According to the National Alliance on Mental Illness, one in five adults in the U.S. experience a mental illness at any given time. This statistic is personal for us. It means that our friends, colleagues, family members, teachers — anyone we know and love — could be suffering right now. Mental illness is not something far away. It is here, affecting our community, our loved ones, the people we spend our time with, and we may not even know it. Many who suffer do so in silence because of the stigmas associated with mental health issues. In our Fall 2017 edition of Focus magazine, we’ve given a platform to several brave individuals to share with us their pasts and how they have worked to rebuild their lives from the ground up. We want to bring hope and a voice to those living in darkness or fear, and understanding to those who haven’t experienced this personally. By speaking out about these prevalent battles, we hope to shift the overarching outlook on mental health and, in turn, encourage people to get the help they need to take control of their lives.

Hannah Neumann
Lauren Friederman

Special Thanks:
Curtis Callaway
Julie Reed
Erica Thorpe
Bruce Gietzen
Jim Anderson
Jamile Yglecias
Monica Saucier
Baylor Counseling Center
Wellness Department
our brave subjects
our families
& all of our contributors

Front & Back cover by:
Hannah Neumann
Model: Jade Alexandra

Editors’ headshot by:
Curtis Callaway
## CONTENTS

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dark days &amp; Summer Shine</td>
<td>4</td>
</tr>
<tr>
<td>Battles we still fight</td>
<td>8</td>
</tr>
<tr>
<td>Shame, pain &amp; perseverance</td>
<td>15</td>
</tr>
<tr>
<td>Dying to live</td>
<td>18</td>
</tr>
<tr>
<td>Live &amp; love buoyantly</td>
<td>22</td>
</tr>
<tr>
<td>Me &amp; her</td>
<td>26</td>
</tr>
<tr>
<td>Everybody deserves love</td>
<td>30</td>
</tr>
<tr>
<td>Power of potential</td>
<td>32</td>
</tr>
<tr>
<td>Shattered</td>
<td>38</td>
</tr>
<tr>
<td>Facing fears head-on</td>
<td>40</td>
</tr>
<tr>
<td>Puppy love</td>
<td>42</td>
</tr>
<tr>
<td>Stomping stigma</td>
<td>46</td>
</tr>
</tbody>
</table>

## CONTRIBUTORS

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kristina Valdez</td>
</tr>
<tr>
<td>Cameron Bocanegra</td>
</tr>
<tr>
<td>Bailey Brammer</td>
</tr>
<tr>
<td>Corrine Moore</td>
</tr>
<tr>
<td>Kailee Coward</td>
</tr>
<tr>
<td>Amanda Cordero</td>
</tr>
<tr>
<td>Meredith Wagner</td>
</tr>
<tr>
<td>Trey Honeycutt</td>
</tr>
<tr>
<td>Andrew Church</td>
</tr>
<tr>
<td>Ryan Barrett</td>
</tr>
<tr>
<td>Rewon Shimray</td>
</tr>
<tr>
<td>Aadil Sheikh</td>
</tr>
<tr>
<td>Sarah Barrientos</td>
</tr>
</tbody>
</table>

For more visit

BAYLORFOCUSMAGAZINE.COM
It is the deepest, darkest hell,” Shine said. “It is like you are trying to crawl out of a tunnel that has slime all over the walls. You can’t catch a grip to pull yourself out. It is awful.”

Addiction, for Summer Shine, felt like being chained to a wall.
Shine is the founder of Luna Juice Bar, a business dedicated to creating healthy wholefood juices, smoothies and a small variety of food options, located at Waco’s Magnolia Silos.

Along with creating “Green Goodness” and “Liquid Sunshine,” Luna Juice Bar is committed to hiring people with troubled pasts, including those who have struggled with addiction, incarceration and more.

“Addiction is the biggest blessing in myself,” Shine said. “I would have never faced life without it or had this relationship with God.”

Shine is four years sober from crack cocaine and says the forgiveness and redemption she offers to her employees were critical to her own survival.

“I thought I was broken,” Shine said. “I thought I would never ever get over this. In that one year before I got sober this time, I ended up in the ER a lot. I was in the ER this one time and this nurse said, ‘We are going to send you to treatment . . .’ I said, ‘I don’t think you understand. I have tried to get sober. I am meant to die as an addict.’”

She knows now that isn’t true.

Shine, who is originally from Temple, began drinking and smoking weed at an early age. When she was just 13 years old, she was suspended for bringing alcohol to school in a thermos and proceeding to get drunk with a friend.

Drug abuse and alcoholism in her older brothers and sisters made it easier for Shine to follow the same path, but nobody realized the long road Shine would have to take in order to get clean.

A U.S. Health News article explains this sibling copy-cat behavior through Dr. Katherine Jewsbury Conger, an associate professor of human development and family studies at the University of California-Davis, who found that people with siblings who are drinking, smoking or engaging in delinquent behaviors are more likely to try these things themselves.
I believe addiction is a disease that is limited to a certain class of people who have the gene for addiction,” Shine said. “It just kicked off what was already inevitable, unless I had remained 100 percent abstinent my entire life.”

Shine said she drank to be more like her older siblings, and to be cool. She said she had always felt different from everyone else, so she drank to push those feelings away. But Shine’s addiction and alcoholism seemed to grow into a much larger problem and even resulted in her being excluded.

“The one thing that I thought was going to make me part of the group really made me apart from the group,” Shine said.

From the young age of 13 until she hit 19, Shine used everything she could get her hands on, including meth.

Then in 1998, at 19 years old, Shine became pregnant with her first son, Haigon Moon Shine, and made the incredibly tough but necessary decision, to stop using hard drugs . . . for a while.

“I never knew what love was,” Shine said. “There were a couple of boys in high school who I thought I had genuine love for, but then I had a baby and I got a whole new understanding of what love meant,” she said.

Following the birth of her son, Shine developed postpartum depression and began using drugs and alcohol to cope. Six months after her son’s birth, and back on the road she swore to deviate from, Shine could see the life she was creating for her and her son, and knew she needed to make a change now more than ever.

“If I keep going this way, I am not going to be able to keep this child alive,” Shine said. “I really wanted a good life for me and for him. But, even at the end of the day, my love for him wasn’t enough to keep me sober.”

Shine began rehabilitation with her son in her arms, and shortly after leaving the center married her first husband. Despite having just left the rehab program, she continued to drink each day until she blacked out. Looking back, Shine said no one could have helped her with her addiction.
“It takes this complete emptiness in your soul, to be totally scraped out like a pumpkin and then for God to fill that back up,” Shine said.

Shine said she turned away from Christ when she was 10 years old after seeing the hypocrisy of Christianity and the people who worshiped at her church.

“I viewed religion and God as the people in the church,” Shine said. “I completely denounced God and thought it was ridiculous and a bunch of made-up stories.”

It wasn’t until her son decided at 6 years old that he wanted to be baptized in Waco that Shine felt the presence of God in her life for the first time since she was a child herself. At this time, Shine had just given birth to her second son, Pierce, and had divorced her husband.

“It was my first experience with the Holy Spirit—a real, genuine encounter with the Holy Spirit,” Shine said.

Her son was baptized in August 2006 and two months later, Shine smoked crack cocaine for the first time.

“Crack takes you so quickly and it’s such a hardcore drug that you are desperate to grab onto anything,” Shine said. “I had an experience with the Holy Spirit. Two months later, I smoked crack and, two months after that, I completely gave my heart to Jesus.”

Shine said for the next few years she smoked crack consistently. She would have done anything to get her hands on it, and she did. From selling the family car to wiping out her bank account, she put her livelihood on the line to feed her addiction.

Shortly after her descent into the darkness of the newfound addiction, Shine discovered she had liver disease and was admitted in the hospital for 12 days. Shine said although it’s something she can get out of, it will live with for the rest of her life.

In 2007, Shine went to the former Freedman Center in Waco a year and a half after the beginning of her addiction to crack cocaine. From 2007 to 2014, Shine would relapse between long periods of sobriety.

In 2012, Shine and her second husband split up for a year. During that year, Shine had the worst relapse of her entire addiction.

“It takes more of a toll on your spirit, on your soul,” Shine said. “You start to believe that maybe it’s not as bad as you think. You think, ‘Maybe I am not really an addict. Maybe I can use every once in a while.’ It would play tricks on my mind and I would have my family think I was fine.”

In her youth, Shine had been in rehabilitation centers five times, and in her adult life, as many as 10. It wasn’t until Shine went to Perpetual Hope Home in Victoria that she was able to see light at the end of a very long, dark tunnel.

“I had to completely let go of the notion that I had any control whatsoever over my life,” Shine said. “One hundred percent letting God do everything, and I mean everything.”

Shine said Perpetual Hope Home wasn’t just a rehabilitation, but that it provided women a safe environment to stay sober, interact with the world and even start small businesses.

After her first son was born, Shine became fascinated with healthy eating and health foods. She watched the late Jack LaLanne, known as “The Godfather of Modern Fitness,” sell juicers on QVC.

“Food is spiritual,” Shine said. “I mean, Jesus sat with his disciples the night before he knew he was going to be murdered. It is spiritual; it is physical. It is emotional, and it’s social.”

Shine left Perpetual Hope Home without their financial support for her business, but she didn’t lose hope, and proceeded to build her business from scratch. In early 2014, Shine got a tax return that was just enough to buy her first juicer for $350.

Shine started juicing from her kitchen. At her first farmers market in Belton, Shine had a pitcher of juice, a foldable metal chair from the dumpster and Styrofoam cups. From that single juicer, Luna Juice Bar has grown into a Waco staple and successful business.

“The ideas that I have for my life were tiny compared to what God has done for my life,” Shine said. “I thought I was starting a hobby with Luna Juice… I saw myself delivering Luna Juice in my little van for the rest of my life.”

Shine said Luna Juice Bar has been a gift, not only for her, but to everyone else who has been impacted by it.

“It was a gift for my son who gets to see me thrive. It is a gift for my husband who can trust that I am going to work every day and not blowing sh*t out of the water,” Shine said. “It is a gift for my friends and family. My mom, who never had anything to be proud of me, Luna Juice has given her something to be proud of.”

Shine actively advocates for and hires other former addicts, no matter their circumstance or the length of their sobriety. She said it feels good to see fellow former addicts gain confidence and hope.

“I get to see miracles,” she said.

Shine hopes to change the world one juice at a time. She wants to continue to help women and hire anyone who comes to her in need of a fresh start. Amber Whitley, who has known Shine since 2004, currently works at the Luna Juice Bar food truck at Magnolia Market. She started her journey into addiction in 2001 and began using opioids in 2004. Whitley is nine and a half months sober and recently married. Along with juicing, Shine and her husband run a recovery home for women called Hospitaller 1, soon to be called Sunshine Recovery Houses, where Whitley works as the assistant manager.

“I’ve totally turned everything over to God this time,” Whitley said. “I have a great support group, I have worked all 12 steps—I am just done. It’s just different. It’s so hard to explain when you are just done. You have to be sick and tired of being sick and tired.”

Shine making juice in the kitchen of Luna Juice Bar. The juice process is a multifaceted process that involves multiple steps, such as cutting, smashing and juicing her ingredients.
Josh Schreiber is a 2016 graduate of the University of Houston, who battled a crack cocaine and Xanax addiction. After a successful rehab stay, Schreiber enrolled at the university and tells us how he managed to stay clean, while still taking advantage of the college experience.

Q: How did your addiction start?
A: I was 11 or 12 in the year 2002. I basically grabbed some pain pills that were a family member’s and took them. At that point, I don’t remember how much I took. It was like 9 ounces, probably couldn’t have been a whole lot. I did it just to see what it was like, to see what it felt like. That was the first time that I got high even though I don’t remember anything about it.

Q: How did your addiction affect you from there?
A: It kind of became a constant thought of “I want to do this again, I want to do this again.” Basically, it ended up taking everything from me... my love for being a great student, a blue chip athlete and left a junkie with nothing left and nobody around me. It took everything that I valued from me and everything that was important from me. It kind of just pushed me to the point where I threw those things away.

Q: How did you end up in rehab?
A: It was May of 2007. I was working at one of my dad’s facilities moving chairs in when he told me to get in the car. I didn’t really think much of it. I thought we were going to get me a new vehicle. I don’t know why I thought that, but we ended up driving. Eventually I realized that we were going somewhere that I didn’t want to go. We had talked about it but I didn’t think they’d actually do it because they’d never done anything before.

Q: How did rehab benefit you?
A: For starters, it dried me out. It’s hard to get better when you’re just strung out all the time. Drying out is sobering you up to the point where it’s like the actual effects of the dope aren’t in your system anymore. It’s a lot of activities with the counselor sitting there, counseling, going to meetings, really just going through and helping me understand the root of my problem and understanding that this is a disease, this isn’t something that I have control over. I don’t have any more control of my addictive personality than a kid has any control over his bed-wetting at a young age. It helped me recognize what it was.

Q: After rehab, when your friend approached you about joining a fraternity, what were your thoughts about it?
A: I was older so I’d had experience with different types of people, so for me it was simply. ‘I really like these guys, but for me, I can’t go back to the way I was living. I can’t afford to go back there. I don’t want to die. I don’t want to be back in the justice system,’ so my thoughts were, it’s a lot of fun to hang out with these guys and go to events, but I also need to make sure that I’m executing my primary purpose, which is to stay sober and not go back through what I went through because it was brutal.

Q: How did you stay sober in that environment?
A: A lot of daily maintenance stuff. I’d go to my meetings. I go to three or four meetings a week. AA meetings, Cocaine Anonymous meetings, they’re all some sort of variation of addiction anonymous meetings. I talk with the guy who sponsors me and takes me through the 12 steps and talk to other sober people. I do a lot of praying and ask God to protect me and protect those around me. For me there’s three of four things that I do on a daily basis that kind of set me up to succeed in that area.

Q: When you were tempted by something at a party, what did you do?
A: Obviously temptation was there. When the fleeting thoughts came, like, “Man, maybe I could do this or maybe I could do that,” I just remembered, I never drank socially in my life anyway so first of all, the people that are drinking socially, I’ve got no business doing that, because that doesn’t interest me. I’m only interested in getting lit up to the point where I don’t even know what’s going on. When that did come up, I just remembered, ‘Do you want to go back through the court system? Do you want to go back to sitting in an abandoned trap house with 20 or 30 homeless people smoking crack? Do you want to go back to that?’ So for me, understanding that that’s where it takes me. It takes me to a dark place that I don’t want to go back to.

Q: Why do you think it’s important to talk about your addiction?
A: I think it’s important because first of all, it’s the only disease that you can have that will tell you you don’t have it. It’s also the only disease that will make you get on a freeway high as a kite and drive into oncoming traffic and kill a family of three. There’s no other disease that’ll make you do something like that, so I’m talking about it because it’s semi-stigmatized these days. It’s important to know that first of all there’s no shame in it. It’s a genetic quirk that you may or may not have inherited that you don’t have any control over. There is help. You don’t have to live like that forever. That’s one thing I was told: “Josh, you don’t have to live like this anymore if you don’t want to.” For me it’s important to talk about for people to know that there’s help and you don’t have to live that miserable life that I used to live, you don’t have to make the same mistakes I did, you don’t have to hurt the people I did, you don’t have to put yourself through what I put myself through.

Q: What are five self-help or coping tips you can offer for others struggling with addiction?
A: Don’t be anywhere you’re not supposed to be, keep in contact with your sponsor often, build a network of like-minded sober people, find a meeting or a group to call your home group and attend it regularly, and be honest with yourself.
Ernesto Hernandez hears a pop. In an instant, he is posted back in Afghanistan and running through a minefield, risking his life to pull to safety an injured mine sweeper, who appears to have just lost both of his legs to an explosion. A minute later Hernandez finds himself sitting in a college classroom. This, for some, is life after war. This is life with post-traumatic stress disorder.

“PTSD is just a cloud following you everywhere you go,” Hernandez said. “Everywhere you go you don’t feel safe. There’s someone always looming in the background and some click or pop can just set you off. And if that happens you go into this dark, dark place that’s really hard to get out of.”

For Hernandez and others living with PTSD, hyperarousal is a constant, frightening and exhausting symptom. Dorland’s Medical Dictionary defines hyperarousal as “a state of increased psychological and physiological tension marked by such effects as reduced pain tolerance, anxiety, exaggeration of startle responses, insomnia, fatigue and accentuation of personality traits.” In other words, a constant state of fight or flight. Sounds, smells, sights and even feelings can send someone straight back to the exact moment they experienced a traumatic event, forcing them to re-live the pain.

As a U.S. Marine corpsman in Afghanistan, Hernandez vividly remembers the feelings associated with improvised explosive devices, or IEDs.

“You get this blast wave and it kind of pushes you over to one side,” Hernandez said. “So every time I hear a loud click or pop, I grab my head and kind of protect myself like something’s going to hit me. I want to make some kind of motion.”

DeLisa Russell, a licensed professional counselor and Director of Veterans One Stop in Waco said these reactions are common after war, but also that it’s important to get control of them.

“In Iraq, roadside bombs were put in bodies of dead animals or in trash cans by the road, so if you’re driving down Speight [Avenue] and you see a dead dog in the road, and back in Iraq you’d seen the truck in front of you get blown up by this, how do you think that is going to impact the situation?” She said. “In Iraq, that instinct allows you to survive, but driving down Speight you don’t want to cross oncoming lanes and swerve...
into traffic to avoid the animal.”

In 2010, as American combat troops began to take back Afghanistan, Hernandez deployed to serve as a corpsman, attached to the 5th Battalion Marines, after completing a medical course for advanced trauma. He was deployed to the most kinetic area of Afghanistan at the time, Helmand Province, where the most airstrikes and fighting were taking place. They were dropped in the same place the British were fleeing.

“We got dropped off in the middle of the minefield,” Hernandez said. “The first day we got hit and the second day was all firefights.”

On his first security patrol, Hernandez headed out with his squad, along with officers from the Afghan National Army, the ANA. In a split second, one of the ANA officers took a step, and an IED placed by the Taliban exploded under his feet, resulting in the immediate loss of both of his legs. Because his legs had been cauterized with the explosion, there was no active bleeding. Hernandez treated the officer, managed his pain, and sent him up to the helicopter. This was his first patrol in Afghanistan. It was just the beginning of a long, harrowing road as he fought to save the lives of men he now considered brothers.

At the beginning of his second week in Afghanistan, Hernandez was sent to an area called “Zone Black,” a name given after the British were ambushed in the spot.

“We knew we were going to get hit, but not knowing when was the scariest part,” Hernandez said. “Being in a minefield, you didn’t know if your next step was literally going to be where your legs got blown off. We had a minesweeper in the front and they would sweep and mark a path with chalk, and people would literally walk in each other’s footsteps so they wouldn’t get their legs blown off.”

Still, every day, a Marine would take one wrong step that would drastically change or even end their life. This is what happened that day in Zone Black, when the squad’s minesweeper entered an alleyway. Hernandez watched as one of his men lay, bleeding and broken in the center of an exploding alley. He felt helpless. He took off, running through the minefield, grabbed his man, pulled him out of the hole formed by the explosion, and dragged him to safety. He applied tourniquets, a compression device used to control serious bleeding, and performed his initial assessment.
“I see that he’s bleeding a lot and I just know he’s going to die,” Hernandez said. “I see him going into shock and I tried to put an IV in him. It’s not working. He doesn’t have any peripheral veins left. I just tried and tried and tried but I couldn’t get one, and he passed away right there.”

He told one of his Marines that there was nothing else that could be done.

“Keep working, do,” the Marine replied. Hernandez tried CPR, pressing on his chest until the helicopter came and took him away.

“He kept talking to me the entire time, until he went into shock, and he was saying ‘Doc, save me. Doc, save me. Today is my daughter’s birthday,’” Hernandez said. “That was the hardest part for me, you know? Because I tried.”

This memory haunts Hernandez. He was awarded a medal of valor for his sacrifice and bravery. Hernandez knew what he was running through and he was terrified, but he couldn’t just sit back and watch one of his men die without trying everything he could do to save him. After that day, Hernandez ran through minefield after minefield in desperate attempts to save his men, earning many awards for his courage.

“I’m a corpsman; he’s a Marine,” Hernandez said. “There’s a special bond between us, and I was just trying to do anything I could to save them.”

Hernandez was promoted shortly thereafter, sent to a prestigious position as an instructor, and trained thousands of men in combat trauma and tactics. Here, safe at home, his next battle began.

“This should be a very relaxed place, you just go in and teach, but my mood swings were insane. I was angry all the time. In my head I thought these guys were going to war even though we were pulling out of Afghanistan and I thought they were going to need that hard mentality. I was just super angry,” Hernandez said. “I went through ups and downs and at some point I just couldn’t stop crying. I couldn’t go to work. I had to make up excuses.”

Hernandez said mental illness often isn’t seen as a valid excuse in comparison to physical injury and other ailments that prevent people from performing their daily duties.

“Having PTSD, and really any mental health issue, makes you vulnerable, and once you’re vulnerable and you expose that to someone else, people don’t want to necessarily know what’s going on in your mind. That scares them, then they retract,” Hernandez said. “Putting yourself out there, people just don’t want to deal with that. If you tell someone about your mental health the next response is, ‘Oh, do you need to go to the hospital?’ But sometimes people just need to talk.”

For those struggling with mental health issues, Hernandez said, taking to someone you can trust is the best medicine.

“When people think of mental illness, they often think of a person alone somewhere in a dark room wanting to kill themselves,” Hernandez said. “Some people are very active, out and about and still dealing with really huge problems on a daily basis and don’t show it. That was me for a long time. I used to not show it until it just built up and I couldn’t handle it anymore.”

Even the most basic and mundane experiences and interactions resulted in stress and fear.

“Being in public in general is hard. In the military you train to be very observant. You look at people and try to see if they’re dangerous... you assess every time you’re in public, and you always check where the door is and you always check what’s around you,” Hernandez said. “So it’s very hard just being in public. It’s also hard being in a relationship because you have to have someone who really knows and sees what you’re going through or they’ll just totally reject you.”

Another prominent symptom of PTSD is increased negative feelings and beliefs. Trauma shifts the way a person sees themselves, as well as the world around them.

“Sometimes when I get upset, I go into hysteria, blowing everything out of proportion and something so easy, where I could just do it and it should be simple, like studying for a test, I just keep thinking about the possibilities that could come out and it just triggers that stress mechanism and increases my heart rate,” Hernandez said. “I just take a step back and breathe and it does help.”

Hernandez knew he needed to find a way to move on from the cloud that was darkening his world. He wanted to live with his mind in the present, with hopes for the future, not buried in the horrors of the past. It was Hernandez’s boss, a doctor who experienced many of the same things as he did, that recommended he see a therapist.

“He actually reached out to me and talked to me, ‘You should go see somebody. Even I had to go see someone after we got back.’ And he told me sometimes you have to do it because everyone is healing,” Hernandez said. “I took that to heart, because he has a very decorated military career and I really looked up to him, so I really appreciated that he gave me that advice.”

Hearing this empathy and compassion meant a lot to Hernandez, who said people often misunderstand and judge those who suffer from PTSD. For a long time, Hernandez suffered silently, for fear of rejection. Many of his friends didn’t develop PTSD, and to him, it seemed they moved on much more easily.

“That’s fine, everyone has their coping mechanism, but I was judged and shunned and I even lost my job and got moved to a different section, in a quiet area of the building where nobody went,” Hernandez said. “They secluded me and excluded me from a lot of things. They were afraid of suicide, because a lot of people in the military with PTSD that goes untreated often do commit suicide.”

Hernandez knew this first hand. A 2016 study published by the Department of Veterans Affairs found that 20 veterans commit suicide each day; Hernandez was determined to avoid becoming a part of that statistic. He was determined to live, and he was determined to change his life in order to keep it.

Hernandez spent time in a facility aimed at providing care and resources for those with PTSD. When he left, he turned his focus to a healthy lifestyle, regular counseling, and eventually a loving and understanding fiancée.

“Think it’s very important for somebody with PTSD to see a healthcare professional,” Hernandez said. “Medication is one way to deal with it, but talking about it really helps.”

As mental health has progressed through the years, Hernandez sees a light shining on PTSD and mental health issues in general, and believes there is a future in which mental health is given the attention and care it needs.

“PTSD doesn’t have to be your whole life,” Hernandez said. “It can be a part of it; you just have to fight past that part. Regular exercise and eating healthy was a big thing for me, and keeping to a schedule.”

Life with PTSD means that dark cloud is never far away, but for Hernandez, it no longer looms over his head. The battle continues, but the sun shines through.

Hernandez looks down at a bracelet on his right wrist. On it, the names of two friends who were killed in battle. He wears it each day. A reminder when he’s having a tough time, that he has a luxury not afforded to all who served — a future.

“When I’m having a rough time and I think I’m going through bull****, it doesn’t really matter in the grand scheme of things,” Hernandez said. “I look down and think, ‘OK, this is the real thing.’"
“PTSD doesn’t have to be your whole life. It can be a part of it, you just have to fight past that part.”
Sean Donnelly deployed to Afghanistan in 2012 as a sergeant and team leader in the Army, conducting over 100 missions in his first eight months at war. On one of these missions, Donnelly’s vehicle was hit by an improvised explosive device, or IED. The goal of this mission in particular was to conduct a route clearance down to a village in Kandahar, a city in Afghanistan. The order was to follow a path known to be lined with IEDs and disable them. They found nine, and after a batch of misinformation led them to believe the route had been cleared, their vehicle hit a 10th and set off a 60-pound IED. The blast hit Donnelly’s squad leader, knocked out his driver and ultimately disabled the vehicle, blowing off all four tires on the left side. This would be the first of four times Donnelly would come into direct, unexpected contact with an IED in Afghanistan, and the first of many instances that would send him home wounded, beyond repair of a typical hospital stay.

After coming home, Donnelly dove into research on post-traumatic stress disorder as a science major, to help himself better understand what was going on in his mind post-war. Donnelly said PTSD is a stress disorder as a science major, to help himself better understand.

“PTSD is a combination of all these things. It’s isolating yourself from other people, over-aggression for simple things. You know instead of yelling at someone in the car I used to point my finger like it was a gun,” Donnelly said. “That’s the mindset that you had, and you still have that at times. To get more physiological, your sympathetic nervous system is in overload when you’re overseas. You have adrenaline and all these factors that just contribute to the post-traumatic stress after.”

Donnelly said this adrenaline experienced in war is something that lives on after and contributes to the hypervigilant nature of someone battling PTSD. He said even a simple noise or pop, or simply standing in a crowd, can send his mind and body into overdrive. In instances like this, Donnelly said some people with PTSD even experience digestive problems because their blood is going to extremities to prepare them for a fight.

“You lose focus sometimes,” he said. “That’s a biochemical combination of just feeling like crap, like your equilibrium is off, because you’re so used to being at such a heightened state that it’s hard to come down from that, and it takes a long, long time or some help.”

Because a heightened level of fear, most often unprovoked, is a common symptom, people battling PTSD often experience panic attacks. While these are usually unprovoked, they can also occur when a person is reminded of their trauma in some way. Donnelly had his first attack in a college classroom shortly after returning home. Outside of the classroom, the attacks and hypervigilance persisted.

“You go out to a bar or a sporting event and you just can’t stop looking at anybody and everybody that’s left of you, right of you, behind you, in front of you,” Donnelly said. “Of course people are aware of other people, but I’m not just looking at other people. I’m looking at somebody potentially going to harm me, I’m looking for a threat, and you know most people don’t look for threats on a 24-hour basis.”

DeLisa Russell, Director of the Veterans One Stop in Waco, explained that while this heightened awareness may cause difficulty now, it may have been just the thing that kept these men alive overseas.

“Being aware of your surroundings—different sounds, smells and situations—that hypervigilance is often a survival skill while you’re deployed,” she said. “The problem is, when you come back to normal life, you don’t necessarily need that same hypervigilance. Say you’re deployed and you are used to getting up and patrolling your area every two or three hours to make sure there’s not an enemy threat. That would keep you alive while you were deployed out there in a conflict situation, but that’s not something you need to do back on campus at Baylor.”

Russell said it can be hard for veterans to let go of something that was a useful tool in keeping them alive back at war, even though they no longer need it.

Donnelly said recognizing and admitting to having a problem is the first step in the healing process and is often something incredibly difficult for soldiers, and men in general, to do.

“It was eight months after being diagnosed and I was bawling after, thinking, ‘Wow, I really do have a problem,’” Donnelly said. “That’s the first step, just getting help, because guys won’t often do that. I know so many that just won’t do it.”

Russell said this is common with veterans who are battling PTSD or moral injury after war. The U.S. Department of Veterans Affairs explains moral injury as shame, guilt, anxiety and/or self-condemnation that results from actions taken in combat, or things witnessed, that violated their morals. While many avoid seeking help for fear of judgment or appearing weak, Russell said survivor’s guilt can also play a role.
PTSD

“It’s not even always afraid of being seen as weak, but they think, ‘I had a buddy that didn’t even live and I’m falling apart, but I’m here and alive and I should be able to man up and handle this,’” she said. “A lot of times there’s guilt and shame that come with those feelings of weakness. They feel they should be able to heal on their own. With veterans it’s interesting. They’re often the last to ask for help, but the first to show up when they feel like their brothers or sisters need help.”

While Donnelly is a big proponent of natural approaches to healing, he’s also found success with medication.

“Medication does help a lot because like for myself, a certain symptom I had, as soon as I went on a certain drug that was specific for that, I felt 10 times better instantly,” he said. “I was able to focus for six or seven hours and study material, versus before when I was really stressed or anxious and all these other things combined, I couldn’t do anything. I couldn’t even be outside for more than an hour and sitting in class was painful.”

Donnelly said through his studies of PTSD, he turned to medication to help set things right, and after his own success, recommended the same medication to two friends who also served.

“They had the same experiences, same thoughts, same feelings… and that main feeling was that you felt so off in your head, you felt so foggy, is the best way to say it, that you felt like something was wrong with you,” Donnelly said. “I felt like I had some kind of disease or something bigger than what it was, and that’s horrible. You feel horrible every day and that sucks.”

Donnelly said that for an issue with as many symptoms and complexities as PTSD, it is important to dissect, evaluate and approach healing each one separately. He said because everyone’s battle with PTSD is different, and symptoms can vary, it’s important to tackle each specific area of concern, rather looking for an overarching solution.

Donnelly tried different forms of therapy but found Prolonged Exposure, or PE, to be the most impactful. According to the U.S. Department of Veterans Affairs, this is a trauma-focused psychotherapy, that has the most evidence for treating PTSD. This type of therapy aims to help lessen the impact of PTSD symptoms by confronting painful memories and feelings that someone would normally avoid after a traumatic experience, which helps them to regain control over their lives.

“Prolonged exposure was the best form, because it really dived into the story and the trauma itself, and the main goal was to relive that day,” Donnelly said. “I would record myself for 30 or 40 minutes… and just for the first six sessions I would start from the beginning and then each time I would remember something more, and I would basically have homework assignments where I would have to go to a bar and sit with my back to people, or sit on a train facing the opposite direction of traffic… go to a baseball game or a football game with crowds of people… you know, go out with your friends, just do something that you would normally love to do, but that PTSD has taken you away from.”

Through therapy, medication and other self-help behaviors, Donnelly has been successful in confronting his PTSD head-on and taking his life back.

“I control my PTSD now,” he said. “I control it with medication and with exercise. Each and every day I still feel tense or unable to relax, but that hypervigilance is not as extreme as it used to be. I can talk and have a conversation, and there’s no more social anxiety. The focus is there now. Exercise helps, I do some breathing stuff here and there. I haven’t quite figured out the final fix, but that’s also hard to do when so many things are going on.”

While Donnelly has learned to control many symptoms of his PTSD, he still lives with regret and frustration from his time in the Army. Arguably, one of the dominating factors that serves to ease the hardened minds and justify the harrowing memories of those who went to war is the comfort of knowing they served their country with a purpose. For Donnelly this isn’t the case. He still lives with the question, “What was it all for?”

“One of my friends died when I was overseas, and I can’t answer the question of ‘Why did he die for this country?’ ‘What was his purpose overseas?’ ‘Was he doing some greater good?’ ‘Was I doing some greater good for my country?’ And my answer every time is hell no,” Donnelly said. “I could honestly say that I went overseas to Afghanistan and I did absolutely nothing. We did all these missions, but what higher purpose did it serve for this nation? Absolutely nothing. So that’s hard to live with. Having these things happen for no reason.”

It’s no secret that war is ugly and devastating, but for Donnelly, it’s more than that. It’s something he can’t always understand or justify, and that’s hard to live with. Forced to relive the horrors of war day to day, it’s no wonder so many soldiers return home broken and bruised, and even sometimes beyond repair. Haunted by the memories, Donnelly often finds himself unable to sleep.

“We had a lot of kids over there. I pulled my gun on a kid and I still think about that a lot today,” Donnelly said. “We were in our vehicles traveling through a village that didn’t like us very much, so they would throw rocks at us, and so I was in the back of the vehicle with my M4 and this kid came running up full speed, and was about to throw something. I flipped my switch to fire and pointed it right at him and he stopped luckily, and that was the end of that. But, it was the fact that I was able to and willing to take this kid’s life that doesn’t sit well with me sometimes.”

He said that while the kids were just as big a threat as anyone else, and that it would be dangerous to be complacent and allow for any danger to slip through the cracks, he still feels changed by those choices he was forced to make. He said those experiences added to the list of things he had to battle within himself when he came home.

“Coming home you’re not empathetic. You’re unsympathetic about everything you’re emotionless,” Donnelly said. “That was one of the things I dealt with. That kind of comes from you being willing to take a life, because that’s your job.”

While a part of him is stuck in the horrors of his past, Donnelly is now pre-med at Baylor with his eyes set on the future, which for him involves acceptance to med-school. With a prominent symptom of PTSD being the possession of increased negative thoughts and feelings, many who battle the illness see a dark future, if they can envision a purpose and what is my purpose in life,” Donnelly said. “Back here it’s quite different. You know overseas, I just had to survive that, I just had to get home, so it takes a while, but to move forward you first just have to establish a goal, short-term and long-term goals are always good. I focus on what I’m doing now, and I’m still planning for the future. I’ve felt so much better being on the track that I’m on and trying to go to med-school. It finally feels right for me, and that’s very hopeful.”
“The nightmares were always the worst for me. I think it took me six years to sleep through the night without having a nightmare or without waking up in tears, or waking up screaming,” said Baylor graduate Chelsea Bryant, who has spent years working through her depression, anxiety and post-traumatic stress disorder that presented themselves to her at 15 years old as she endured emotional, physical and sexual abuse at the hands of her boyfriend.

The abuse progressed quickly, starting with verbal and emotional abuse and quickly turning into physical wounds. Sometimes she can still feel the pain she left behind nearly eight years ago.

“He would burn the inside of my arm with cigarette butts and I don’t think I could be around the smell of cigarette smoke for maybe two years after that without crying,” she said.

A reaction like this is common for someone who has endured trauma, resulting in PTSD. Mental Health America explains that triggers, such as the cigarette smoke for Bryant, can be painful reminders that cause someone to feel as if they are reliving their trauma. These triggers can include senses such as sight, sound and smell. Survivors of trauma often avoid situations that will remind them of the pain they experienced.

“The cologne he’d wear, sometimes I’ll smell it in Walmart or something, and my brain doesn’t even react. It’s like my body reacts and freezes,” she said.

“My hometown I don’t even like going back to. The bad seeps into the happy memories that I had and makes them indistinguishable.”

Bryant was a sophomore in high school when the abuse started at the hands of her first boyfriend. While pieces of her past are missing, in part because of her intentionally blocking them out, she remembers one of the first instances of abuse. As a competitive champion on the debate team at her school, Bryant and her partner found they were advancing to state, and went with their team to a nearby Chili’s to celebrate the victory. Bryant kept the news to herself, knowing her boyfriend would be upset to hear she was out without him. A friend of his saw her out and called him.

“The walls at Chilis are basically windows...and he showed up to the restaurant, physically pulled me out of the booth, dragged me outside, and he took me and body slammed me into his car with an arm-bar across my chest,” she said. “That went on for a few minutes and then he left, and I remember turning around and through the windows everyone was watching us... the worst part then, and what remains the worst part now, is that people knew and didn’t do anything.”

The abuse didn’t stop there. At 16 years old, Bryant told her boyfriend she wasn’t ready to take the next step, at least not so soon. She wanted to keep her virginity. But, as she had experienced time and time again, his wants and desires took precedence. He was going to take it anyway. According to Domestic Violence Statistics, 40-45 percent of women in physically abusive relationships are raped or assaulted by their partners.

“I don’t remember a whole lot about the first time,” she said with a distant stare. “I remember that he slammed my head into the wall and I thought I was going to black out, but instead I was in this half-state between conscious and not.”

Bryant felt her whole life was in his hands. It wasn’t enough for him that he had taken everything from her, or that she was completely dedicated to him. It wasn’t enough that she stopped fighting back and allowed him to abuse her. He could feel her slipping away, and he couldn’t see that he was the one causing it. He wanted her to stay, so he decided he would impregnate her, so she would be forced to stay with him. The next time he took her against her will, he ditched the condom.

“For a while I thought it was going to happen, and I can still say today I can’t believe that it didn’t happen,” she said. “I have memories of sitting in the bathroom stall in between classes crying and taking pregnancy tests he had stolen for me at Walmart. Everything was just a pattern of escalation with him. So eventually it wasn’t just giving me the pregnancy tests to take, it was now I had to take them in front of him.”

Bryant was stuck in this cycle of manipulation, abuse and fear. But she wasn’t really stuck. People who learn her story point that out to her regularly. Why would somebody stay in something like this? Why didn’t she leave on day one? The question is an easy one to ask for somebody who hasn’t endured the same pain. Yet according to the National Domestic Violence Hotline, 24 people per minute are victims of rape, physical violence or stalking by an intimate partner in the United States, and a victim of abuse will leave the relationship, on average, seven times before leaving for good, if they leave at all.

“It always does boil down to, ‘Why didn’t you leave?’” Bryant said. “I can’t and won’t speak for every victim, but I know in my situation, I was very young and I just always thought that question was so unfair...I was terrified. I was totally naïve at 15. I really do think by the time I realized what was happening, it almost felt like it was too late to get out at that point. I knew he was capable of hurting me, and he threatened my family, and I didn’t want to risk their safety. When you’re in it, it’s so hard to describe, but everything becomes muddled around that. It re-trains the way you think. You get programmed otherwise. Programmed to think that person every time you go out, or not fight back, or lie to people about where those bruises came from.”

Toni McKinley, therapeutic director for The Refuge for DMST, (domestic minor sex trafficking) in Austin, is a child survivor of sex trafficking and a licensed therapist who counsels other survivors. Like Bryant, McKinley is one of many whose fear of leaving their abuser was greater than their fear of staying. McKinley was six years old the first time she was trafficked, by someone her family knew. According to the Rape, Abuse & Incest National Network, 93 percent of juvenile victims like Bryant and McKinley know their perpetrator.

In the area where McKinley lived, being trafficked by a relative or friend of the family was common. Girls were trafficked by their drug-addicted mothers, fathers, uncles and other relatives.
While she doesn’t remember much, she remembers the words “she’s for sale,” said before the abuse that she blocked out for a long time after. Disassociation was her one escape from the traumas she was enduring. Her first sex trafficking experience lasted three years, and finally, her family moved and the abuse ended. Left with these scars, she could finally start over.

At least that was the hope. But then, at home, the abuse continued in a new form, but with a familiar face. She recalls one time in particular when her father got upset with her for using the phone against his rules. He lost his temper and began beating her.

“He was angry and I was at that point where I didn’t cry anymore, so I just said, ‘Are you finished yet?’ And he stopped and gave me this look like he was, so I just walked back to my room,” she said. “That infuriated him, so he started choking me, and I thought he was going to kill me. I ran out of the house for my life and he chased after me.”

Running away from her troubles at home, she slammed straight into more. McKinley was vulnerable, and men who hurt women prey on vulnerability. She wanted love and acceptance, and it showed. As a hurt, battered and confused child running away from home, she was picked up at 15 years old and trafficked again over a 21-day period. Missing person signs with her face hung on gas station lamp-posts around the town.

She remembers being driven to the top of a hill overlooking the city in a bench-seat pickup truck with another little girl, the city lights dazzling in front of her eyes in the night.

“He got out of the truck and he started raping the girl that was sitting in the middle. Her head was on my lap, he’s starting to rape her and she’s screaming, and I got scared but I didn’t know how to act, so instead of freaking out I just left. I started walking off,” she said. “I didn’t know where I was going or how we got there, but he stopped and was saying ‘no, no, no, I’ll stop, just come back.’ I got back in the truck and he drove us down to this house and he told us everything was going to be OK.

When they arrived, the power had been cut and the house was dark. The girls sat at a table while the man who brought them talked with another man at the end of the hallway, where a dim light illuminated them in the darkness. McKinley knew something was wrong. She heard a voice telling her to run. She took the girl’s hand, and they sprinted for the door. The man began chasing them down in his truck. She let go of the girl’s hand just as the man jumped out of the truck and climbed on top of the girl. McKinley was home free; she could escape now. Yet still, she couldn’t leave.

“When I turned around, I see that he’s caught her and he’s on the ground on top of her and he’s punching her and hitting her, and I just didn’t feel like I could leave her—so I went back and I started hitting him and screaming at her to get out, because he had her pinned down on the ground and now he’s punching me,” she said. “She gets out and I got out of his grip and took off, and he chased us, but we got out to a main road and hitchhiked. A car came and picked us up and took us away.”

Once again, McKinley was home free. But, where was home? And was home better than what she was running from? These thoughts ran through her head as they rode along with a stranger down a road they didn’t know. At the end of these twists and turns, McKinley opted for life with a pimp over her head as they rode along with a stranger down a road they didn’t know. At home better than what she was running from? These thoughts ran through and picked us up and took us away.”

“You have your Romeo pimps... They promise you things, they compliment you, they tell you things like, you did a good job, and they know when a girl is just dying for attention and affection and love, and so that’s what they’ll give them, and sometimes that’s enough to get you to do what they want you to do,” she said. “So you just suffer through it and you do it, and it feels like love, when they’re telling you that they’re going to take care of you and they give you a little nickname. You know, this one guy called me baby, so it made me feel like I was his little girl, and I didn’t have that at home, so really for me, that’s what kept me going back was for that attention that he gave me, even though he was selling me to do awful things with other people.”

At 18 years old, McKinley was back on the streets, chained to her third bout of exploitation, and Bryant was being driven in the middle of the night, handcuffed in the back of a squad car to the nearest psychiatric hospital after a suicide attempt. She saw no other way out. Both were engaging in self-destructive behaviors and losing a battle to the depression, anxiety and post-traumatic stress they were plagued with.

A RAINN study found that sexual violence increases the likelihood that a victim will suffer suicidal and depressive thoughts. 94 percent of women who are raped experience symptoms of PTSD, and 33 percent contemplate suicide. Both Bryant and McKinley are numbers in this horrifying statistic.

Hypervigilance is a common symptom of PTSD, and one that both women know all too well. According to HealthCentral, “hypervigilance is considered a common feature of various anxiety disorders, including post-traumatic stress disorder,” and “in some cases, it can be extreme enough for the person to become almost entirely preoccupied with scanning their environment for threats.”

Bryant remembers being on a train in Washington, D.C., for a conference when she started attending law school. Although the subway was mostly empty, a man sat next to her and began inching his leg towards hers. Her eyes filled with tears. As soon as the subway came to the stop, she kicked off her heels and took off running, checking over her shoulder in fear that he was following her. She ran all the way to her car and drove all the way back home, fear-stricken and also relieved.

“It’s hard because I don’t think a normal person would have that reaction
and I’ll never truly know if he was just a rude guy or if it was malicious,” she said. “I’ll never be able to know what is my brain anymore and what has been overrun by fear. I don’t trust anybody. I don’t trust anyone or anything, she said. “I’ll never be able to know what is my brain anymore and what has been overrun by fear. I don’t trust anybody. I don’t trust anyone or anything,” she said. “I’ll never be able to know what is my brain anymore and what has been overrun by fear. I don’t trust anybody. I don’t trust anyone or anything,

This constant state of fight or flight is something incredibly common in sexual abuse victims, and victims of trauma in general, according to McKinley.

“The amygdala hijacks your brain and that’s why you’re always in that flight, fight or freeze mode. Your hippocampus shrinks, you cannot store memory well and the trauma is always in your frontal lobe, just ready to be reactive,” she said. “So when you have that happening to your brain, it doesn’t matter if the trauma was five or 10 years ago. If you’ve never gotten help with it, you’re always going to be reacting all the time based on what your trauma was.”

This, McKinley said, is where therapy comes in. After establishing safety and healthy coping mechanisms, work can begin on healing from the trauma.

“We work on removing that trauma that’s in that frontal lobe and helping the brain file it back to where it belongs, and putting everything in the right place,” she said.

Through this, a victim can help their brain understand that the trauma happened in the past, instead of it feeling like it just happened yesterday. This therapy is especially critical for people who have been through abuse or trafficked, McKinley said, and through this work, these women can turn from victims into survivors, and begin to feel confident and less afraid of the world.

“If you were traumatized at 5 years old, when you don’t take care of it, it feels like it happened just yesterday. It’s just so clear and the emotions are right there, but when you can remove that trauma from your frontal lobe, it makes it feel like it happened when I was 5 years old,” McKinley said. “So then if you think back to what happened when you were 5, it’s very fuzzy, there’s not a whole lot of memory, and if there is, there’s not a whole lot of emotion attached to it because it was so long ago. So you won’t ever forget it, but it won’t feel anymore like it just happened yesterday. That’s what’s really neat about the different therapies that are out there that can help a trauma survivor do that, so that she can function in society.”

Bryant is one of these survivors who attributes her healing to therapy. After years of taking antidepressants, she knew there had to be something more. She said, however, most people aren’t given the resources they need to learn about mental health and aren’t taught that it’s OK to struggle.

“I started going to therapy, and now I wonder all the time what my life would have been like if I had gone to therapy a month after, or a year after, instead of waiting, because the impact is not even describable,” Bryant said.

These were young adults newly entering the world, but with old battle scars. They were fighting these demons, along with depression and multiple suicide attempts and both women knew they needed help. Both women also realized they needed to take back control of their lives. They refused to let their abusers and the mental and emotional damage that was inflicted upon them run their lives anymore.

Bryant finished her undergraduate studies at Baylor and was accepted into University of Virginia Law School, scoring in the 97th percentile on her LSAT. McKinley left the night life and pulled herself up by the bootstraps, slowly yet surely. She relied on nobody but herself, guarding her precious, newfound optimism and buying 99-cent pizzas to survive. She enrolled in community college, and although she was behind and failed multiple classes, she persisted. She re-took those classes and re-took those classes, and eventually earned her credits and transferred to a university. Here, she graduated with a Bachelor of Arts in Education, got married and had her first child. For her daughter’s sake, she learned healthy coping mechanisms, rather than turning to alcohol and partying. She continued therapy and continued the long journey to healing and recovery. Now, she devotes her time to working as a therapist, helping other girls with similar pasts to her own.

At The Refuge, she works as the in-house trainer for Trust Based Relational Intervention, which is, in her words, the perfect way to love a child, and a crucial aspect of healing for the girls she works with.

“It’s a way of life, and it’s literally just not reacting to what’s going on with the child, but looking at why they are behaving that way,” she said. “So if they’re disrespecting me, I need to look at why they’re disrespecting me. What happened. What triggered them, to cause them to be that way. So you treat that, instead of reacting to the disrespect. You’ll see them start to gain trust in you.”

Bryant, working at College Forward, a non-profit that helps low income and first-generation high school students get accepted into college, also works to help others through sharing her troubled past. She envisions a world in which mental illness is treated as a health issue rather than a character deficit. She shares her story with others in the hopes of opening dialogue and working towards a societal shift in the way mental illness is viewed and addressed.

“Being open with it has helped a lot, and I try to think that it’s not the things that happen to us that shape who we are, but our reactions to those events,” she said. “What I went through will never be rosy or pretty or fun to talk about, but if I can take that sh*tty experience and try to turn it into something a little more positive, or potentially help even one person with something in their life, then it makes it worth it.”

Bryant believes if more people did this, they may be able to learn to accept each other’s stories and change the narrative of sexual abuse, trauma and mental health in general, and encourages those battling mental health issues to understand there is nothing to be ashamed of or embarrassed about.

“I spent a really long time feeling like I had psycho stamped on my forehead, and I encourage people to try to not feel that way,” she said. “Obviously I’m not saying, you know, to someone who is depressed, just perk up or smile, but to just work on embracing the idea that you don’t have anything to be ashamed about. Nobody should ever feel ashamed about having any illness, physical or mental. We should never feel ashamed about things we don’t get to control in our lives.”
Jazz Johnson did his homework in a doctor's office and called it a childhood. He lived in a nice neighborhood filled with clearly cut lawns, attended a private school and played basketball while his father worked as an orthopedic surgeon and his mother played her part as a good wife and mother. He can piece these last 19 years together in small moments that were segmented by three suicide attempts.

His earliest memory is abuse. He is a fearless 5-year-old boy, quickly developing and absorbing everything he experiences. This is a smart kid, the kind that is in every accelerated program, but still bored. Every time he speaks, he’s got a quick tongue for talking back and challenging authority. At one point, he says something too quick and his mother smacks him over the head with a brush. He touches his head and finds blood. This is where it begins.

“There was a small moment when my mom went from being angry to coddling me and saying, ‘It’s OK. Mommy loves you. Don’t tell anyone,’” Johnson said. “The problem with that is that the idea of immediately excusing people when they hurt me stuck with me my whole life.”

He was the only one to endure his mother’s abuse. His siblings were unscathed. His father began getting physical with Jazz when he was old enough to be considered a threatening man.

During these early years, he did not understand why his mother could not love him properly. He assumed it was because one of his younger siblings died on Jazz’s second birthday, leaving him and his younger twin siblings. In school, he had no support system and was bullied for being more feminine than elementary kids seemed to think was OK. Homophobic slurs were normal and he slowly learned to internalize all the negative attention.

“I was 10 and I didn’t know how to process all the things going on,” Johnson said. “Everyone around me was an awkward interaction, and then suddenly I’m trying to suffocate myself with a bag. I think I would have really gone through with killing myself, except the idea of my siblings finding me dead at the dinner table stopped me. I couldn’t take that image.”

He opted for a hostile childhood. He was constantly being pitted against his siblings by his mother. It was a classic story of Joseph and his brothers. They wanted nothing to do with him, while he ached to not feel so alone in a full house.

Middle school flew by and the inevitable angst of becoming a teenager began to combine dangerously with his toxic home environment.

“I hated school more than ever,” Johnson said. “I was a private school kid with friends in the streets. I was hanging around the wrong crowd. Sometimes I looked in the mirror and thought, ‘Why is this kid in the streets when he doesn’t need to be? I was looking for it.’”

Johnson was out of control, putting himself in risky situations and giving into every impulse just to feel something constant. The only emotions he had were mania and depression, yet he felt grounded by reacting to every want immediately as it came. He was surrounded by people who could not be expected to recognize the symptoms of an adolescent boy, struggling with bipolar disorder.

In ninth grade, isolation and the lethal early symptoms drove him to take a blade and slit his wrists. It did not work, and once more, he felt his life was defined by the moments he tried to die.

“Generally when someone has multiple suicide attempts, the cause is depression,” said Tiffany Anschutz, licensed clinical social worker at Sage Recover & Wellness in Austin. “The depression can be genetic, environmental, or even trauma related. So many factors can contribute to it.”

Anschutz also said that while women tend to have more suicidal thoughts than men, men make up the majority of suicide deaths in America. She also said that conditions like Johnson’s can be a contributing factor to suicide attempts.

“When a person has bipolar disorder combined with separate suicidal thoughts, they are at a statistically higher risk to kill themselves,” she said.

Johnson was dealt a hard hand, and the things going on in his head were only making the outside world less and less bearable. Johnson was too young to be so willing to leave this life, but he was surrounded by quick ways out. Knives were pulled on him, but guns were pulled on his friends, so he was just a step from worse at all times. During April of his freshman year of high school, Alec, a senior who Johnson had grown close to, was shot and killed a few blocks from school over an ounce of weed.
When Alec died, it was unreal,” Johnson said. “I never asked directly what he was up to when I wasn’t around. I knew he was selling, but I just didn’t think it would get him killed. It was just an ounce. I still don’t understand how his life ended up being worth an ounce of weed.”

Burying someone he relied on and looked up to was not how he was supposed to become a man. If this were a coming of age story, it would have been the moment when nothing felt worse and the pressure of rock bottom would have shot him back up, but that is not Jazz Johnson’s story.

“By the end of that semester, I was really questioning God,” Johnson said. “I hated myself and everyone else. Being out with the guys was an outlet until Alec died. There was nothing left, so I ripped my wrists open 12 times to try and leave one more time.”

The next day came in waves of pain. When he woke up, his face was flushed and his body ached. He survived, so he did what he knew and aimlessly lived out his usual day, another day like the other times he had tried to die and lived instead. He went to school and when a friend grabbed his sleeved arm to catch his attention, he cried out in pain. He laid in bed that night, picking at the forming scabs and thought of Alec like he always did. He thought of Alec and wished things had been different from the time he was 5 years old and found blood on his forehead.

High school lulled on with a string of girlfriends whose parents did not want them dating a black boy and violent exes who tried to jump him. Every situation he fell into, he was chased out of by danger.

“People trying to kill you or stalking you is real and it messes with you in a way you can’t explain,” Johnson said. “You’re always checking for safety in situations first. You’re inching. You’re skittish. You’re not who you were.”

The last two years of Johnson’s high school experience drifted on in a state of depression with spouts of mania. He used this time alone to turn his grades around because if anything, he knew he needed his education. As he matured into a young man, his bipolar disorder made itself more apparent, lashing out and controlling his entire life.

He lived weeks at a time in fast forward and then came crashing down to moments alone with his actions. His grade were good enough to earn him an acceptance to Baylor University on the pre-med track and he soon spent the summer of 2016 taking classes on campus, making plenty of new friends, holding a steady job and spending every moment and dollar he earned at work on an impulse choice.

In the midst of his high-strung mania, Johnson found a community that cared, and thankfully someone noticed the symptoms he was experiencing before he could fall so low to attempt to take his life again. His girlfriend, Kelsey Rood, was familiar enough with bipolar disorder because of her own and referred him to Baylor’s Wellness Center to be assessed.

Anschutz said Dialectical Behavior Therapy is the best option for somebody with suicidal thoughts. According to Psychology Today, this type of therapy is a cognitive behavioral therapy that pushes for positive change through identifying and changing negative thinking patterns, and is often used to treat self-destructive behaviors, teaching patients the skills they need to deviate from unhealthy behaviors.

“It is an effective tool that teaches impulse and emotion control,” Anschutz said. “Those are key when dealing with suicidal thoughts. It helps utilize specific skills to distract yourself, as well as bring yourself away from those thoughts while recognizing the rational ones.”

Johnson met with a psychologist and psychiatrist, tried out a few different medications and eventually found himself in a steady era of his youth, now in a happy, healthy relationship and majoring in a new field he is passionate about: psychology.

Johnson found a future that he was alive in and he is willing to live in it with the right resources available to him now. Although he still struggles with stress, anxiety and day-to-day battles of a college student striving for successful, he no longer wants to die by his own hand like his younger self craved so dearly.

“It is different now,” Johnson said. “Things have changed. I’ve changed, because now more of me wants to be here for all the things I want to do.”

5

Self-coping and healing tips from Jazz Johnson

1. Keep yourself as busy as possible with hobbies, things you love or used to love doing.
2. Spend time with friends who care about you.
3. Write about what you are going through.
4. Cry if you need to. It helps even if it doesn’t.
5. Talk to someone, even if you think they won’t understand.

Resource: National Suicide Prevention Lifeline | 800-273-8255 or online at SuicidePreventionLifeline.org | Available 24/7 Fall 2017 | 21
“He was my person. He was the one person I could be my authentic self to. Just having anxiety or bias or anything like that was out of the question. We just existed.”

Having a sibling you share everything with is not uncommon; Baylor senior Riley Gage and his brother Connor Gage certainly fell into the category of brothers who were also best friends. Their bond included a mutual love for R&B music, running and penguins, among the many other inside jokes only a sibling could understand.

Their time together, however, was cut short much too soon. Over Labor Day weekend in 2012, 15-year-old Connor went to Possum Kingdom Lake with a group of friends and drowned after jumping into the lake. Due to an injury caused by the impact, he did not resurface. Although five years have gone by since Riley lost his brother and best friend, and he said he still deals with grief on a daily basis.

“Grief’s a funny thing — you have good days, you have bad days, then you have bad days where you feel like crap for having a good day because they’re not here … which you realize at the end of the day in a cold sweat in your bed,” Riley said.

In handling the loss of his brother, Riley said he has often pictured himself as having lost a leg, and that as he moves forward, he sees himself as slowly hobbling through life.

“You have a decision to make when something like this happens to you,” Riley said. “You can either curl up and blame everything that happens to you from there on out on that incident, or you can just accept that you’re broken but that you’re going to limp along.”

When Riley first came to Baylor as a freshman, he was presented with a new group of people to share his story with. Riley said it was easy to talk about what had happened to Connor because everyone in college is looking to make friends and build trust, and what better way to form a friendship than to confide in someone new about something traumatic?

“People are going to be naturally curious when they talk to you,” Riley said. “They’re going to want to know about you, and the family question is an inevitable question. I just spring loaded it to anybody who asked. That was different in high school because everybody knew — it’s not like it was a revelation if I told anybody that my brother died when I was in high school. Everybody knew. Then you have the flip-flop situation where nobody knew and I told everybody. I started to realize that that was a big mistake — to let some people in.”

Riley said he began to become more cautious about discussing Connor’s death after a few friends discounted the seriousness of his story and brought it up regularly and without proper context. A quote from Benjamin Franklin, “Remember not only to say the right thing in the right place, but far more difficult still, to leave unsaid the wrong thing at the tempting moment,” resonated with Riley after this happened, and he said he has since been learning who to trust with his history.
Despite encountering friends that did not have Riley's best intentions at heart, he said found a few core individuals that have helped him through his grief, including his friend Russell Adams.

“As a friend, you can be a surrogate for your friend's deceased loved one,” Adams said. “Give their life enough structure to empower their exploration of the world inside and outside of them. Support them as they find a new identity. Love is abstract and you will have to discover what form your friend needs.”

A major source of healing and relief for Riley has been through his profession — carpentry. Riley said he has slowly formed his identity as someone who can create “beauty from brokenness.”

“A carpenter’s job is to take something beautiful — a tree — and completely destroy it, limb from limb,” Riley said. “But ever so surely, with every little piece that’s cut, every little piece that’s sanded, every little piece that’s polished, what you end up with is a lot more beautiful than what you started with. I’m a broken guy that still has beauty to give.”

Riley’s family, specifically his mother Dana Gage, has since become involved in putting an end to deaths such as Connor’s that could be prevented by wearing a life vest. The Gage’s created a nonprofit called the LV Project that has been involved in all sorts of outreach projects, focusing especially on drowning prevention.

Every year in May, the LV Project hosts the Honor Connor Run in North Richland Hills, which features both 5K and one-mile races. The nonprofit operates on the idea that “all people can live and love buoyantly.”

Both Riley and Dana have recently been lobbying for a bill to pass in the Texas Legislature to require all children born after 2000 to wear life vests while out on the water. While the passage of this bill would be major in preventing deaths such as Connor’s, the Gage’s want to mandate that everyone under the age of 25 wear a life vest because “drowning is never intentional … but usually preventable.”

Along with participating in projects put on by his family’s nonprofit and wearing a wristband at all times with his brother's initials on it, Riley has also chosen to remember his brother in an extremely permanent way — with a tattoo of a broken angel’s wing on his right shoulder.

“I dreamed of it a couple of weeks after my brother passed, and it was really just an image that emblazoned into me … the idea of a broken wing that can still fly,” Riley said. “It had to have a lot of meaning too. I got one of my friends to design it, the tattoo artists that I went to was named Connor as well, it was on my brother's birthday… It had a lot of meaning and I got it for him.”

Above all, Riley said he believes that the best way to recognize Connor’s life, and death, is to simply continue living.

“I think of myself as extremely happy, but it’s a conscious choice to feel that way,” Riley said. “I could easily think the other way, and I do sometimes. Ultimately, I choose to be happy, because it’s the way I feel like I can best honor him … living the life that he should have lived.”

“You can either curl up and blame everything that happens to you from there on out on that incident, or you can just accept that you’re broken, but that you’re going to limp along.”
things to remember from Professor Darren Frame

On Aug. 4, 2016, Baylor University Professor Darren Frame’s life was changed forever by the tragic loss of his son, Jared Logan Frame. After a mountain biking incident, Jared contracted an infection that exacerbated his congenital heart defect. He ultimately suffered a massive stroke that destroyed his brain function, and he died. Jared’s death brought unimaginable grief to the Frame family, but together they’ve begun the process of healing and their religion has been a cornerstone in that process. Although it was difficult for them to reconcile Jared’s death with God’s promise that all things are orchestrated for good, with time and support from their community, they’ve begun to find peace.

“The bottom line was we didn’t have anyone to blame besides God,” Frame said. “I think that’s the hardest situation to me to be in. I think people that have cancer are probably in that boat. If you have someone that dies of cancer it’s like, ‘You didn’t do anything to have that.’ Nobody hit you in a car. Nobody gunned you down in a church in Sutherland [Springs]. None of that, it’s just you and God. To me, that’s where the why question comes in. It’s really hard to answer in terms of grief and everything. You have to gradually try to weigh off what you know about God and God’s goodness and your faith with ‘How come? What happened here?’ And, ‘How does this square with what I know about God and everything?’ It’s hard.” While a tragedy like this may cause some to lose faith, Frame fell further into his.

Visit Baylorfocusmagazine.com for the full story.

1. It doesn’t always happen to someone else. Be prepared and have your life in order.

2. People matter more than everything else.

3. Build a strong faith so you can withstand huge stress, if necessary.

4. Heaven is much closer than it seems.

5. Ask yourself, “If I leave (God/my faith) what would I turn to?”
Getting sick is supposed to come in waves. You wake up with a stuffy nose and the next day, a scratchy throat. It is supposed to be subtle. Now what if this sickness were sleeping in your genes, waiting for a stressful life event to drag the symptoms out into the light to wriggle, breathe and control your life? It was not a traumatic childhood experience or ongoing hardships that tore Kelsey Rood’s bipolar disorder out of the dark. It took the death of her grandmother, her first semester of college out of state and a patiently waiting chemical imbalance to knock her off balance and spin her out of control.

Tiffany Anschutz, CEO and licensed clinical social worker at Sage Recover & Wellness in Austin, said it isn’t uncommon for events like these to allow for Rood’s bipolar disorder to present itself.

“Bipolar disorder is often genetic, but any kind of traumatic event can trigger it,” Anschutz said. “Women show symptoms sooner because they develop faster than men. Women’s frontal lobes develops fully around age 21, while men’s develop around age 25. As the frontal lobe is starting to develop is when mental disorders begin to first show themselves.”

Rood’s grandmother was her ally, her constant, the woman who now sits eternally in a framed picture in Rood’s bedroom. Her grandmother’s memory haunted her, echoing through her dreams and taking form when she blinked.
Desperately seeking change, Rood chopped off her long blonde curls and ran off to Waco, where she slapped on a smile, playing the part of a pre-med, happy-go-lucky Baylor freshman who was far from her home in the small town of Malvern, Arkansas. Four hundred miles was just far enough from a dusty funeral dress and the pain of summer.

“The transition from having limited freedom at home to defining my freedom at college was undeniable,” Rood said.

“No one was telling me when to sleep or when to eat. No one was making sure I was OK. I had all the freedom in the world to self-destruct, so I just had at it.”

Her community created itself with ease. She was new, fresh and unchained from the pain she was refusing to face. There were the wild parties packed body to body with opportunity, the roommates full of life, Baylor boys and a new world on campus untouched by her smile.

She wanted it all and so she took on her new life. College is time for new experiences and discovering yourself, so Rood's actions were understandable on her new life. She was new, fresh and unchained from the pain she was refusing to face. There were the wild parties packed body to body with opportunity, the roommates full of life, Baylor boys and a new world on campus untouched by her smile. She wanted it all and so she took on her new life.

“People without mental disorders have good and bad days, but for someone with bipolar disorder, their highs are intense and their lows are impossible,” Anschutz said. “When their lows get to the lowest, they feel hopeless, helpless and like there is nothing to make this better, so that can lead to suicide attempts. It’s an irrational state of mind.”

Rood did feel hopeless. To everyone around her, she was just a normal college freshman. Maybe she slept the past week of classes away because that biology midterm hit too hard and she was not going out as much because the party scene was boring her.

The red flags lined the road to her fall. Little did anyone know, her disorder was stretching its legs and sprinting through Rood’s psyche, keeping her company while she cried in public restrooms and traced the sharp edges of her hollowed cheeks and ribcage.

“I truly did not think I had a future,” Rood said. “I can remember so vividly the night I was crying in the bathroom with a knife in one hand. It was 4 a.m. and I was ready to die, all because of this disorder.”

In the mirror was a disturbingly familiar woman who Rood was unsure her grandmother would recognize. Yes, that was her face in the reflection, but it was worn from battle and while she could not argue those were her eyes staring back at her, they were so much emptier than she remembered. The knife was there. It was another opportunity, another quick choice that mania would have licked its lips for, but depression was in control. Depression said, “What’s left anyway?”

“Manic Kelsey tackled everything at once. Manic Kelsey could handle it all in toxic ways, but it only came in limited stretches of time until the low hit.”

Rood chopped off her long blonde curls and ran off to Waco, where she slapped on a smile, playing the part of a pre-med, happy-go-lucky Baylor freshman who was far from her home in the small town of Malvern, Arkansas. Four hundred miles was just far enough from a dusty funeral dress and the pain of summer.

“People without mental disorders have good and bad days, but for someone with bipolar disorder, their highs are intense and their lows are impossible,” Anschutz said. “During mania is when people usually get diagnosed, because those big signs are more recognizable than the depressive side of bipolar disorder.”

Those big signs for Rood were the self-destructive behaviors that came with her manic moments. Her life was out of control. There were bright happy moments with friends and then drug use that stretched the definition of recreational. There was young love and then there was more than enough unprotected sex. She did not need to eat for half a week because mania was spoon feeding her all the energy and self-destructive behavior she needed to survive the next test, the next pregame to the pregame, the next time she had mis-scheduled all the things she wanted to do, only to be left alone with herself and the actions she did not intend.

“The first moment I noticed something was off, someone else had to notice first,” Rood said. “The guy I was dating kept telling me he needed a more stable person. I wouldn’t sleep or eat for days and I ignored responsibilities until I was manic again. Manic Kelsey tackled everything at once. Manic Kelsey could handle it all in toxic ways, but it only came in limited stretches of time until the low hit.”

The cruel lows of depression took her somewhere quiet after the weeks of back-bending mania.

“People without mental disorders have good and bad days, but for someone with bipolar disorder, their highs are intense and their lows are impossible,” Anschutz said. “When their lows get to the lowest, they feel hopeless, helpless and like there is nothing to make this better, so that can lead to suicide attempts. It’s an irrational state of mind.”

Rood did feel hopeless. To everyone around her, she was just a normal college freshman. Maybe she slept the past week of classes away because that biology midterm hit too hard and she was not going out as much because the party scene was boring her.

The red flags lined the road to her fall. Little did anyone know, her disorder was stretching its legs and sprinting through Rood’s psyche, keeping her company while she cried in public restrooms and traced the sharp edges of her hollowed cheeks and ribcage.

“I truly did not think I had a future,” Rood said. “I can remember so vividly the night I was crying in the bathroom with a knife in one hand. It was 4 a.m. and I was ready to die, all because of this disorder.”

In the mirror was a disturbingly familiar woman who Rood was unsure her grandmother would recognize. Yes, that was her face in the reflection, but it was worn from battle and while she could not argue those were her eyes staring back at her, they were so much emptier than she remembered. The knife was there. It was another opportunity, another quick choice that mania would have licked its lips for, but depression was in control. Depression said, “What’s left anyway?”
Fortunately depression could not do it. Something inside her set the pain and knife aside. The next day, she dragged what was left of herself to Baylor’s Counseling Center and told the first doctor she met, “I want to die and I don’t know where to go from here. Please help me.” What they found was a textbook case of bipolar disorder and Rood was immediately appointed a psychiatrist and an emergency appointment.

As winter arrived, Rood took a short leave of absence and returned home to process her diagnosis and get help. While her final exams did not exist, she still did. That’s what mattered. Her friends were far, but they waited patiently. She was sick for a long time and she needed to get better. She found a combination of medications that worked for her and slowly, yet surely, began to feel her mental health improving.

“I take eight pills every day, but I function now,” Rood said. “I wake up groggy and slow, but it’s worth it to feel like one person now.”

Anschutz said when battling suicidal thoughts and bipolar disorder, medication management is key.

“It does not necessarily have to be forever, but continuous communication with the doctor is important,” Anschutz said. “With bipolar disorder, medication tends to utilize a mood stabilizer to curve the highs from being so high and the lows from being so low.”

Rood may wake up with something like a hangover, but instead of the cause being a night she cannot remember, it is now because of a cocktail of antipsychotics she takes each night. Trying to find the right medication for each person’s mental illness is often a game of Russian roulette, but Rood was fortunate.

While she was encouraged to take time at a psychiatric facility, the first few medications she tried were a success for her recovery and she was able to return to Baylor in the spring to continue her freshman year in a different light. She is no longer studying on the pre-med track. Instead, she is studying psychology, following in the footsteps of those who helped her on her journey to a brighter future. This journey was not subtle. It did not come in waves. It was a six-month tsunami that she bravely survived. Kelsey Rood was sick and, like she would with a cough or a fever, she reached out and received help from doctors so she could learn to tuck her bipolar disorder in with medication every night and start her day knowing her life is her own now.

“It took a long time to accept that I am bipolar because when it happens to you, it seems to completely change your self-image and worth,” Rood said. “I had to accept that I was mentally different from people, but I am still myself. It took time to understand everything. I had to be patient. I now understand how intensely wrong I was. The future is brighter now. I can feel it.”

Self-coping and healing tips from Kelsey Rood

1. Keep personal benchmarks so you know when you’re going off the rails.
2. Track your moods between good and bad days.
3. Never stop your prescription regimen, even once you feel better. Especially then.
4. Develop a rapport with your psychiatrist, if you have one.
5. Have accountability partners who you can rely on and who know your triggers.
It is no secret that young women growing up in America’s body-obsessed culture are more insecure than ever. Plastered on virtually every magazine cover, movie screen and billboard are images of picturesque women who all seem to look the same. These “perfect” women are ideally 5 feet 10 inches, weigh 110 pounds and have perfect skin, teeth and hair. As a young, impressionable woman, I viewed these images and subconsciously thought there was something wrong with the way I looked.

The first time I can remember feeling fat was around the fourth grade. Similar to almost any pre-teen, I still had a bit of baby fat, and felt unworthy because of it. I remember vivid moments in the department store dressing rooms, crying to my mom about how disgusting I looked in everything I tried on. I felt that because my body did not match our society’s universal standard of beauty, I was inherently flawed.

As time went on, I began swimming and the weight seemed to fall off instantly. I was so shocked and felt an overwhelming sense of relief. Now I could feel confident. Now I could feel worthy of love. At the time, I couldn’t see how unhealthy these thought processes really were. It seemed completely normal to associate my body image to my confidence and value. Nonetheless, I kept swimming more and more vigorously throughout the years until I got burnt out. I wanted to quit so badly before high school started, but I was hesitant to because I was deathly afraid of gaining back the weight.

I thought about it often and decided it would be in my best interest to quit and join another sport that I enjoyed. I decided to join tennis, yet the fear of becoming fat again lingered in the back of my mind like a pestering gnat. Deep down, I knew that the intensity of a tennis workout did not compare to the workouts I was accustomed to at my swimming practices. Therefore, I began to tack on extra gym time after tennis practice in order to make up for any lost calories. I thought that this only seemed logical at the time—I never imagined that it would turn into an obsession.

To further prevent the possibility of gaining weight, I started to restrict my calories and adopted a strict no-carb diet. I cut out all starch and grains and ate only foods that were considered “good” in my mind. A common day of eating was as follows: For breakfast I would have a small apple and a protein shake, for lunch I would have sugar-free Jello, edamame, some kind of fruit and deli meat, and for dinner, usually a chicken or turkey salad. Needless to say, I left little room for error, and anything that was considered unhealthy in my mind was bad and off-limits. I was probably only taking in about 1,000-1,200 calories a day, which was extremely unhealthy considering the hours I spent exercising and my current weight of about 130 pounds. I remember dreading going out to eat with friends because if bread or chips were served as an appetizer, I felt awkward being the only one not eating them. Eventually, my friends began to catch on to how strict I was with my food and stopped inviting me if they were going to a fast food restaurant or going on an ice-cream run. When I thought of food, it no longer was associated with the pleasure. Instead, food brought up obsessive and anxious thoughts and became more of an obligation that I couldn’t avoid.

One hour at the gym quickly seemed to turn into two, and my “calories burned” goal seemed to rise by the hundreds. What should have been a means of staying fit and healthy started to become a chore that I had to complete to remain sane. Somehow, I perpetuated this intense workout schedule throughout my freshman and sophomore year of high school, but once junior year hit, managing gym and school time became unbearable. I decided to join the dance team and struggled to keep my grades up for my upcoming college applications while also maintaining my gym requirements. I fought to keep my eyes open throughout the day and lost the energy to push myself to the same degree as I had in the past. It became utterly exhausting. I distinctly remember falling into micro-sleeps during my cycling class out of sheer fatigue.

I knew there was a problem was when I started crying when my brother couldn’t take me to the gym for a day. The fear of gaining weight was controlling my life. I started to prioritize workouts over quality time with friends and became depressed as a result. Food was the enemy. Calories were “bad.” My life had become so regimented and stressful that I felt completely powerless in my attempt to control everything. Sure, I may have looked like I was a happy girl in great shape, but underneath the facade, I hated myself.

I hit my ultimate low at the end of junior year when I decided to
quit the dance team because looking at myself in the mirrors dancing every day became too much alongside all the other pressure that I was placing on myself. When senior year came, I decided that enough was enough. I was miserable and had to do something to change my life. I started seeing a therapist, eating balanced meals and exercising for pleasure rather than for control. I worked on self-love techniques to help my previously destructive inner dialogue.

One of the biggest epiphanies I experienced throughout my recovery process was that I had control over my own thoughts. If I wanted to tell myself how beautiful, worthy and unique I was, then by all means I could. Before, I felt like a victim to my self-deprecating thoughts. Before, if my mind told me that I was fat, disgusting or ugly, then that was the truth. Little did I know how wrong that way of thinking truly was.

I learned that I had power over my inner demons, and that if I ever wanted to be happy, I would have to work on loving myself first. In an attempt to become “perfect” like the Photoshopped models I grew up idolizing, I instead ended up more insecure than I had ever been before. I spent so much time focusing on my flaws by repeating to myself how fat I was, that even when I looked perfectly in shape from an outsider’s perspective, my eyes were blinded by what I believed I looked like.

Looking back, I remember just how much I let the eating disorder and negative thoughts dictate my happiness during a family vacation to Cozumel. My mom and I were relaxing on the beach, and I had planned to have her take pictures of me in a bikini for social media. After all, I had spent months making sure my diet was close to perfect and working out almost every day. We spent about an hour taking pictures in every angle and pose I could possibly think of. I thought that getting a good picture of my body would make me feel more confident about myself, but my efforts didn’t work. Sure, I may have found one or two pictures that met my standards, but in the end, it wasn’t fulfilling. Instead of enjoying the day at the beach swimming in the ocean or tanning with my mom, I chose to spend it obsessing about myself. Although I got a pretty picture, I thought to myself, “Is this really worth it?” All that time and energy I devoted solely on myself I could have invested in other, more important areas of my life. I could have spent that time enriching my relationships with my family and friends, or taking up a new hobby.

I realized that by attempting to gain external validation through the acceptance of others, I would never be happy. Happiness can only truly be gained from within, and if I ever wanted to be happy, I would have to work on loving myself wholeheartedly.

I encourage women to believe that they are enough despite what the media says. I advise you all to spend your precious time focusing on being kind, loving, and gracious to your bodies. Feed them properly, and enjoy all the things you can do with it like run, swim and dance. You were given this body to be healthy—not skinny.
For Emily Faulk, getting tattoos is not just a form of rebellion. Her tattoos are not just pretty drawings or significant words she chose to have permanently engraved on her body. Her tattoos are a daily reminder of her struggle against depression and her potential to overcome it.

“The reason I get tattoos is because I struggle to remind myself in my own mind of whether or not I matter or the things that matter to me,” Faulk said. “I like physical reminders. I was always the kid that put sticky notes everywhere to remind myself to do things because I’m very forgetful. I don’t just think about those things on my own.”

On her forearm, Faulk has a tattoo of a lion’s face appearing in pieces of a puzzle. On a trip to Mexico with her best friend, Faulk saw a man holding a lion cub. She and her friend approached the man, who let her hold the baby lion.

“I’m sitting there holding this tiny little, playful fur baby and all I can think was, ‘One day this creature is going to be the most powerful being alive. It’s going to be the king of the jungle. It’s going to be this incredible, majestic being,’” Faulk said. “The more I thought about it, I respected this little being because there was power in what it was. It didn’t matter that the power wasn’t there now. It didn’t matter that it wasn’t this strong mighty incredible thing now. Right now it needed protecting, and right now it needed care and love but one day it was going to be beautiful and incredible. Sometimes we need that care and love but someday we’re going to be self-sufficient and beautiful and incredible.”
This reminder sustained her through some of her darkest days.

It wasn’t a matter of whether or not she would have depression, but instead a matter of when depression would rear its head in her life. Faulk knew her family had a history of mental illness. Her mother and grandmother both struggled with depression, but it wasn’t something her family was comfortable opening up about.

“It was in the genes. It was in the stars that either my siblings or I would have it,” Faulk said. “I actually didn’t show signs of it till college. Mine was situationally triggered. I always had a predisposition to some of the symptoms and my symptoms looked a little bit different than other people’s just because it is different for everyone.”

Faulk’s battle with depression began when she found out the man she planned to marry someday had been cheating on her for years, with several different women.

“He’s the guy I lost my virginity to, the first guy I had ever been in love with, the person I had literally given every single facet of myself to. He had, in a very unhealthy way, changed the way that I looked at life and looked at myself. My identity was kind of rooted in him, which is horrible,” Faulk said. “When he left, who I was was gone and I didn’t really have that frame of reference or this person who I did my whole life with.”

After the breakup, she was left with several difficult questions that ricocheted through her mind.

“If I’m not even enough for him, who am I ever going to be enough for?” Faulk said. “If I can’t be loved well by him, who else is going to love me? I poured my whole heart and soul into him; how am I ever going to recover from this? Who am I if I’m not loving someone?”

Faulk was constantly exhausted. She started missing classes and struggling in school. She no longer found joy in music or art. She stopped exercising and started gaining weight. Her relationships with her friends faltered.

“All of my friendships were not ending, but in a really horrible unhealthy place. I became the flaky friend, the person that I always couldn’t stand until I became that person and understood why,” Faulk said. “You make these plans when you’re feeling good or when you’re having an up day. Then it’s four o’clock on a Tuesday and you’re supposed to meet a friend for coffee and something inside of you is saying, ‘You can’t handle a conversation today. Don’t go,’ and then you flake and you’re that friend.”

Knowing that something was wrong, Faulk called her parents. She told them something was off and that she didn’t feel like herself. Her parents told her they noticed the signs when she was just 11 years old, but it wasn’t something they wanted to discuss with her; they wanted her to reach that conclusion on her own. During that conversation, her mom asked her what she wanted to do to overcome it. At that time, Faulk wasn’t ready to admit she had a mental illness. There were so many negative stigmas that she didn’t want to deal with.

“Stigma is a terrible thing,” Dr. K. D. Charalampous, a Houston-area psychiatrist, said. “It prevents people from seeking help as soon as possible.”

In fact, nearly 65 percent of people experiencing severe symptoms of depression don’t seek help, according to a report from the National Center of Health Statistics.

Three months later, at her lowest point, she found herself alone in a very dark place.

“It was very lonely and not like an ‘Oh, hey, I’ve had a bad day and none of my friends are home’ lonely,” Faulk said. “It’s like you’re deep in a pit and you can’t see any light. You have no idea if anyone is above ground or not. You’re yelling for help, but you’re not really yelling for help, because you’re not really talking to anyone about it. You’re just sitting there carrying around this hundred-pound weight, knowing that there are people around who could probably help you carry it, but feeling like you’re too much for them to bear.”

Faulk failed of one her classes and her GPA plummeted. When she woke up most mornings, she didn’t feel like herself. She was plagued by nagging questions about her self-worth. Her happy, sarcastic demeanor disappeared along with her desire to create art, leaving an empty shell behind. She had lost control of her life.

“I love doing art and music and all that stuff, and I would wake up with not just no desire, but a desire not to do what I love,” Faulk said. “I wanted to be alone. I wanted to sit in my room with the lights off and just sleep, because sometimes being

“You can’t heal if you don’t know that you’re broken... There’s no simple answer. There is no quick fix. You have to be patient, but it’ll all be okay.”
awake was too much. I think that was probably the hardest part, when being awake was too much. There was a lot of feeling like I was never going to be enough for anyone, or like I was never going to be enough for myself. There was a lot of wondering if people would be better off if I was not in their lives.”

She prayed to God for healing, but she was constantly frustrated that healing hadn’t come.

“I figured, if you pray to Jesus he’s going to take care of it,” Faulk said. “Which he does, but sometimes the answer you’re looking for isn’t the answer he’s going to give you. So I kept praying that God would just make me better and take the frustration and the hurt and the pain away. God wasn’t saying, ‘No, I’m not going to do that,’ but it felt like he was. He was saying ‘No I’m not going to do that right now. You have to go seek help and through this. You’re going to meet incredible mentors who are going to take care of you and change your life over the next few years.”

After six months of feeling empty, Faulk did just that. Without talking to anyone, she went to the Baylor University Student Life Center for help, where she met with a counselor to discuss her situation.

“It really is just a conversation,” Faulk said. “You get asked questions and at the end of it you’re like, ‘Oh, I didn’t realize that about myself. Oh, I run from my problems. Oh, I do this. Oh I do that.’ You get to know a little more about yourself while learning about someone else. In the end you learn enough about yourself to start to think differently. It doesn’t alter who you are, it doesn’t change the way you live your life, but it just opens your eyes a little bit to who you want to be.”

Ultimately, Faulk was diagnosed with depression.

According to Charalampous, depression is very prevalent in society. Seven percent of people are depressed at any given time and as people age, the percentage increases to 20 percent, Charalampous said.

“Depression is debilitating,” Charalampous said. “It affects sleep, affects energy, affects willingness to do things. These people feel quite down. They feel like they have a chronic flu or worse.”

During one of her counseling sessions, Faulk’s counselor ended the session early and sent her to a piano in the music building. Faulk protested, but her counselor insisted. The last thing Faulk wanted to do at that moment was play the piano, but as she began to play, she began to feel better.

“That was a breakthrough moment for me,” Faulk said. “If I just suck it up and start doing something I like, I’m OK.”

Faulk was also sent to a doctor, who assessed her, decided medication would be a beneficial supplement to her counseling and prescribed her antidepressants.

Faulk was reluctant to take the antidepressants. She debated it for two weeks, and she was finally convinced by a phone conversation with her father. A metaphor he shared ultimately persuaded her.

He said that with his eating habits, he would likely have a heart attack in the future. In order to see Faulk get married and be there for her grandkids someday, he would have to take heart medication.

She protested, but he insisted that in order to be who she was called to be, she might have to take medication.

Hearing her father compare depression to a physical illness resonated with her. She realized that, like pneumonia or a heart attack, her depression wouldn’t go away on its own.

“For me that was the slap in the face that to be the joyful, artistic person that I was one year ago, I have to start taking these meds,” Faulk said.

It took a couple of months for her to feel the effects of the medication, but when she did, she was able to return to her life.

“My attendance got back up,” Faulk said. “I was able to speak with all of my professors, most of whom were extremely kind and understanding and made sure that I got through the rest of the semester. They were incredible.”

The diagnosis she initially feared eventually empowered her to heal.

“The most beautiful part of this is that when I finally had an answer about what was wrong with me I was finally able to get better,” Faulk said. “It was actually really nice to know that there was something actually medically wrong with me and that I wasn’t just going crazy inside my own mind. It was nice to know that there was a fix to the thing that I was struggling with because otherwise it would’ve been me, alone, just trying to handle the sadness.”

Faulk was ultimately able to overcome the symptoms of her mental illness and graduate from Baylor University in May of 2016, more than two years after receiving her diagnosis.

After graduation, Faulk found herself in an unhealthy situation at her new job. She was not allowed to take sick days, much less mental health days. The job made her into someone she didn’t want to be. After a year, she quit, moved back to Waco and started working at Baylor as an Admissions Communications Design and Social Media Specialist.

“The difference is astounding. I can’t even explain to you how much better it has been. Everyone is just so kind and gentle, very understanding and respectful of everything you’re dealing with in your own life, whether it’s depression, anxiety, grief, just any personal issue that you’re dealing with,” Faulk said.
Three years after her initial diagnosis, Faulk stopped taking medication and began to focus on how she could change her lifestyle to cope with her depression.

“It’s a lot of changing your mindset and saying ‘I have to get up,’ whether it’s putting an alarm in another room and making yourself literally get out of bed,” Faulk said. “Once you get up and moving you’ll feel a little bit more like yourself. That’s not guaranteed but there’s always that hope there. I’ve always been a very hopeful person.”

This hope inspires her to share her struggles with others in order to let them know they’re not alone, and that they too can find hope in their darkness.

“I think that depression is imperative to talk about because it is rampant throughout today’s culture,” Faulk said. “It’s still not something that we feel like we’re allowed to talk about. We’ve come so far as a society when it comes to not having taboo subjects, but this is still one that makes people wildly uncomfortable because either they don’t understand it or they don’t believe in it. They think it’s some medical crock or it’s just a way to pop pills. It’s not. It’s a real thing. Millions of people struggle with it and millions of people believe that they’re alone in their struggle. I think it’s so important to break the ice on this topic because the second you get through to one person you can get through to all the millions.”

For those who find themselves in a dark place or are struggling in silence, Faulk urges them to seek help.

“If you think something is wrong, something is probably wrong,” Faulk said. “Don’t ignore that feeling. If you are having trouble getting out of bed in the morning, if you are exhausted all the time, if you are having harmful thoughts, if you feel like you are the only person out of all the people surrounding you, you may have depression.”

Charalampous also stresses the importance of seeking help for depression immediately, citing the benefits of counseling.

“It’s good to actually deal with your depression not just put it under the carpet because it has a way of influencing your subsequent life,” he said. “If you have a crisis like that and you work through it well, then you become stronger. If you listen to your grandmother who says, ‘Oh don’t talk to a counselor because they might think you’re mentally ill and they’re going to ruin your reputation,’ then you ignore the situation and you don’t get counseling and you miss an opportunity. Counseling in that situation would be an advantage and you might get some new guidance about you and your personality and find out what your strong points and weak points are.”

Although Faulk is in a better place now, she realizes that her depression story isn’t over and that it’s something she will deal with for the rest of her life.

“With biological depression, it’s never over. It doesn’t go away. It’s a lifelong fight. I’ve come to terms with the fact that this is something I’m going to struggle with for the rest of my life but if you come to terms with what you have, it’s so much easier to heal. You can’t heal if you don’t know that you’re broken,” Faulk said. “There’s no simple answer. There is no quick fix. You have to be patient, but it’ll all be OK.”

5 Self-coping and healing tips from Dr. Charalampous

1. Seek help in the form of therapy and/or medication.
2. Avoid toxic situations that allow depression to resurface.
3. Have good friends to support you.
4. Avoid drugs and alcohol because they can be depressants.
5. Find a support group.
SHATTERED

One student’s story of how anxiety came crashing into her life

Story by Kailee Coward | Photo Illustration by Ryan Barrett
I awoke to the sound of frantic voices whispering around the room, the hospital’s fluorescent lights illuminating the worried medical personnel as they cut my clothes in preparation for the MRI. In the next room my sister sobbed as she vomited, unaware that her bladder had burst and was releasing harmful waste into her frail 5-year-old body.

Just a few hours earlier, we had been driving from my grandparents’ house in Arkansas to reunite with my parents in Branson, Missouri, when a drunk driver hit our car head-on, crumbling the entire front of the vehicle and sending it crashing into a ditch. Placed instantly into a state of complete shock, I am unable to recall the exact events that transpired, but was later told that my sister and my 8-year-old self were pulled out of the crumbled car as we waited for the ambulance to arrive and assess our condition. Once the medical personnel arrived at the scene, it was decided that my sister, grandmother, and I had all suffered from traumatic injuries and needed to be transported to a hospital immediately.

Upon our arrival at a small-town hospital in rural Arkansas, an initial scan revealed fluid in my sister’s abdomen and a break in my collarbone accompanied with many bumps and bruises. My sister and I were required to leave my grandmother behind and were airlifted to a children’s hospital in Little Rock, Arkansas, for my sister to undergo emergency surgery.

Transported in a helicopter with only each other to find comfort in, the reality of the horrible accident and the absence of our parents began to sink in. It had become obvious that we would be forced to trust in the plan God had for us. To this day, my mother and father can recall getting the phone message that there had been a horrible accident and their presence was required immediately at the hospital. They remember the panic and desperation that set in as they realized everything was out of their control. They, too, were alone.

The night of my sister’s surgery, I was unable to sleep, constantly pulling at the IV in my arm and rubbing my stomach. The doctors knew something was not right. Although the first MRI had revealed nothing unusual in my system, it was apparent that something had been overlooked. Placing me immediately into a second MRI, it was discovered that I had a rip in my large intestine that was leaking waste into my body. An emergency surgery was needed for me this time, and after only two days my parents, arriving at the hospital just as my sister went into her surgery, had witnessed their two little girls both being forced to undergo emergency operations.

As we were healing from the surgeries, we discovered that my sister had a broken leg and was required to receive a cast and use a walker to navigate down the hallways. Just after she was bandaged up, my arm was proclaimed broken, resulting in my own matching cast.

We were positive that everything had been taken care of and the worst was behind us, but a few short days later my sister and I were declared to have contracted a rare form of a bacterial infection that would place us into multiple days of quarantine. Perhaps the worst aspect of quarantine proved to be the absence of human interaction with anyone besides our nurses and doctors.

We were restricted to a single small room, and any guest that wished to enter, including our parents, had to wear full body suits and masks to protect them from the infection. As if the separation from our home and absence in the comfort of our daily lives wasn’t enough, the only interaction we were allowed was with doctors we had never met or suited bodies we couldn’t even recognize.

In the United States, there is one death every 51 minutes due to alcohol-impaired drivers, according to Centers for Disease Control and Prevention. The Anxiety and Depression Association of America notes that “20 percent of people dealing with an anxiety disorder suffer from some form of alcohol abuse or dependence.” People are often under the impression that alcohol can take away their anxiety, but in cases such as my accident, individuals can experience increased amounts of anxiety due to another person’s decision to abuse, and the consequences that result from this choice.

As an 8-year-old child separated from her parents in the midst of a horrible accident, I was confronted with the difficult diagnosis of anxiety. Required to see a specialist once a week, I was enrolled in frequent counseling sessions. Within these sessions, I was asked to discuss my emotional responses concerning a variation of subjects, including my reactions to the accident, my feelings about my time in the hospital and my fears that I anticipated would haunt me. I soon learned that the anxiety I had developed was based upon the realization at such a young age that I couldn’t control the future, and I began to grow fearful of what fate held for me.

The anxiety that proved to cause me so much strife in my childhood manifested itself throughout my teenage years, especially when faced with the reality of college. Having to move away from my parents reminded me of the separation that occurred during the accident. I was under the impression that without my parents, bad things such as the accident would continue to occur and I wouldn’t be equipped with the knowledge to solve these situations on my own.

The drunk driver that may have been drinking to relieve his anxiety didn’t realize that he would pass it on to two young girls. From the time of the accident on, I was increasingly aware of my inability to control a negative situation, which resulted in me feeling fearful and apprehensive.

However, I have come to the realization that I can’t live in an emotional environment that imprisons me. I am confident and strong enough to handle situations. The irrational fear that haunts my day has to be set aside.

Part of my healing was realizing that in the midst of the bad, you have to choose to focus on the good. Anxiety is something that manifests itself in your emotions, and sometimes it can be difficult to cope. I had to learn to face the future with confidence and a faith that everything will turn out the way it is supposed to. There is too much life to live to be frozen in fear. I can’t control the professor that intimidates me. I can’t control what I’m invited to and what I’m not. I can’t control the number of tests and homework I’m given in a week. I can’t control the man who got behind the wheel of that car under the influence. But I can control who has influence over my opinions. I can control how I approach the activities I’m involved in. I can control how I manage my time. I can control my personal decisions on alcohol and substance abuse. I can choose to live my daily live with joyful anticipation. I can. I will.
At 5 feet 5 inches and barely 100 pounds, Cameron Wiles is a wisp of a girl, so it is almost comical when she jumps into her white Toyota Highlander with a 20-pound bag of rice and a nervous but determined expression on her face. Almost comical. She has drawn a goofy smile on the bag and has named it Spud. It’s cute, but it’s not about cute for Wiles. She has plans to destroy Spud.

Three friends are with Wiles on this day of destruction. She wears a shirt with the words “Chill and Recognize” emblazoned on the front. Chill and Recognize. Chill and Recognize. Chill and Recognize. It’s a mantra. She wants to let the world – and herself – know that she is on a mission to defeat this bag of rice, to defeat her fears.

And so she tries. They drive to Cameron Park and find a secluded stretch of parking lot. Spud is placed down on the ground and over and over again, Wiles tries to run him over with her car. She misses here and there, but she also manages to run over Spud a few times. A half hour later, she throws Spud in the back of her car, his goofy smile now covered with tire marks. Wiles laughs.

“Well, that was disappointing,” she says. She drives back, slowly, carefully. She is still scared. She is still anxious.

This, for Wiles, is her therapy session for the day. This is how she helps herself cope as she lives with anxiety and obsessive compulsive disorder, which includes a constant fear of hitting somebody with her car. According to BeyondOCD, this form of cognitive behavioral therapy, called Exposure Response Prevention, helps patients decrease their anxiety through therapeutic exposures, such as these Cameron Park trips.

This episode is just one of many in which Wiles has had to confront the reality of her anxiety. She started noticing symptoms of anxiety in high school.

“Five years ago, I just started getting nervous going to school,” Wiles said. “I just had this idea that other people were going to cheat off me or that I was going to cheat off other people – which I would never do. Those thoughts would bother me so much that I would not focus on the actual test material, and in turn, I didn’t do so well.”

Her anxiety touched other aspects of her life in a more serious way, though, especially when it came to driving.

“Driving is the biggest trigger for my anxiety,” she said. “I don’t want anything to happen that is my fault. It’s more like ‘What if I do something and I don’t know it?’ I really, really don’t want to hit anyone.”

Wiles recognized that she needed to learn how to handle her anxiety, especially with the reality of college looming closer. The summer before her senior year, Wiles visited Chicago for a month. That’s when, and where, things shifted for her.

“I ended up talking to my aunt about everything. And she said, ‘If you don’t tell your parents, I’m going to,’” Wiles said. “She ultimately realized how big of a problem it was, and she was the extra boost I needed to tell my mom.”

Two weeks after she returned from her Chicago trip, Wiles’ parents found her a psychologist. Wiles and her parents didn’t recognize the full extent of her anxiety; for them, this was just how she was wired.

“My psychologist said, ‘Look, you have pretty severe anxiety,’” she said. “And then there was the OCD – that was surprising.”

While Wiles understood she was struggling with anxious thoughts and feelings, the diagnosis was something she hadn’t considered.

“OCD goes hand-in-hand with anxiety,” she said. “If you have anxiety, you don’t necessarily have OCD, but if you have OCD, you have anxiety.”

Armed with her official diagnosis and its complications, Wiles found relief and comfort.

“Once I had a label for it, it was a huge weight off my chest,” she said. “I was like, ‘Oh, other people have this too.’ So I started doing research.”

Wiles immersed herself in learning more about her mental health. She read books, watched movies and talked to people. She went through ERP.

“What [ERP] does is it exposes you to your fears, your worries, and your obsessions,” she said. “For example, if you have a fear of leaving the stove turned on, you tell yourself that you can only check it once and not any more than that. With ERP, you take baby steps.”

Wiles’ has indeed taken baby steps. Despite her anxiety, she graduated from high school at the top of her class, but coming to Baylor posed its own challenges and required its own new baby steps.

“Cameron showed up the first day of Line Camp in tears,” said
Ryan McNamara, Wiles’ Honors Line Camp leader. “But then she ended the week on a real high note and in a place of confidence. Out of all my campers, she had the most growth from this experience.”

While Line Camp helped set Wiles up for Baylor, there are still challenges she and other students with anxiety face every day. She lives in the Honors Residential College, where anxiety seems to run rampant among its residents.

“I see anxiety everywhere in this community,” Kaleb Loomis, chaplain for the HRC, said. “Sometimes it’s a student who is freaking out because he just got his first B on an essay or a sophomore who is really worried about getting a job after college.”

This anxiety isn’t just reserved for the HRC, however. It is an epidemic among college students everywhere. According to the American Psychological Association, anxiety is the top mental health issue among college students, with 41.6 percent of students having experienced it.

“I think we ask students to do more now that we asked students to do 50 years ago,” Loomis said. “There’s this pressure of doing well in college, having a career after college, paying for college itself. And for many people, their world is turned upside down.”

The world may be turned upside down for many students, but there are ways to help right it again.

“Learning when to notice your anxiety is happening is the first step,” Loomis said. “And that comes through reflection and awareness and talking to people about it, whether that’s using a counseling center or meeting with a chaplain.”

Students can help others by shifting the paradigm of anxiety.

“Break down the stigma of mental health by being vulnerable with other people,” Loomis said. “Whether you have a serious mental health issue or not, or you have a sibling that does, talk to each other. That goes a long way.”

Through this vulnerability, anxiety becomes less of a seemingly isolated problem.

“It’s easy to think that you’re the only one affected by anxiety, but that isn’t true,” Wiles said. “It’s nice knowing that I’m not the only one.”

Similarly, students helping their friends with their mental health should recognize that they are not the only ones who can help.

“I can walk alongside people every day,” Loomis said. “But when the situation is too severe, I can still walk with people, but I cannot be their primary source of care.”

Loomis suggests empathetic listening as a tool to help those with anxiety, to help get to the root of the issue.

“Sometimes, anxiety isn’t a choice,” Loomis said. “Students can help each other by understanding it isn’t a choice and being willing to go along with what works best with that person.”

Wiles understands this concept firsthand. Despite the pressures of living in a community as dynamic as the HRC, she finds that the community is incredibly supportive for her needs.

“I’m pretty good at keeping myself accountable and I need that,” Wiles said. “I told my friends that if I ask questions because I’m anxious, they have to be mean to me. They make me accountable to myself. It has to be on me.”

Wiles is doing her part to tackle not only her anxiety, but to help others learn to cope with their struggles as well. During her freshman year, Wiles and Loomis hosted an event in the HRC where they talked about mental health realities for college students. It was a powerful experience for her to see so many people come with their own set of trials and tribulations. Moments like this help Wiles lean into community and friendship to help mitigate her anxiety.

“Let your friends with anxiety know that you’re there and that you want to help,” Wiles said. “The most important thing is just being there for somebody. Let them know they’re not alone.”

That’s why, on an overcast day in early October, Cameron and her friends pile into the car and drive to Cameron Park. Her three friends cheer her on as she drives over Spud multiple times, all of them screaming.

This is ERP at its finest, at its weirdest. She wants to know what it’s like to hit a body, or something like that – they don’t really understand exactly what Wiles is thinking. They don’t understand, but that’s okay. They just know that she needs to confront her biggest trigger. And so here they are. She is Cameron Wiles and she has anxiety. They are Cameron’s friends and they are ready to Chill and Recognize.

She revs the cars again. She’s going for it.
Audry Hamlin’s emotional support animal, Gracie, has helped reduce the panic attacks and insomnia she experiences as a result of her post-traumatic stress disorder.
Many who battle mental illness have been there — perched across from a well-dressed adult with a framed diploma mounted to the wall, fidgeting under the glow of an expensive, dimmed lamp. While traditional therapy has proven helpful for some, others hope for something else — something that allows for emotional support without being confined to one-hour-weekly sessions. In essence, human support doesn’t always cut it.

This is why Audrey Hamlin, and many others, have sought refuge and long-term healing in animal therapy. Hamlin found the help she needed in the comfort of a canine companion.

Diagnosed with post-traumatic stress disorder and suffering from regular insomnia and panic attacks, Hamlin experimented with multiple forms of therapy, but she never quite found the right fit. That is, until she adopted her dog, Gracie, a half dachshund, half wire-haired terrier.

“I don’t wake up at 3 a.m. with panic attacks anymore,” Hamlin said. “I could sleep for the first time in months.”

The connection Hamlin has with Gracie doesn’t stem from Gracie’s ability to give advice, to respond to Hamlin’s expressions of concern, or to offer anything material. The ability for an animal to connect with humans without saying a word is arguably what makes their presence so helpful in times of stress or anguish.

“When you’re having a panic attack, you don’t want to talk to anyone, but you also don’t want to be alone,” Hamlin said. “I never have to explain to Gracie what I’m feeling. She’s just there.”

After trial and error with medication, traditional therapy and a form of exposure therapy designed to help patients with PTSD, Hamlin said she found exactly what she needed in her furry friend.

“Gracie has been my long-term therapy solution,” she said. “A lot of the things I experienced in the first year of being diagnosed I don’t really deal with anymore.”
Handlers with the Angel Paws group in Waco work with their emotional support animals. As a team, these pups and their owners bring comfort and support to the community.
Gracie is classified as an Emotional Support Animal, or ESA. This means that Gracie is neither a service dog nor a therapy dog. It is important to establish the distinction between service dogs, therapy dogs and ESAs, because there are legal consequences for claiming that a dog is one or the other without proper training and paperwork.

Service dogs undergo rigorous training catered to an individual’s direct needs. Their abilities can encompass a wide range of tasks, from detecting potentially dangerous elements in the immediate environment, to notifying bystanders if an owner’s approaching panic attack.

Owner’s blood sugar level needs attention, to anticipating an immediate environment, keeping each person’s mental, emotional and spiritual health in mind.

Therapy animals also undergo rigorous training. The defining factor that sets them apart is their overarching purpose in the community. Trained therapy animals often work in the community factor that an individual’s specific needs throughout the day. Therapy animals are trained to remain calm in stressful, loud and unfamiliar environments.

In contrast to certified service and therapy animals, emotional support animals do not need to undergo any training, and they are often recommended to an individual by a doctor. ESAs are not allowed the same freedom in society as service and therapy animals due to their lack of training. Despite this, Hamlin did not have to pay a pet deposit at her apartment, and she once took Gracie on an airplane after a recommendation from her doctor and approval from the airline.

“Sometimes people will get angry with me for having an ESA because they feel like I’m claiming to have a service animal when I don’t,” Hamlin said. “She is not a service animal. I will not literally die without her.”

Hamlin said while Gracie is not a trained service animal, she does provide her a service. In addition to catering to certain mental illnesses, animals can play a strong role in improving lives in general.

Angel Paws, a local nonprofit of 22 members and 33 certified therapy dogs, has served the Waco community for nearly 14 years, promoting the human-animal bond through the development of Animal-Assisted Activities/Therapy programs.

Angel Paws provides the opportunity for members of the Waco community to safely interact with dogs in a controlled environment, keeping each person’s mental, emotional and spiritual health in mind.

“We team up with dogs to bring joy to others,” said member Jean Wesley. “The dogs can do the things we cannot do.”

The dogs of Angel Paws undergo a comprehensive training process with their handlers. Each handler is the only one allowed to legally accompany his/her animal on community outings. Member Jean Ann Jones said this is because it is important for the dogs to learn to communicate with and trust their handler. If a situation becomes noisy or chaotic, the dogs are trained to not act out on the community members, but to instead rely on their handlers for support and reassurance.

“They need to know they can trust us to keep them out of harm,” Jones said.

Wacoans can find Angel Paws members at various locations throughout the city, including hospitals, nursing homes, addiction and abuse centers and Baylor’s campus. Angel Paws visits Moody Library twice each year to help students de-stress during finals. In the past, this has been a highly anticipated and successful event for both the organization and the students. With a long line weaving in and out of the library corridors, students seem eager to find comfort in the presence of these furry friends.

“At Baylor, we’ve had people just sit there and cry,” Jones said.

A canine’s inherent therapeutic qualities could very well derive from its sense of selflessness. Aside from an instinctual desire to fulfill basic needs, dogs seem to have little concern for the inconveniences of life, needing little justification for wagging their tails or giving love freely.

Former therapy dog Mr. Blue, named for his single blue eye and owned by Angel Paws member Suzi Wiseman, was working as a therapy dog up until the last day of his life.

“He was actually there with kids up until the last day, giving up himself,” Wiseman said.

Jones emphasized the selflessness that dogs naturally embody, speaking for all of the furry members of Angel Paws.

“For as long as they can last, they’ll give you everything they’ve got,” she said.

Another way canines heal and restore is through the care required by humans to keep them happy and healthy. Being responsible for another living being can encourage a person who is in distress to focus their attention elsewhere.

After Angel Paws member Lynn Brown was involved in a bad accident in 2012, he adopted Tara, a 60-pound Australian Shepherd/Great Pyrenees mix. Dealing with severe pain and decreased mobility, Brown said Tara served as motivation for him to improve both his physical and mental health after the wreck. Being responsible for training Tara made him get up and move, he said. Brown has since recovered, and Tara has received her Canine Good Citizen Award and now regularly visits patients and staff at various health-care facilities and also works with anti-bullying programs in public schools.

Dogs like Gracie, Mr. Blue and Tara are a testimony to the power of animal therapy. Simply resting with and petting an animal can provide the stress relief needed to make it through a rough day, an unexpected bout of anxiety or a long-term battle with illness, mental or otherwise. Whether someone is seeking a companion, a good listening ear or a shoulder to cry on, humans may not always be the answer. In the end, a dog might really be a man’s best friend.
STOMPING THE STIGMA

Successful people who pursued excellence and found it despite their inner battles

According to USA Today, Brandon Marshall spent three months in a psychiatric hospital, where he was diagnosed with borderline personality disorder. He remembers sitting in group therapy session, noticing the scars on one woman’s wrists. “Here I am, this big macho football player, and these people were fighting for their lives. That was when I truly realized what being tough meant,” he said. He and his wife proceeded to found Project 375, with a mission of “eradicating the stigma surrounding mental health,” according to the organization’s site.

As one of the 10 highest paid actors in 2016, Ben Affleck is one of the millions of people in America who are battling an alcohol addiction. He wrote in a Facebook post last year, “I have completed treatment for alcohol addiction; something I’ve dealt with in the past and will continue to confront. I want to live life to the fullest and be the best father I can be. I want my kids to know there is no shame in getting help when you need it, and to be a source of strength for anyone out there who needs help but is afraid to take the first step.”

“When I was about 7, I was convinced the house was burning down. I could sense it,” Emma Stone told Rolling Stone. “Not a hallucination, just a tightening in my chest, feeling I couldn’t breathe, like the world was going to end. There were some flare-ups like that, but my anxiety was constant.” She added: “At a certain point, I couldn’t go to friends’ houses anymore – I could barely get out the door to school.” Stone added that aside from therapy, acting helped her battle her anxiety by making her be present in the moment.
Selena Gomez opened up about the mental health battles she has been fighting since she was diagnosed with lupus in 2013 and underwent chemotherapy treatment. “I’ve discovered that anxiety, panic attacks and depression can be side effects of lupus, which can present their own challenges,” she told People Magazine. “I want to be proactive and focus on maintaining my health and happiness... I know I am not alone. By sharing this, I hope others will be encouraged to address their own issues.

Robin Williams battled depression and anxiety, as well as substance abuse, before taking his own life in 2014. Known as the actor and comedian that everyone could count on for a laugh, many were shocked when they heard the news of his suicide. Following his death, his daughter, Zelda, began working to bring awareness to mental health issues and encourage people to seek help. “Just because you can’t see something doesn’t mean it’s not ruining someone’s life,” she told Women’s Health.

Demi Lovato is known not only as an accomplished actress, singer and songwriter, but now also as an advocate for opening dialogue on mental health issues and treatment, after her own diagnosis of bipolar disorder. “If you know someone or if you’re dealing with it yourself, just know that it is possible to live well. I’m living proof of that,” she said in an interview with People Magazine last year.
Special thanks to the Baylor Counseling Center and the Wellness Department