifies is adaption and maturation. We must find ways to deal with our stresses and traumas that are healthy and promote continued growth and we can do so through what we learn from the first two steps.

For example, once I saw that my feelings of worthlessness came from the neglect and abandonment I experienced with my father and stepfather, I realized those feelings were illusions trauma created to lock me inside a vicious cycle of self-destruction and abuse. I clearly saw how I punished myself with drugs and negativity. I understood where my feelings came from, why I felt like I had no personal value, and why I tried to find value in others' opinions of me, not from within myself. I realized those feelings of valueless-ness and lack of intrinsic value (from my standpoint) were not because of some sinister defective nature, but rather because of trauma and its effects, and that realization unlocked my ability to grow. I began to invest more time into creating value of my own, either through music or writing or some other creative project, as well as pursuing my college education, despite having a poor academic history. I found the more creative and scholastic risks I took, the more value I found in myself. Part of this process also included listening to my family's support of me; having the willingness to absorb and appreciate the positive opinions people had of me, and having the courage



to filter out the negative opinions of others, too. Through this step, I learned that I am the architect of my own value and, as such, I have the final say on how I see and feel about myself, amongst other things. Realignment represents victory over trauma, though sustaining that triumph requires constant maintenance—any regression could allow for trauma’s reemergence into our lives, so we must be proactive in our own wellbeing and these steps helped me do that.

The challenge lies in trying our best—pushing past failure, learning how to improve, and understanding that so long as we invest our best into each situation, win, lose, or draw, we can hold our heads up high. We are not perfect and we should never expect that.

### **In our own image**

Ultimately, these steps were a way for me to understand and chart my own growth, which was important to me. I understand that it may not work for others, but I believe all people experience trauma and suffer its effects, just as I believe all people can develop resiliency to it. There is a need for models like this that help provide guidance and direction to those who are dealing with or negotiating trauma, whether each person designs their own or academia settles on the most efficient ones available. I do not know if either option is best (or both) but the chance to construct my own model for personal growth came as a healthy and fortuitous byproduct of going through tough times and recognizing that I needed something to help me. I was able to focus my energies into a positive and private project, and creating this model was one of the most foundational steps I took as I walked an unknown and oftentimes scary and intimidating path. This template is like I am: a product of my influences and experiences, failures and successes, joys and disappointments. It is as flawed as I am, it is as curious and abstract as I am, and it is as supportive

and forgiving as my supporters have always been; it is me, and I hope—if nothing else—it feels human and encourages others to explore their own traumas.



**Trauma Informed Care:**  
**Overcoming the limitations and barriers of prison**  
**with anxiety/uncertainty management theory**  
**James Cain**

Development of a personal resiliency plan addressing my ability to overcome the limitations and barriers of prison is best understood through my established daily program. It is within the practices of this program that I am able to stay well, mitigate harms associated with stress, and maintain a balance that is conducive with rehabilitation and becoming the best possible version of myself. I translate this program into a cohort resiliency plan by *Keep-doing*, or focusing on four areas of life that strengthen my spiritual, emotional, physical, and intellectual well-being; I *Stop-doing* the behaviors that once harmed my overall health and well-being, and *Start*, or continue *doing* the things that help me build positive relationships and change former ways of thinking that now enable me to be proactive in my life and thus cope more effectively with present and future challenges. By having a balanced and proactive program, I am able to maintain resiliency that supports my wellness, mitigates harms associated with daily stress, and enables me to live harmoniously even with the difficulties of prison.

I view my personal application of a daily program through the lens of William B. Gudykunst's (1985) Anxiety/Uncertainty Management Theory (AUM). Gudykunst developed AUM out of Charles Berger's uncertainty reduction theory. Anxiety and Uncertainty Management Theory predicts that people arrange their life worlds in ways that minimize anxiety and uncertainty. I find AUM is verified through my application of a program. Cultivating and perpetuating a program is the effective coping mechanism I have developed to mitigate and manage anxiety and the

uncertainties associated with serving Life Without Parole (LWOP) with a predominantly antisocial population.

I am able to maintain balance and resilience from the turmoil of prison by addressing four areas in my life each day. The first thing I do each day is address my *Spiritual* life by immersing myself in prayer and meditation on the Word of God—The Bible. My connection and devotion to God in these ways supports feelings of hope and my assurance that God has my back in all contexts of life. I tackle my *Physical* well-being through stretching, working out 3-5 days a week—including the application of full body routines, cardiovascular exercise, and maintaining a balanced diet. I focus on my *Intellectual* life by applying myself to Communication Studies through the Bachelor degree program at Cal State L.A., as well as by reading for pleasure. I attend to my *Social & Emotional* needs by proactively interacting with my Cal State peers, with friends and acquaintances, as well as through the social interactions I cultivate through my entrepreneurial business, “Cain’s Custom Crafts” in which I build hobby products to suit fellow prisoners’ needs (i.e., wall-hooks and fasteners, clothes hangers, vent-air regulators w/filters, custom boxes for mailing home hobby projects, and nearly anything a prisoner can imagine). Having such an effective and well-rounded program means I am able to stay connected to my Creator, maintain good physical health, stay socially connected, intellectually stimulated, provide for my needs, avoid idleness, and mitigate exposure to the banalities of prison.

I have come to realize through the 18 years I have served in prison that failure to have an effective program can result in the worst of outcomes like insanity, self-medication, poor health, and hopelessness. This makes the creation of a program vital to a prisoner’s life. I figuratively equate the four important aspects of my program to the four legs of a chair. I use this analogy because chairs with four legs are inherently stable. And as long as I address each of these legs in my daily life, I am able to maintain a stability necessary for consonance—or harmony, wellness, and a resiliency

necessary for coping with the daily stress and challenges of incarceration.



## **Resilience as a mission and vision:**

### **A collaboration in alignment with Cal State LA**

Resiliency is our shield against all of life's storms, tumults and adversities. Resiliency is the mental ability to recover from discomforts such as depression, illness or misfortune. Resiliency can be exercised and strengthened, it can be increased with purpose and practice. Below is a model of resilience resources based on the official Cal State LA mission and vision.

**Dortell Williams on Communication** – Talk to a trusted confidant, someone who has proven they care about your well-being; talk to a counselor or a trusted and open professor to help you purge and realign your mental state. Talk to a stranger on public transportation, or a patron at the coffee shop. The worst thing to do is to internalize a traumatic event or problem. Internalizing is harmful in the following ways: 1. You don't get the guidance that you need; 2. The problem festers, causing internal imbalance that could manifest in trauma reenactment such as irritability, drug abuse, negative projections onto others or, in a worst-case scenario, explode in an irreversible act.

**Allen Burnett on Storytelling** – Storytelling can be accomplished in many ways: 1. You can read stories about the problematic topic; 2. You can write a narrative of the event with *your* preferred ending, or according to your truth, express it in poetry, song, a rap or a secured diary. You could compose a theatrical script, start a blog or even write a book.

**Duncan Martinez on Culture** – Culture can be a building block towards resilience. Long-term culture clues us in on our stock; it tells us what we're made of historically. Many African Americans

draw strength from the knowledge that they come from a line of kings. Likewise, some Mexican-Americans take pride in their Aztec heritage, just as some Central Americans delight in their Mayan history. People with European, Jewish, Asian and other nationalities also find resilience in learning what their ancestors have either endured or achieved. We all have rich histories to investigate and pull from. Similarly, as Cal State LA students, faculty and administrative personnel, we all share in the fulfilling history of achievement – in spite of life's adversities – that we create as individuals and a proud collective.

**Marvin Johnson on Creativity** – Our artistry and creativity can also serve as a source for resilience. A well composed musical arrangement, a detailed portrait, a masterfully performed theatrical work, or a beautiful handcrafted item can remind us of our unique abilities and worth. Few things in life can compare to a genuine expression of creativity to boost confidence and self-esteem like the birth of creativity that comes from within.

**Jimmie Gilmer on Success** – The ability to overcome and achieve – despite hardship – is a great way to foster self-confidence, prove to ourselves exactly what we are made of and push forward. For no achievement comes without obstacles of some sort. And the best success is shared success, like the model we have created at Cal State LA.





## **Retelling life experience to make sense of trauma: remembering Butch**

**Terry Don Evans**

When I was five years of age, my aunt used to walk me to school, so I could attend kindergarten class. There came a point in time when she was no longer able to walk me to school; so we trained my German Shepard dog, named Butch, to walk me up one block from the school, at which time I commanded him to go home. Butch was also trained to return to the same location, one block from the school, and wait for me to get out of class, in order to walk me home.

One morning, that initially seemed very gloomy, for some strange reason, while on my way to school, I observed a man whom I knew as Mr. Murphy opening the security gate that protected the neighborhood grocery store's entrance (this event transpired on the Southside of Chicago, in early 1963). On this particular morning, Mr. Murphy failed to turn off the store's security alarm before opening the gate. As he clumsily fiddled for the keys, two Chicago officers arrived. They and Mr. Murphy got into a verbal dispute and both police officers mercilessly beat Mr. Murphy to the ground, leaving him unconscious and bloody. I was disturbed by the event and asked the officers why they did that to Mr. Murphy. They told me the man is a drunk and was trying to break into the store. I told them that his name was Mr. Murphy and that he worked there at the store. They told me to go away and that I did not know what I was talking about.

Two or three days later, I was waiting for Butch to arrive to walk me home. My aunt taught me that if, for some reason, Butch did not come after waiting 15 minutes, I should head home on my own. Butch did not show, so I proceeded to go home. As I came closer to the same store where Mr. Murphy worked, the same

police were trying to capture Butch. Butch saw me and started barking. Before I could say anything, the police officers ordered me to get back. They said this dog was sick. Butch raised up on his hind legs to try to push the officer away, and then both officers shot and killed Butch. I ran up to try to help Butch and one officer grabbed me. I told him to let me go. He said that they received a radio call concerning a wild sick dog. I started crying and hitting the officer. He said the dog was rabid. I told the officer my dog's name is Butch, not rabid - I had no idea the officer was

referring to a medical disposition. Then all of a sudden, a woman turned the corner, her leg bleeding as she was chased by a German Shepherd foaming at the mouth. That dog did in fact look

similar to Butch. The police officers shot and killed that dog too. They tried to apologize for shooting my dog, but that did not ease my pain. Soon after, my aunt came around the corner searching for me. She too cried once she discovered what had occurred and tried her best to comfort me, which had very little effect.

It would not be until almost 45 years later that I discovered how traumatized I was from both occurrences and their long-term effect on me. That is, I seem to have incurred a severe dislike towards anyone in a position of authority who abuses his or her position of power. I did not realize that that was what was going on with me until I enrolled in Alternatives to Violence self-help class. Since being helped to discover these traumatic-experiences, I have become a much better and well-rounded person. The class helped me to view situations from a new perspective and to really try to understand the reason for the conflicts I used to have with authority figures. I am now on alert to make sure that ugly face no longer surfaces within me.

By reengaging that experience, I was able to discover a trauma and my response to the traumatic event, that trauma, which has perplexed me for decades. This in accordance to Stephen Madigan, MSW, MSc, PhD, who spurned the concept of a thick description, which evoked my conscious explanations of why I responded that

way at that point in time. Since then I have been able to describe my true notions, desires, whims, moods, goals, hopes, intentions, purposes, motives, aspirations, passions, concerns, values, beliefs, fantasies and commitments with more clarity.

In conclusion, this re-telling renders my experiences of life sensible to myself and to others who can relate. According to Jerome Bruner, “all considerations of one’s unique expressions of life, meaning and experience are inseparable- events are linked together in particular sequences through the temporal dimension- thought past, present and future – and according to specific plots.” This notion has helped strengthen my decision-making, self-care, emotional regulation, social support, action and problem-solving orientation, realistic and positive thinking, personal confidence/self-efficacy, and personal meaning under adverse conditions.

### *References*

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## **Building resilience with service dogs:**

### ***Paws for Life* bootcamp**

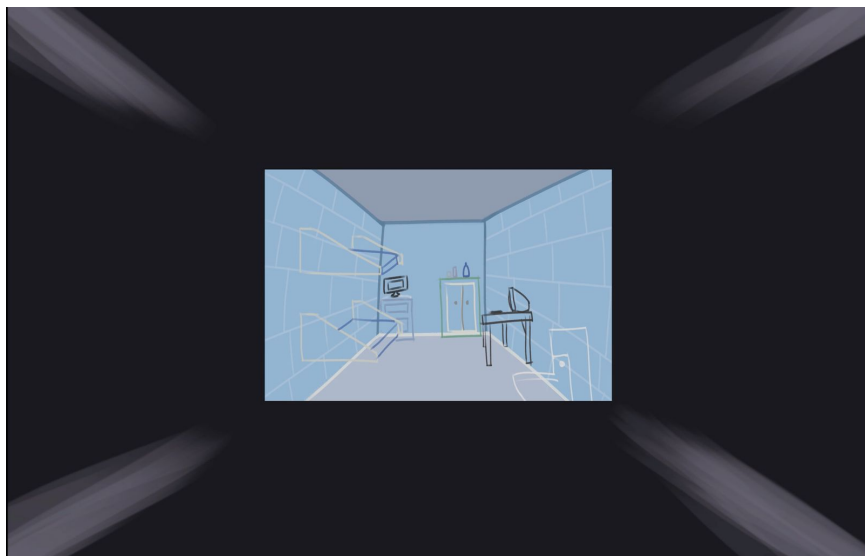
**Tin Nguyen**

A good example of a naturalistic approach to health communication is the boot camp to match Paws For Life (PFL) service dogs with veterans that are diagnosed with Post Trauma Stress Disorder (PTSD). Before the veterans can go home with our service dogs, they must go through a nine-day bootcamp to learn all they need to know about our service dogs, such as the commands and tasks that our service dogs know. We cannot just send the veterans home with our service dogs without them knowing how to care for our dogs or understanding all the concepts of the commands and tasks. Therefore, the boot camp is essential and intense.

During the first boot camp that PFL had, I was able to participate as a participant observer. As a participant observer, I had the privilege to observe the bond developed between the veterans and service dogs. For instance, on the first day of boot camp, after orientation, the veterans were allowed to spend time with the service dogs that were matched with them.

On the following day, we began to teach them five blocks of ten commands, and approximately five tasks. I watched how the service dogs went from being stubborn to the veterans' commands to becoming utterly obedient. This showed a bond was developing between the veterans and the service dogs, and through the bond, a communicative link was established. Out of the group, the most profound bond was the bond between Bronson (service dog) and the veteran he was matched with. This veteran had not laughed in the two years since he came back from military service. At one of

the boot camp meetings, he mentioned how Bronson had helped him with his anxiety, and panic attacks. He stated that he had not been to the movie theater for nearly two years but the night before had been the first night out to the movies that he was able to attend with his family. He said that the darkness in the theater would always trigger his destructive behaviors, and anxiety attacks. Bronson, in a down position at his feet, made him feel safe. He went on to show a video clip that displayed him sitting and eating with his back to the isle where people walked behind him without triggering his panic attacks. As a matter of fact, he was laughing while he was eating, with Bronson at his feet. From this naturalistic approach, I was able to learn a lot about the positive impact that PFL's service dogs have on our veterans with PTSD. Service dogs can be a great help in resiliency, and I would recommend them for anyone.



**A patient-centered allegory:  
Chronicles of patient-provider communication  
Duncan Martinez**

**Part I: Wandering Through the Park**

There is a type of panic that sets in when I have to go to the bathroom that is difficult to explain. When I tell people that I have to pee, they know what that feels like, but that's not what it's like—it is not like the normal feeling, it is so much *more*. The difficulty in explaining it is important because of context: when people hear that I am having trouble, they get that, but it means nothing to them—it is too simple. But, the feeling, the panic, as I like to call it, does not feel like anything I have ever known. There is no perspective, and thus, no understanding. This is difficult everywhere, from my sessions with the doctor to my interactions with friends. At times, their inability to understand is as difficult to deal with as the actual problem.

The problem, though, the panic, is subversive. Slowly, it took over most of my life, to the point that I lived next to my toilet. I had to. It took a form, a visualization, that was ruinous—a terrible part of that was that it took the form of something I used to cherish.

There is a park in Boston, where I used to walk. It runs along a waterway, and there is a section of entangled paths that create a sort of maze. During the day it is no big deal, there is just enough of the city or waterway to see what is going on. But, at night, there is no light. There is nothing in that morass—you are lost in a maze of black. I loved it, loved the idea of being in the middle of it, being lost was meditative. I would actively try to get lost in it, wandering thoughtlessly. It was peaceful, free, and made me fall into deeper thoughts in a way that I could not do

otherwise. Later, when I no longer lived in Boston, I would go there in my mind, get lost to that park, that kind of an idea. Again, meditative.

That was the image the panic took. Instead of me being lost and that being a beautiful thing, I was lost with panic: chased by the panic, unable to find my way out, to be free of anything. I would close my eyes to the park even as it was daylight outside. Running in flight, the idea of fleeing screaming, from some *thing* that was there to get me. Running with and from the panic.

The process of getting past this was difficult, but enlightening. I had to recognize rationally that I was not the panic or even the need to pee. I was simply possessed by that need, inhabited by that panic. Seeing things from that perspective changed everything else. I was able to see clearly what was happening. I was still lost in the park for hours every day, but at least I knew what that meant (or, what it didn't mean). But, how to get past it, how to be myself again?

I took charge of the imagery like a lucid dreamer does with dreams: I made it mine again. This did not happen overnight, but it happened. I made the park what it was before, took the moments of panic and resignified them as meditative again. I made what had been mine, mine again. When I feel the flight, I relive the old thoughts, the relaxed thoughts—the deep thoughts of something complex or interesting. I delve deeper into those instead of the panic. I do not let the panic control me. Certainly, there is still panic, there is still a physical need that can be all-encompassing. But, instead of it being everything, it is simply what it is: a physical manifestation. By taking control of my life, my moments, I was able to relax (to a degree) and by relaxing, survive. Instead of needing to know the toilet was right there, I just needed to know where I might find one. It is still a difficult medical issue, but now it is a survivable one.

It is still hard to explain to others, still difficult to explain the feelings and what they do to me, but I am in control of what I



can control—a difference that is astounding. There have been times where I have talked myself off of even some of the physical manifestations (when I get bad, I cramp up, doubling over and unable to stand when at the worst). People tell me to breathe, to relax, not understanding that the panic prevents that. Again, it is so hard to get people to understand. Once I was able to control and limit the panic, to breathe, and to take a moment to gain control—I was able to do the things I used to do all the time.

I was able to live. When we are surviving our day to day it is something inherently less than when we can actually live. It's like being stuck, internally, at Maslow's lowest rung. Being free again, was huge. Is huge. I am a human being again.

## **Part II: Wandering through the Park**

There is a sort of blackness that comes with pain and confusion, a way of thinking that allows for nothing light or positive; a place filled with doubt and loss. It is a dire place, one we have all likely felt and understood. For me, it is a place, one I used to walk late at night when I was lost. And you could get lost there, lost in the darkness, lost along a series of paths between a street and a waterway in Boston. The waterway had been famous and the paths had been well groomed, but neither was true anymore. Everything overgrown, it was easy to get lost, especially at night. I would let my legs take me where they would, and when I had no idea where I was, I felt a sort of comfort in not knowing. It was a place of isolation, utter darkness, and yet a place of solace. It has been obviated by pain, now, as I sit older and no longer there: when I feel lost, my mind recreates that, and instead of solace, I feel a sort of panic.

Panic. For me this is most associated with having to go to the bathroom. A simple task that most take for granted, but, for me has become one of the great labors in life. I have a bladder issue, and when I have to go, I *have to go*. Moments can go by with no problem, but quickly, the panic starts to kick in. This has gotten

better in recent months, but going back: if I did not get to a toilet right away, everything else ceased to exist. I lost focus, time, feeling only the rising tide and pain—it was incredibly painful. Going back to the darkness above, I would get in that maze, lost to everything and feel nothing in the world but the need to find a toilet. To make matters worse, I have to sit down. Every time. Running through the maze, falling, finding my feet, running again.

A sense of something else, behind me or ahead, it was there—ready to end me. The panic racing through my mind as I raced through the maze. The only answer, a toilet. Something tangible, a place where I could make the pain and anguish go away. Painfully.

I started to control it slowly, to get a measure of myself into those moments. Instead of letting the panic take hold, I would fight it. Instead of flight through the forest, I would try (try!) to get my head in control. Slowly. A focus, a place, a memory—I would go back to Boston, back to the idea of what it used to be. I would slowly let all of the positives in my life help me up. I have great support. This is an affirmation, a way to help you get anything started. You, of course, have to do the hard work yourself. You have to make the change, the growth, get back up when you have fallen down. I took their help as a strength, when my mind wanted only to run and hurt, to find solace again.

I would still hurt, still feel the intensity of the need (that was physical, there was only so much I could tamp it down, but I would push it aside, not let it be the central thing that governed my actions. Yes, it hurts, yes, I need to use the toilet *right now*, but, instead of folding over and falling victim to myself—I stood tall, stood in the midst of the suffering and let it be a distant thing. I let myself be the maze, the paths, and found that solace amidst the fury of everything else. The need something less, somehow, to the strength of keeping distance.

The effects were the same, I would still be cramped for hours or days, still suffer through all sorts of trauma because of

it—that could not change because it was physiological. But, I could control what I could control; I could take my own thoughts as my own. I could be strong in the face of the pain instead of being controlled by the pain.

It is still hard to explain to others, still difficult to explain the feelings and what they do to me, but, I am in control of what I can control—a difference that is astounding. There have been times where I have talked myself off of even some of the physical manifestations (when I get bad, I cramp up, doubling over and am unable to stand). People tell me to breathe, to relax, not understanding that the panic prevents that. It is so hard to get people to understand. Once I was able to control and limit the panic, I was able to breathe, to take a moment to gain control—I was able to do the things I used to do all the time.

I could be me. When I think of resilience, this is what I think of. This process, and the strength it took every single time. I went through this every day, at least once, and usually several times. I went through this and grew with each chance.

Growth is resilience and resilience growth.

### **Talking About Peeing: Provider Communication**

Being in prison, things are a little different, from expectations to how things actually work. For example, to go to the doctor's office, I wear leg-shackles, am handcuffed, and the handcuffs are locked to a black box at my belly—I am not able to move much at all. Entering the office, I am already anxious: the guards who accompany me are armed and ready to use their guns. They even joke about it. In the office, I am the elephant in the room, everyone trying not to stare at the guy in orange with the Hannibal Lechter handcuffs.

Escorting me into the room, I am surprised at the size: easily thirty feet by twenty, with a table in the center and something like six nurses busy around the space. I know I am

there for a cystoscopy, and I understand that is a camera going up my penis, but I only know that because family has explained it to me. I have never spoken to the doctor nor has anyone in the office said a word to me—I am in the suite where things happen, but know nothing.

I am more anxious as I approach the table. It does not look comfortable, and considering what is about to happen, I am inherently uncomfortable for that simple reason: a camera is about to go up into my penis.

The nurse tells me to pull my pants down to my ankles, pull my shirt up to my armpits, and to lie down. It takes a few minutes for me to do this, and no one bothers to help. Imagine your wrists attached to your belly-button, and try to get your pants around your ankles. I manage this and then lie down on the table, completely bare (essentially naked) as nurses jet around the room. The two officers are male, but all the nurses are women. No one is staring at me, but the feeling of being exposed makes me more anxious. The nurse who asked me to get on the table finally places a thin napkin over my privates as she pulls a tray beside me.

There is a television at the end of the table and harsh lighting above. The room has that antiseptic smell of hospitals, and even that is not comforting. Nothing here is comforting. I am about to have a camera inserted in my penis, and I do not know what that means. No one has told me anything and there looks to be no one about to. I have assumed at this point that the doctor will talk to me, explain whatever is going to happen. I am ready for the doctor to help settle me down—to make me comfortably happy.

After what seems like forever, the doctor finally comes in. He glides to the table, removes the napkin as he grabs a large syringe from the tray. With no preamble, no wait, no discussion, he grabs my penis and inserts the syringe. The ampule, the part with the medicine, is huge. He squirts all of it into my penis, right into the urethra. Without pausing, he clamps a clamp around the

base of my unit and starts feeding a thin tube into me. He finally speaks, “You can watch on TV if you want.”

I am here because of pain when I urinate, frequency of urination and a severe inability to urinate. Everything down there hurts and hurts a lot. The tube going into me hurts like crazy. The idea of it hurts even more—the anxiety is not helping.

The way it works is this: the camera is equipped with a tube that lets water flow through it. This is hooked up to an IV bag, and the doctor controls the amount of water with the base of the tube. Generally, as I understand it, the doctor just lets it flow—more water means more lubrication. For me, the pressure is immensely painful. As the camera breached the sphincter and enters the bladder, my bladder goes from not that full to FULL in an instant. I immediately begin to cramp with the pain, pulling my legs up slightly. I moan with it.

The doctor ignores me and just stares at the screen, where my bladder is on display. He is in there for what feels like hours before he pinches off a piece of the bladder wall (doing a biopsy) and says, “You might have just felt a pinch, it’s not a big deal.” It was more than a pinch, but that does not matter—at this point, nothing I feel matters to anyone but me.

He takes another biopsy, and then pulls the camera out. I am full to bursting, in massive pain, and cramping as badly as I ever have. Cramping is the only word I know, but seems *less* somehow. My midsection contracts painfully, and it gets worse and worse until I can pee—the only relief. The worse it gets, the harder it is to pee. The harder it is to pee, the worse it gets.

He grabs a metal container, basically a bucket, and shoves it into my hands. “Pee in that,” he says. I know immediately that there is no way this is going to happen. If I was alone in this room, I could not pee, not like this. I am restrained by the shackles, and the fact that the black box digs directly into my bladder means nothing to anyone. The pain is so intense, the cramping so severe, there is no way. Without the restraints, on a toilet, by myself, it

would take me minutes to get this out of me. In this room, with everyone now staring, no way.

I tell him there is no way I can pee, and after he tells me to try again, he finally relents. They send me into another room, where there is a high chair (like one for a little kid) that the bucket goes under. I am expected to pee here, with the officer and a nurse watching. Again, no way.

I am taken back into the room, and I ask if they can drain me somehow, explaining that this hurts SO MUCH. No, the doctor will not do that. “You need to pee,” he explains, so that he knows it still works.

It does not. I am not able to pee, not even as they run others through the room. I am not able to pee for the hour or so that I sit in the office waiting for that to happen. I am not able to pee until we finally get back to the prison—at least two hours later. Understand that I can barely walk minutes later, can barely keep from screaming with the pain. No one cared, no one cares.

The fact that no one cared is the entire problem, I was just another procedure in an afternoon of procedures. The doctor did not care about the fact that I was in pain, that I was hurting. He, honestly, was a terrible doctor. A few simple things could have made it so much easier. Had he spoken to me beforehand, talked me through everything that was going to happen, I could have saved us both a bunch of trouble. I could have told him how much it would hurt, and how impossible peeing would be at that point—for a variety of reasons. If he had simply used something like the teachback method, my life would have been so much better. He did not really communicate at all.

When a provider fails in so many ways it is obviously wrong. I hoped that this was simply because I was in prison, an inmate, and those connotations led to lack of care. I have been told by many free people that that is not the case—this sort of treatment is common.

Sad, I always thought being a doctor was pretty cool.  
Something to aspire to. Fixing people is a lot more rewarding (if  
you care) than turning a wrench.

You'd think, right?