

LINCOLN LAND **review**



L I N C O L N L A N D **review**

*A collection of visual
and written work
by students of
Lincoln Land
Community College*

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Submission Information:

We are looking for high quality writing, digital media, and fine art submissions from students of Lincoln Land Community College for next year's edition of the *Lincoln Land Review*. We will accept work between May 15, 2019 and January 15, 2020. Instructors or students may submit students' best artwork, fiction, poetry, creative non-fiction, and academic non-fiction (properly formatted, cited, and scrupulously proofread) via electronic attachment to lincolnlandreview@llcc.edu.

For each work that is submitted, be sure to fill out and send an information and permission to publish form. Forms are found at our website: lincolnlandreview.wordpress.com. Editors reserve the right to make corrections or slight changes in written works accepted. Preference is given to essays, stories, research papers, etc. that are under 20 pages long. Please contact one of the editors at the review email address if you have questions.

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Editors' Note

We are proud to announce the publication of the 10th edition of the *Lincoln Land Review*! Over the last decade, we have consistently sought and have been thrilled to publish a diverse body of writing and art from the student community here at Lincoln Land Community College. This year's issue reflects our foundational principle: to celebrate work that explores subject matter that is both personal and public, as well as creative in its form and expression.

And, as has been our tradition from the beginning, we are happy to announce this year's "best of" awards for the following contributors:

Fine Art — Emily Jones, "Familiar Patterns"

Digital Media — Abby Knoles, "Self-Portrait"

Academic Nonfiction — Dawn Weller, "The Only Race Is Human"

Poetry — Rebecca Evans, "Sparks Joy"

2019 *Review* Cover — Jessica Le, "Girl in the Trees"

This edition can also be found online at our website, lincolnlandreview.wordpress.com. You can also watch short interviews with local authors, musicians, poets, and others interested in keeping the arts and humanities a vital and present force here in central Illinois. You can also find our digital edition on our Lincoln Land Press webpage, www.llcc.edu/llcc-press, and on our *Lincoln Land Review* Facebook site.

The magazine is only possible with the support of the LLCC community, most specifically, the Lincoln Land Press. Thank you, Press founders Ryan Roberts and John Paul Jaramillo. We are so grateful for the production expertise of Graphic Design Specialist Misty Hagstrom and for the promotion assistance of Lynn Whalen, Executive Director of Public Relations. Dr. Vern Lindquist, Vice President, Academic Services and Tim Humphrey, Dean of Arts and Humanities, support us behind the scenes as well, and kudos to all faculty and support staff who guide students in their continuing academic and creative experiences.

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Jessica Le, *Girl in the Trees*

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PAULA HENDERSON

The Stigma of Addiction

Imagine waking up each morning hopeless and not being able to function without a substance. Knowing that your life is a whirlwind, but not knowing how to stop, you cry out each and every day for help but have nowhere to turn because you are scared of the label that is going to be placed upon you. Welcome to the life of a drug addict. Each year thousands of people die, scared of being known as “junkies.” Americans place such a stigma on drug addiction that it is blocking society from seeing it as what it truly is: a disease.

First, we must have a clear understanding of what addiction is. People are addicted to many different things in life, like shopping or gambling. Drug addiction is currently on the rise and killing more people than ever. In 2015, *The National Institute on Drug Abuse* released data stating that “an estimated 24.6 million Americans, ages 12 and older, had used an illicit drug.” People can easily get addicted to drugs without even realizing that they are becoming addicted. When picking up any licit or illicit drug, the risk of becoming addicted is there from day one. The body may become physically dependent or the craving comes before any thought.

I remember being seventeen, having a bad injury in cheerleading, and the doctor prescribing me pain killers. At first, I was taking them for the pain every day, multiple times a day. This went on for about two months. They were prescribed, so I was ok taking them, I thought to myself. When the pain went away, so did the prescription, but the physical and physiological need remained. I was seventeen and dope sick. So, what I did was look for how to buy them on the street because I didn’t want to feel the agony of withdrawal. I was scared to think that people would look at me as a junkie, and I knew what I was doing was not right, but my mind and body fully needed them.

Years went on, and I quit cheerleading because I wanted to get high. My whole world had once centered around cheerleading, but now it was centered around using drugs. I once could have never imagined my life without cheering, but pain pills had become more important. I wanted help. I needed help, but I was too scared as to what people would think of me if I asked for help. I was scared to be called names and looked down upon. That is the stigma at work. My addiction went on for six more years because I did not know how to ask for help without being judged.

Some label people who are addicted “junkies” time and time again, so much so that “junkie” is actually defined according to *Merriam-Webster* as “a narcotics peddler or addict.” This is the stigma. The focus is so much on the wrongdoing of

the person that at times we can fail to see that the addict is someone's daughter, son, mom or dad. It is not realized that it is possible for the "junkie" to eventually be oneself. I was the first to call people bad names because they were addicted to drugs until that person became me.

So why do so many Americans place such a stigma on addiction? Why do they see it as a moral wrongdoing instead of the disease that it is? Like drug addiction, stigma goes across all levels of society. Some believe that addiction is only something that happens to the poor and vulnerable, but in all reality, like stigma, it does not discriminate. Unfortunately, as a society we do not give addicts much respect. A report in *The Medical Ethics Advisor* states that there are "two groups of patients—severely disabled psychotic patients and frequently relapsing substance abusers—that can be the most challenging in developing empathy and non-stigmatizing attitudes." These are our doctors, nurses, and hospital staff with stigmas, calling people "frequent flyers" when being admitted to the hospital after multiple overdoses. It is not just everyday people with these stigmas, it is people we trust with our lives.

When I finally made it to treatment, I started to learn about what I was really dealing with. I never knew addiction was a disease. I never knew all the power that came behind the word "disease." Let me explain myself: before getting to treatment, I reached out for a friend whom I thought I could trust to get me some help, and she told me that I did it to myself; therefore, I could stop myself. What she failed to realize is that I could not physically stop. My body would feel as if it was shutting down, and my brain could only think of my next high. I could not power through that feeling, which is a direct result of the disease aspect of addiction.

When people think of a disease, I know that the last thing to come to mind is addiction. According to the *American Society of Addiction Medicine*, addiction is defined as "a primary, chronic disease of brain reward, motivation, memory and related circuitry." The most important word for you to see in that definition is "disease." When someone has diabetes, we do not look at them as though they are failing in life, or like a piece of trash. We do not stigmatize them; we respect their diagnosis for what it is, a life threatening disease.

In 2017 more than 72,000 people died of a drug overdose ("Overdose Death Rates"). Drug addiction is life threatening. Not only is America in a "war on drugs," Americans are also going through an opioid epidemic. At the current rate, we as a society lose on average 197 people a day to this disease. In comparison, for the fiscal year of 2018, there were 11,135 students taking at least one class at Lincoln Land Community College ("Interactive Factbook"). The overdose death rate is six times larger than the student body. Also, that means one in six of us are struggling. It could be anyone you see as you rush to class, as you sit in the library, or even as you share notes with the person sitting next to you. This should not be taboo

anymore because addiction does not discriminate.

Everyone knows someone who is addicted, whether it is a family member, an acquaintance from high school, or a famous person they see on social media. This disease affects everyone. So, why is there such judgement when seeing a drug addict in the local gas station or an alcoholic stumbling out of a bar? That is what is easy to do. It is easy to pass judgement and move on with life, instead of feeling empathetic and reaching out a helping hand. We must stop this judgement. People are more willing to get help when others are receptive to the information given to them. Don't look at these people as "lost souls." I am one of these people. Currently I am over two years sober; I am a mother, a daughter, a college student, a girlfriend, and certainly I am not lost. Addicts have a disease that is unfairly discredited beyond belief, but if this stigma can be overcome, lives will be saved. Join me, see people for who they are, not what they are stigmatized to be.

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AMANDA FERGUSON

Chris Vollmer: The Man Who Chose to Be a Dad

My childhood was mostly a series of one scary or uncomfortable event after another. My early childhood was over-shadowed by my biological father Mike, who was a violent alcoholic. My home after my mother remarried was a party house for her and my step-dad, Jeff, if they were home at all. There was no structure or positive direction in our home. Luckily for me, I had Chris Vollmer. Chris and my mother had dated from the time I was nine years old until I was twelve, and during that time my life was great. When they broke up, it was somehow decided that I would still get to have him in my life. Chris may not be my biological father or my legal step-father, but he is my dad.

My dad gave me support and acceptance when I needed it most. He knew how tough I had it when my parents were married, and he always took that into account. When we left Okawville to live with Jeff in Sandoval, my life became even worse in many ways. My mom was never around. She was usually gone by the time I came home from school. I usually didn't see her until maybe the next morning before school unless she had the night off and she and Jeff decided to party at home for the night. Most of the time I was home alone. It was scary to be alone at night in a new town where I really didn't know anyone, except for Mike, whom I was also scared of. I hardly ever ate a decent meal, and I was rarely able to sleep. My dad didn't know all of the details about what was happening around me or to me, but I am sure he knew my life wasn't great. He probably wondered, but he never pressured me with questions about any of it. He just gave me a safe place to go and be myself without any judgement. He would always listen if I wanted to talk about things, but he mostly just wanted me to always have a good time and feel loved and accepted.

Not only did my dad make sure that I always felt loved and accepted, but so did his family. We would often go to Aunt Mary's house; she was one of his five siblings. The whole family would come. We would play cards or board games, watch sports, and play softball or volleyball in the summer. Everyone joined in, and it was so fun! Chris didn't just choose to be my dad. He chose to make me a part of his family. To this day, I don't walk in or out of a family function without a flood of hugs. The Vollmer family is fun loving and a little crazy, but they are the perfect example of how family should treat each other. They never speak ill of each other even if they don't agree with their choices in life. They are always there for each other, and they make a real effort to be involved in each other's lives. This is no

small task for a family as large as this one. By making me a part of his family, my dad showed me what a real family should be like.

My dad's impact on my life didn't stop at family values and a place to feel safe, but as I got older, he taught me how to find my own happiness. Whenever I was having a problem, he would always say, "You have to do what is going to make you happy, and don't worry about everyone else's crap because it is your life and you are the one who has to live with it." There are things he has always advised me to do like "save money while you can." Mostly he just gets me to stop and really think about what will make me happy, not just in the moment, but in life, allowing me to make my own decisions. He hasn't always agreed with my decisions, like the time I decided to move to Florida with my boyfriend at barely eighteen years old, but he has always supported me. I could tell when I told him that he thought it was a bad idea, but he never said it. He just told me to be careful and call him if I needed anything. When things fell apart and I needed a way to get back to Illinois, he sent me the money I needed to get there. He is the one person who has always been there to support me no matter what.

His support and acceptance would have been enough, but in true Vollmer fashion, he took it a step further and gave me adventure too. The days we spent hanging out with the family were nothing compared to all the "father/daughter days" as we called them. I never knew what was in store. I would be so anxious at the prospect of a weekend with him that I was nearly sick with excitement. We would visit museums, The Science Center, St. Louis Zoo, shopping malls, concerts, trips to Lake Carlyle to rent a boat or jet ski; you name it, and we probably did it. I was always a little timid about things like being up high or riding rollercoasters, but he could talk me into nearly anything, even facing my fear of heights. He once talked me into getting on a ride called The Dragon's Wing at Six Flags. I would compare it to a bungee jump, except that instead of bouncing on a bungee cord, you swing like a pendulum. He even rented me a plane when I was about 15 for a flying lesson. He wouldn't tell me where we were going that day, and then he didn't tell me it was a lesson until we were about to get on the plane. With the guidance of the instructor I got to do everything from steering the plane on the ground with my feet to take off and landing. It was definitely one of the most amazing things I have ever done. My favorite adventure however is the trip to Key West that we took the spring after I turned twenty-one. We stayed in a great hotel on Marathon Island that was just a few feet from the water. We visited The Dolphin Institute and actually got in the water with dolphins. We visited Key West, and saw Hemingway's house, all the shops and galleries, and the most beautiful sunset I have ever seen at their nightly Sunset Celebration. We even went parasailing off the coast of Marathon Island. I was terrified to the point of shaking, but it was a view like no

other. All these adventures and many more gave me bright childhood memories and experiences I otherwise never would have had.

I may have had a life that was full of drama and turmoil, but I made it through all of it with the help of my dad. I was only with him about one weekend a month, and I didn't even meet him until I was nine years old; but in that little amount of time he managed to teach me family values, give me a place to feel safe and accepted, and bring some adventure and happiness into an otherwise mostly bleak childhood. Chris made a more positive impact on my life than either of my biological parents, and he continues to be a big influence in my life now. He is the first person I want to talk to when big things happen in my life because I know that he will be there for me through the hard things and will truly share the joy in all the good things. He has been there and helped me in so many ways that he probably doesn't even realize the full impact he has had on my life, but I do; and I know how lucky I am to have him. All of these things and many more are why I call Chris Vollmer my dad.

OCEAN BOGGS

Out of Reach

Introduction

When people think of a person in a wheelchair, they automatically think of a grandparent or another elderly relative. This stereotype couldn't be further from the truth because a wide variety of other people rely on wheelchairs. In fact, some elderly people don't even need wheelchairs. Americans of all ages and ethnicities use wheelchairs. Reasons could include a birth defect, an inherited genetic disorder, or a car accident that left them wheelchair bound. The United States Department of Commerce collected data from their Census on how many Americans had a disability in 2010. The total came to 56.7 million people. Out of that number, about 50 million Americans had trouble doing daily tasks such as walking, climbing stairs, or lifting objects (U.S Department of Commerce). With this many disabled Americans, accommodations must happen. Communities in the United States must accommodate the disabled population by creating a more easily accessible environment, which would allow wheelchair bound people's access to their own and all communities and an equal opportunity to life.

Background Information

I have a rare genetic disorder, limb-girdle muscular dystrophy, which leaves me wheelchair bound. Limb-girdle, a "muscle wasting" disease, deteriorates my muscles over the years. This topic holds great importance to me because by being wheelchair bound, I experience inaccessibility almost everywhere I go. Able-bodied people oversee the lack of accessibility that a community infrastructure has. Having a fully accessible community needs to take priority. The able-bodied population will never know the struggles that a wheelchair bound person goes through on a daily basis. Wheelchair bound individuals need equal opportunity to succeed in their communities. A community consists of several infrastructures, including but not limited to retail stores (corporate and locally owned), restaurants and fast food chains, public bathrooms, public transportation, and voting buildings. Places such as retail stores and restaurants comply with the Americans with Disabilities Act to a certain extent. These places have wide doors, a stall with a wheelchair icon on it, and the accessible parking spots right out front. These accommodations seem to help; however, more accommodations need to happen.

Retail Stores

Retail stores, both privately and corporately owned, need to become more accessible for the disabled community. Disabled people need to grocery shop, too. The needs of a disabled person and an able-bodied person don't vary in this aspect. Tori Wissman, who suffers from Spinal Muscular Atrophy, has used a wheelchair for nineteen years. SMA, another neurodegenerative muscle wasting disease, leaves a person almost completely immobile. In an interview I conducted with Wissman, she exclaims, "shopping in some stores is an actual nightmare." Wissman told a story about an incident she encountered while in a candle store. The store in which Wissman had shopped had tightly packed displays. When Wissman tried to turn around, she ended up knocking down the entire display. Wissman explained that she cried over this incident. This incident shows that stores need wider aisles. Incidents similar to Tori Wissman's leave wheelchair users feeling embarrassed.

Carol Kaufman-Scarborough, a professor at Rutgers University School of Business, has twenty plus years of experience discussing disability issues, consumer behavior, and business issues. In her article "Reasonable Access for Mobility-Disabled Persons Is More than Widening the Door," she states that those in charge of the "research, planning, and executing" of the layout for retail stores don't actually have a clue what disabled persons need (Kaufman-Scarborough). Creating a layout that tailors to disabled shoppers allows them to have a better overall experience. Wheelchair bound users cannot reach the top shelf items, which creates the need for items to become lower. The layout could include a greater variety of items on lower level shelves. After gathering products to purchase, the wheelchair bound shopper needs to check out. Levi Howell, who dates a woman in a wheelchair, has some input on this certain situation. Howell states that the height of the POS systems at a majority of the stores they shop at complicate her ability to check out on her own. A POS system, short for point of sale, is the actual machine used to swipe a card. This complication leads to Howell swiping her card or paying the cashier for her (Howell). Handicapped lanes have a shelf that pops out of the conveyor belt allowing for an individual easy access to write a check or sign a receipt. This still lacks the proper setup for allowing a disabled individual to swipe their own debit card. Checkouts and POS systems need to be lowered, allowing disabled persons to check out on their own.

Despite all of these areas of improvement, sometimes store fronts just can't become more handicap accessible. Local shop owners who rent out the spaces of old buildings sometimes can't renovate the spaces due to their not owning them. Mom and pop stores sometimes cannot become accessible due to the lack of finances; therefore, these small stores shouldn't receive the consequences that corporate owned stores should. These small and locally owned stores should have

more leeway when it comes to certain regulations. By no means does this mean they shouldn't do anything to assist the disabled. The owners should still do as much as possible to make themselves accessible to the disabled community.

Fast Food Chains and Restaurants

Fast food chains and sit down restaurants also lack complete accessibility. Restaurants simply don't have enough space to host a wheelchair person comfortably. The layout and closeness of tables makes for difficult placement. Wheelchairs come in all sizes and capacities since every wheelchair user has her own set of needs. Wheelchairs can range from small fold-up pushchairs to a larger electric wheelchair. Sit down restaurants seat wheelchair users in the back part of the restaurant. The slim aisle space makes it difficult for waitresses to navigate. Electric wheelchair users have wheels that stick out of the back of their wheelchairs; these wheels help prevent the chair from tipping when going up ramps or uphill inclines (see fig. 1.).



Fig. 1. This photograph shows a variety of wheelchairs, along with how the back wheels of a wheelchair stick out (J. Wissman).

On Valentine's Day 2018, my boyfriend and I decided to dine at Texas Roadhouse. The waitress seated us in the back of the restaurant like usual. After we received our drinks, another waitress seated two other couples in our area as well. The women in the couples were both in wheelchairs. It felt like the waitresses had segregated us and crammed us into one, out of the way, space. The closeness of the tables left everyone seated there crammed, chair to chair. The closeness of the tables forced the lady in the back to have to sit at the corner of her table. Segregation, the act of setting someone apart from another group, happened at Texas Roadhouse that day. Restaurants alike cram as many tables as possible into their buildings so they can make as much profit possible. With little aisle space to work with, wait staff have to weave through the chairs and customers. Wissman spoke on this subject in her interview as well. Wissman states that the lengthy process of going out to eat frustrates her every time she goes out. From getting into a building to waiting until an accessible table opens up, the process can lead to aggravation. In the central west end in St. Louis, only one restaurant had a ramp for her to get into the restaurant. Wissman also states that she often feels embarrassed

when wait staff trip over her wheels, leading her to feel like she has to apologize. Restaurants and fast food chains should create an accessible floor plan that allows for enough room for both wheelchair users and the wait staff to maneuver between tables and chairs with ease. These eateries should also have an accessible entrance. With no accessible entrance, restaurants lose valuable customers and profit simply because they lack an accessible entrance for the disabled population. Not only do these restaurants lose the wheelchair bound individual's money, but also the people with that individual: family, friends, and significant others.

Fast food chains like McDonalds, Wendy's, and Taco Bell should always have an accessible entrance. They have the profits and the money to have everything up to ADA code. However, the mom and pop local stores and locally owned restaurants should have a little more leeway with certain regulations. Locally owned restaurants shouldn't be held to the high standards of these mainstream fast food chains and restaurants. Locally owned restaurants don't make nearly as much money as the mainstream eateries do. Therefore, locally owned restaurants should not have to pay as hefty of a fine. Again, by no means does this mean they shouldn't try to become more accessible. Owners should strive to provide accessibility, even in older buildings. However, sometimes those smaller or older buildings don't allow for accommodations. One of the few accommodations that's simple to make to older buildings includes putting a ramp over the step that impedes the wheelchair user. Law enforcers should make locally owned restaurants install ramps at their entrances.

Bathrooms

Wheelchair users must think well in advance about every action they take, beginning when they first wake up. For example, when a wheelchair user goes out into public, bathroom accessibility usually takes forefront. Will the stalls have a wide enough entrance to get their wheelchair in? Will there be any grip bars available? Will the entrance of the bathroom have a wide enough space for them to squeeze into the stall? These questions run through a wheelchair user's mind when they leave their house. If a stall does not fit the width requirements of the ADA, the wheelchair bound individual will not even make it through the stall door. Another situation wheelchair users must think about includes whether a public place has a family or gender neutral bathroom. A person of the opposite sex may be the only person available to assist the wheelchair bound person in the bathroom. If a wheelchair bound person, high school age and up, needs assistance and has a person of the opposite sex assist them into the bathroom, dirty looks will be given nine out of ten times. Lea Gaelyn, disabled photographer of a picture that shows a sign that states, "a person of the opposite sex may assist a disabled

person," posted the photo to her Twitter page (see fig.2) (Gaelyn). These signs advocate and educate able-bodied persons. Lack of education of the disabled population leads to wheelchair users receiving these dirty looks constantly. Able-bodied individuals make assumptions they see from ill-educated television shows or their ablest family members.

Public places often don't have up to code accessible bathrooms. Businesses believe that just because they place a handicapped sign on the door that the bathroom will be sufficient to pass an inspection. A handicapped accessible bathroom needs to have enough room for a wheelchair of any size and room for the assistant to comfortably maneuver the wheelchair bound person onto the toilet. The bathrooms should also have the correct grip bars. Some wheelchair bound users can still transfer themselves onto toilets. In either situation, whether the wheelchair bound individual needs assistance or they're able to transfer themselves, installation of the proper safety equipment and adequate space needs to be implemented. The article "Designing an ADA Compliant Restroom," from the website *Buildings: Smarter Facilities Management*, states that toilet heights need to be 17-19 inches and a door width needs at least 32 inches.

Without the proper height of toilets, proper width of doorways and stalls, or the proper placement of grip bars, public places could face lawsuits if a wheelchair bound individual has an accident. Public infrastructures need to take these precautions to not only help the disabled community, but to potentially save themselves from a lawsuit. Places usually strive to keep from getting lawsuits. Sometimes the space of a place doesn't allow for bathroom modifications. If a business lacks the adequate space to expand for a handicapped accessible bathroom, the business should have a list of nearby accessible bathrooms that do accommodate the disabled. Creating such a list shows the disabled individuals that the business knows they lack an accessible bathroom but took time to locate other places that can assist them. The lack of an accessible bathroom is still unfair as well as unethical. However, if businesses kept a resource list of bathrooms for these individuals, it would be a step in the right direction.

Handicapped Parking and Placard Misuse

Handicapped individuals need the close, accessible parking spots. These upfront handicap spots often host those who do not have a wheelchair or any



Fig 2. This photograph shows a sign that states "A person of the opposite sex may assist a disabled person (Gaelyn).

ambulatory difficulty. These individuals will take their relative's placard and use it for a more convenient spot for themselves while disregarding those who need the spot. Wheelchair bound individuals often have ramps that come out the side of their vehicles. The lines on handicapped spots allow room for the disabled individual to access the ramp with ease. A handicapped parking spot means freedom for wheelchair bound users. Even with the sign suggesting that any non-disabled person will suffer a fine, people still park in the handicapped spot without a care. I see this all the time. Usually, cars parked in the handicapped spots don't have a placard or license plates that allow for them to park in the spot. A particular instance that I came upon early in the year had me extremely frustrated. A man with no handicapped placard or valid license plate had parked his large, new truck in two handicapped parking spots. The lack of empathy and disregard this man had really floored me. I went straight into Walmart and talked to the manager. When I told the manager what I saw in the parking lot, she told me that they couldn't do anything about the man who had parked wrongfully in two handicap spots. It becomes frustrating when store owners lack the responsibility of taking action in situations like this of the misuse of handicap parking spots. Parking in a handicap spot is a \$250 fine.

However, if store owners can't and won't call the authorities, how will individuals committing a crime serve their consequences? Wrongfully parking in a handicap parking spot shows disrespect to disabled people who need the spot. A person never knows when a disabled person will pull up needing a spot. Many able-bodied persons think that handicapped individuals don't actually need the spot; rather they use it for an excuse to park up close. For handicapped individuals, the safety issue frequently comes up. Since wheelchair users don't have the height of an able-bodied individual, able-bodied individuals overlook them while backing up. If wheelchair users park halfway down the parking lot, the chances of them being struck by a car increase drastically.

Public Transportation and Services

Wheelchair bound individuals need services that allow them to get around town safely. Public transportation such as the public bus could be an option; however, not every town has a public city bus. A new service that has popped up in the last two years goes by the name Uber. Uber, a taxi service, has cheaper rates than most taxi companies. Recently, Uber has been under several lawsuits since starting up. In 2017 Uber was sued for excluding handicapped individuals. Uber currently fails to provide equal opportunity for the wheelchair user community. Alexis Squire, Senior Manager of External Affairs at the Equal Rights Center, wrote the article "Equal Right Center Files Lawsuit against Uber for Providing Services

that are Inaccessible to Wheelchair Riders." This article explains that a wheelchair user, on average, waits up to eight times longer to receive accessible services from Uber. These same wheelchair bound customers will also pay twice as much as an able-bodied customer will. Alongside this, many times "no accessible vehicles were available at all...Uber deprives wheelchair users of the life-changing benefits of the convenient, affordable, on-demand services that Uber delivers to its customers who don't use wheelchairs" (Squire). Since Uber is aware of this blatant discrimination, the company deserves this backlash and lawsuit. Uber hasn't cooperated with the ADA laws in place and therefore deserves to pay the consequences.

Voting Mishaps

Matt Vasilogambros, a writer for Stateline, has covered national politics since he graduated from Drake University. Stateline, an organization dedicated to bringing readers the most up to date information about their state policies, gathers information country wide. Vasilogambros wrote the informative article "How Voters with Disabilities Are Blocked from the Voter Box." In short summary, this article covers a woman named Kathy Hoell, age 62, who has used a wheelchair since a brain injury left her immobile. Hoell has been turned down on several occasions by poll workers. She exclaims that past times when she has tried to vote, the accessible voting machines have been placed in inaccessible places. For instance, poll workers once lead her to a flight of stairs. In another case, poll workers told Hoell that they left the machines off due to the fact that the workers themselves were in fact intimidated by the machines (Vasilogambros).

Poll workers' lack of experience and lack of knowledge lead to the decline of wheelchair bound voters. If disabled voters experience difficulties or are denied the right to vote, the following year the disabled voters won't want to get out and vote, initially leading to decline in disabled voter participation. "We're segregating the way we vote. Separate is not equal. That's a lesson this country should have already learned by now" (Vasilogambros). This quote and the word segregation should resonate and influence those who read it. Denying a person the right to vote is unconstitutional. In the past there have been various race and gender discrepancies; now there is ableism. Every individual, no matter the race, gender, or physical ability, should have the access and the right to express their vote. A wheelchair bound individual has every right an able-bodied person does. The end of this article goes on to tell how Colorado leads the states with the highest number of registered voters with disabilities. Voter turnout reached 69% in 2016. Colorado earned these rates by taking the steps needed to include disabled individuals. Colorado assessed their voting places and righted where they originally failed. Colorado voting places changed and adapted for the disabled population, just as

every voting place should. Colorado came up with the solution to “vote-by-mail.” This idea deems itself to be very beneficial for many wheelchair users who can’t leave the house at a given moment.

Lack of Accessibility

Despite all the reasons and the need to become more accessible, the lack of resources leads to the halt of any construction of a more accessible environment. Lack of money and lack of time creates the opposing view point for those who think public places don’t need to adapt to the disabled population. The concerning issue, the lack of money, seems to be why most places are not transitioning to a more accessible environment for the disabled population. Owners of older buildings sometimes don’t have their buildings up to code according to the ADA and don’t necessarily want to spend the money to update such old buildings. Other owners of old buildings might want to keep the old architecture or historical value of their building. One problem handicapped individuals run into includes the fact that there is not a specific code for every inaccessible issue they run into. The ADA has laws and regulations in place; however, a ramp and an upfront parking space don’t fully allow complete accessibility. Able-bodied people will never fully understand all the steps and accommodations that it takes to become fully accessible. This lack of knowing creates barriers between able-bodied and disabled persons. However, we can all take steps that would bring both worlds to eye-level.

Solutions

Reaching complete accessibility in a community won’t happen overnight. The solutions to creating a more accessible environment won’t be simple. To create a more accessible environment, disabled and able-bodied persons need to come together. Speaking up and having a voice sets a great example for everyone else. Speaking out when a non-disabled person parks in the wrong spot or letting a business owner know that a product is out of reach allows for better communication between the disabled and non-disabled communities. If a person constantly parks in a handicapped spot without having a disability, fines need to be given out. People will not learn the consequences if there is no fine. The individuals will never take it seriously. It seems that new laws need to be put in place and strongly enforced. However, Carol Kaufman-Scarborough also states in her article, “It is not clear whether there are major inadequacies in the law, whether key areas have been overlooked, or if they are simply not possible for the law alone to enforce” (Kaufman-Scarborough). The lack of enforcement of these laws leaves it up to the public to decide whether to be decent humans or not.

The American Society of Civil Engineers created a “report card” that acts as a “model for grading a community’s accessibility” (Seekins). To summarize the ASCE’s project plan, they observed and judged nine categories of accessibility. ASCE rated city and private parking location, signage, parking accessibility, safe routes that a disabled person would take to get around the city, accessibility of entry to businesses, doorways, and the interior of these places. Missoula, Missouri, the community being ranked, scored an overall “83% equaling a B.” This project also proved to be quite feasible; however, no exact number was given. Implementing a grading scale such as this one would be tremendously helpful to create a handicapped accessible community. To make places more accessible, store owners, restaurant owners, employees, and the public, need to see how they lack accessibility. If incidents go unreported, the public and owners will never know what needs changed to be a more accessible environment.

Conclusion

In summary, several public infrastructures need to become more accessible for the disabled community. Wheelchair bound individuals need the opportunity to have an inclusive life. Retail stores, restaurants and fast food chains, public bathrooms, handicapped parking, public transportation, and voting buildings make up just a few of the public places that lack complete accessibility. From lacking the ability to reach an item on a store shelf to being denied the constitutional right to vote, wheelchair bound individuals have tough tasks to maneuver daily. Tailoring a few accessible improvements to a community’s infrastructure shouldn’t be as hard as many make it out to be. Lacking a ramp has no effect on able-bodied people; however, to a wheelchair bound individual lacking that ramp is comparable to climbing a mountain. Sometimes, solutions don’t exist for creating an accessible environment. However, steps should be taken to help create a more accessible environment. Communities need to become more accessible, which would allow wheelchair bound people access to a fuller life.

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JENNIFER EMERICH

The Failure of Teacher Preparation and Childhood Trauma

Teachers in our public school system will spend an average of over 1000 hours per year with students at the elementary level and over 780 hours at the primary level. They have been entrusted with arguably the most precious commodity we have: young minds. Unfortunately, as science has uncovered new information about the effects Adverse Childhood Experiences are having on children, both new and seasoned teachers are not being given the proper tools and support to contend with this discovery. As such, in order for teachers to continue effectively teaching children, universities must add the proper trauma-based training to their teaching programs, and our government must require states to hire the recommended student-to-counselor ratio in order for mental health professionals to support teachers and students in the public school system.

The landscape of the classroom has been changing and requires a new way of teaching. "If you are a veteran teacher, one who has been teaching for a decade or more, you already know it's a new day." These are words from the book, *Building Resilience in Students Impacted by Adverse Childhood Experiences*. This book is designed to educate teachers on practices which will give students who suffer from trauma the skills and support they need to succeed in education and life. The authors use the phrase "the new normal" in reference to the behavioral shift of students in today's classroom. Compared to students a decade ago, these traumatized students have greater emotional needs, less ability to express or manage their emotions, and little ability to get along with others (Romero, Robertson, & Wagner 8).

The expansion of traumatic risks has given us a larger framework for identifying the kinds of traumatic experiences that children are having today. Traditionally, the American Psychological Association has defined the risks of trauma as an event which threatens injury, death, or the physical integrity of self or other person's life (Blodgett & Lanigan). However, in more recent years, it has included in its risks a list of what are called Adverse Childhood Experiences (Health and Medicine Policy Research Group). Adverse Childhood Experiences, or ACEs, are described as traumatic events that occur in a child's life before the age of 18 and are categorized into three groups: abuse/family, household challenges, and neglect (Romero, Robertson, & Warner 2). Currently, the eight most prevalent

ACEs impacting children are poverty, divorce, death of a close family member or friend, incarcerated caregiver, chronic mental illness in home, alcohol or drugs in the home, exposure to domestic violence, and exposure to community violence (Romero, Robertson, & Wagner xiv). Studies show that ACEs among children are widespread. According to one study, “The Associations Between ACEs and School Success in Elementary Children,” 44% of elementary students were reported to have ACEs, with 13% of those children experiencing three or more (Blodgett & Lanigan). This accounts for almost half of our student population. The downside for students with three or more ACEs is they are two and a half times more likely to fail a grade. Additionally, students with three or more ACEs are significantly more likely to be unable to perform at grade level, be labeled as special education, be expelled, or drop out of school (Health and Medicine Policy Research Group). For teachers, these statistics are not just numbers; these are the children in their classrooms whom they have been tasked to teach.

I spoke with Julie Green, a teacher in an Indianapolis public school. She has been teaching for over ten years. I asked about her own experiences surrounding children with ACEs; specifically, I asked her about the training she has received, past or present, on teaching techniques specifically for children suffering from ACEs. Green says her general education classes taught her very little about children in trauma and even less about how to competently respond to these students. It wasn’t until she later took some courses in special education where she became more informed. Green says she works at a particularly difficult inner city school where several students in one class have behaviors associated with ACEs. Green says, “Many new teachers come to work and are so excited about teaching and are especially excited about helping kids in the inner city. But so often, before the first week is over, these teachers are in tears. So many of them say, ‘I need more training. I am not prepared to work with these students.’” Green added, “It’s very common for these new teachers to transfer to another school district after their first year of teaching at this school.” She says that some of the teachers suffer their own trauma effects after getting involved with these students; “it’s really a difficult situation.” The new teachers from Julie’s school are not alone in their departures. A 2017 survey conducted by the New Teacher Center, says that one million teachers change schools each year and 40-50 percent quit within their first five years (Romero, Robertson, & Wagner). New teachers seem most vulnerable, yet even seasoned teachers are struggling without the proper training.

School districts that don’t provide adequate training and support for teachers risk hurting the mental health of teachers. According to a survey by the American Federation of Teachers (AFT), 61% of educators find work “always” or “often” stressful, which is double the rate of other workers. This study also

showed that more than 58% surveyed said their mental health was “not good” for seven or more of the previous days. One of the top reasons for the stress teachers gave in this survey is the “adoption of new initiatives without proper training or professional development.” One of the new initiatives mentioned is the implementation of trauma-informed educational practices, which many school districts are introducing to their schools (Blodgett & Lanigan). Although some teachers do receive a modicum of trauma training for students, oftentimes the training they receive is not given by professionals. The end result is inadequate training where teachers are unable to successfully apply the practices they are taught. It is a messy and ineffective system. The AFT says this is too much for them to shoulder on their own. They are calling for the help of professional psychologists, counselors, social workers, and nurses. And they want school-wide and community involvement. The American Psychological Association has also voiced its concern for the situation. It says that implementing the trauma sensitive training systems without the proper support of professionals undercuts the whole concept of trauma sensitive training (Etd. in Health and Medicine Policy Research Group). Currently, only 17.8 percent of school districts in the U.S. meet the recommended student-to-school-counselor ratio. In fact, the average student-to-school-counselor ratio in America is 482 to 1—nearly double the recommended ratio of 250 to 1. Some states (e.g., Arizona and California) have ratios that skyrocket at over 900 to 1. We must find the resources to hire these vital professionals.

Students suffer from ACEs at varying degrees, and teachers need to have the ability to meet and assess the undiagnosed students. The discussion of ACE effects is often used interchangeably with discussions of trauma, even though the concepts of ACE and childhood trauma disorders are distinct (Health and Medicine Policy Research Group). According to the aforementioned study of the associations between ACEs and school success in elementary children, children with ACEs would benefit from the same trauma-informed school practices which are recommended for children who are diagnosed with trauma related mental health problems as defined by the Diagnostic and Statistical Manual of Mental Disorders. Further complicating this topic are the individual differences of a child’s natural and individual characteristics in combination with the direct nurturing of their environment. Consequently, some children will meet the qualifications of a mental health disorder diagnosis, and others may not quite meet the threshold, yet still could negatively suffer the effects of ACE (Health and Medicine Policy Research Group). This shows that teachers will be dealing with children affected, to some degree, by ACEs even when the students are not officially diagnosed. It also shows that trauma-sensitive methods may need to be the common practice for the whole class.

In a second teacher interview, I spoke to Lori Vargas, an elementary teacher from a small town in rural Oklahoma. Vargas has been teaching in elementary classes for the last seven years. I asked about her own experiences surrounding children with ACEs; specifically, I asked her about the training she has received, past or present, on teaching techniques specifically for children suffering from ACEs. Vargas said, "I have not been trained in trauma, but I am noticing that more and more children each year go through experiences that no child should have to go through." She says, "Sadly, our professional training is solely focused on teaching and how to get our students to pass the test, and we forget that the society that these children are in is so much different than ten years ago." Vargas says, "Teachers need to know how to connect to these children and learn techniques that will help them get through the difficulties they may face." Every situation is unique, and how children respond to these circumstances is unique as well. Vargas believes being trained in this area would definitely help teachers gain insight as to why students are behaving in a specific way and prepare teachers to adequately help. Vargas says that trust can be a big issue for students. She believes that teachers can gain the students' trust if they learn ways to help them cope.

In closing, I believe the scientific studies of Adverse Childhood Experiences and the current unhealthy state of our nations' teachers has revealed compelling evidence that universities need to adapt their curriculum to include the proper trauma-based training for their teaching programs, and our government must require states to hire the recommended student-to-counselor ratio. If we will make these changes, I believe they can go a long way in giving teachers and students the support they need to succeed in our present day public school system.

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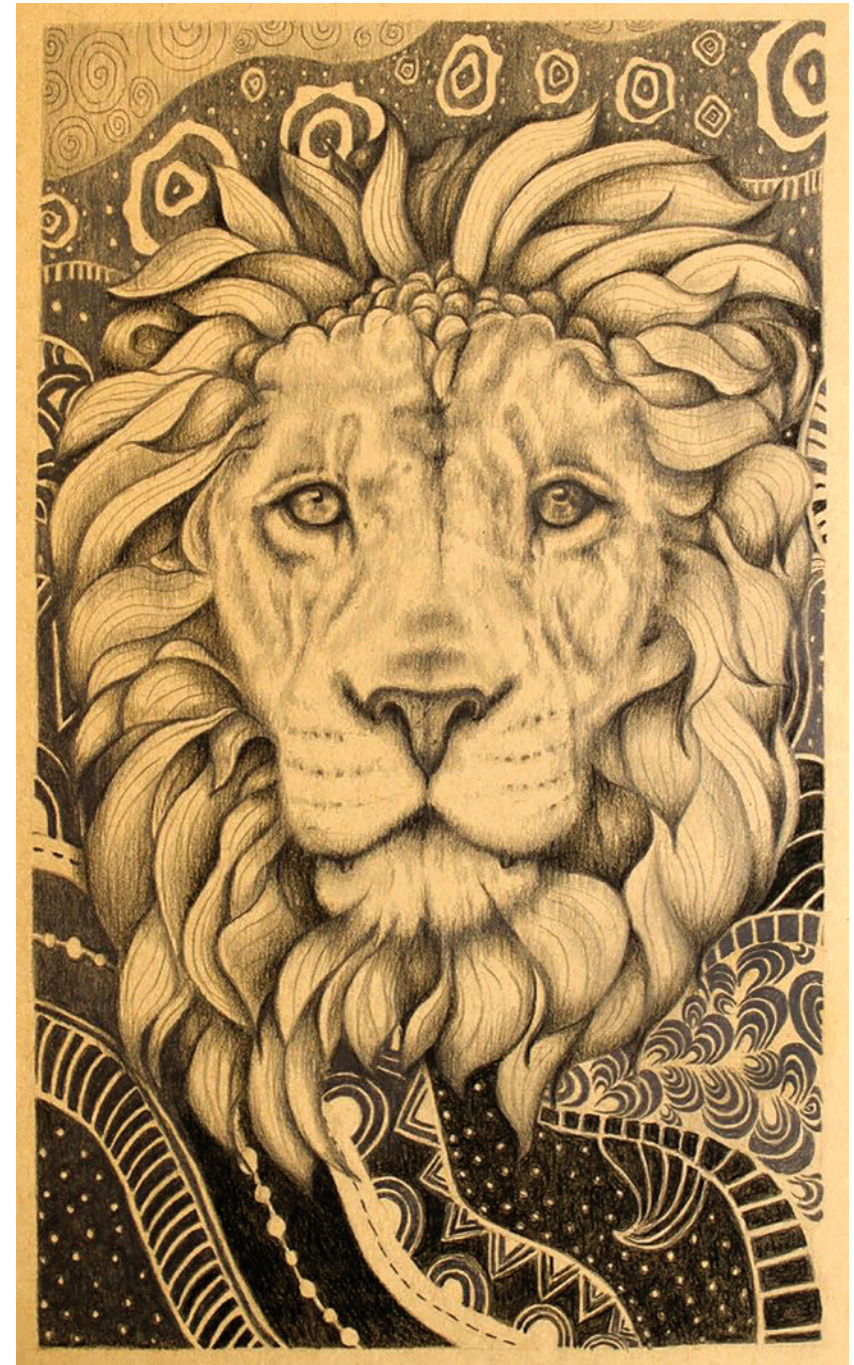
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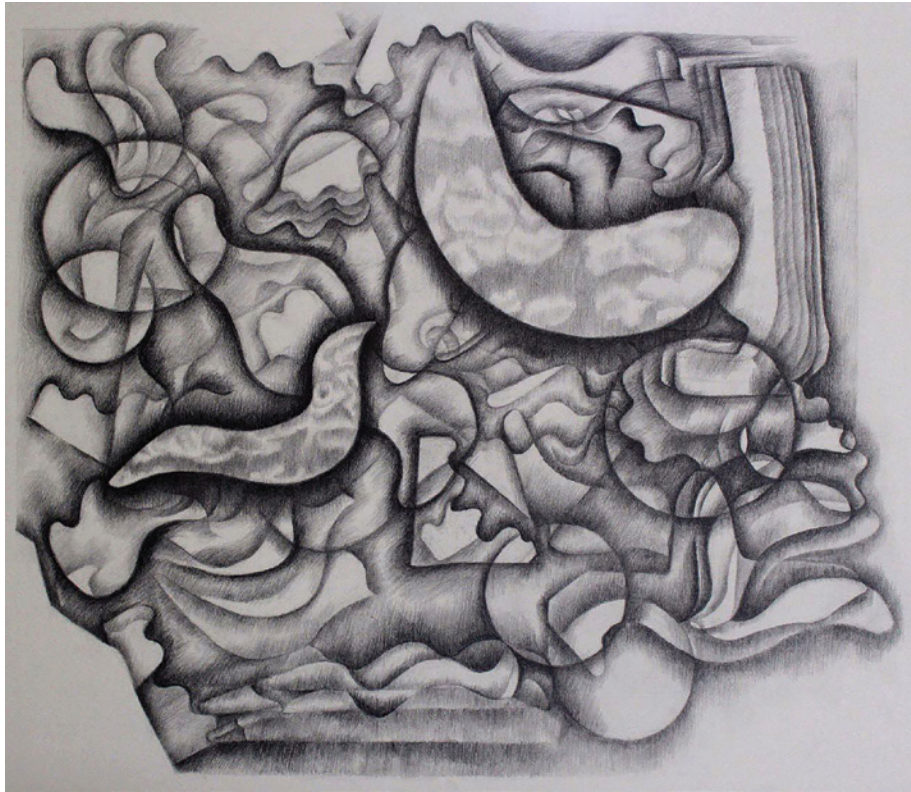
REBECCA EVANS

Sparks Joy

My favorite shirt was
Once someone else's favorite shirt
The loose button sewn back with care in a
Different thread and
The ink stains on the front pocket
Half washed out
The sleeves too stretched, but
Just enough anyway
The shirt feels
Safe, like it always wanted to live
In my closet and be worn often
As if it's first wearer was just
Borrowing it
Until I came around for it.



Diane Wilson
King of the Jungle
graphite



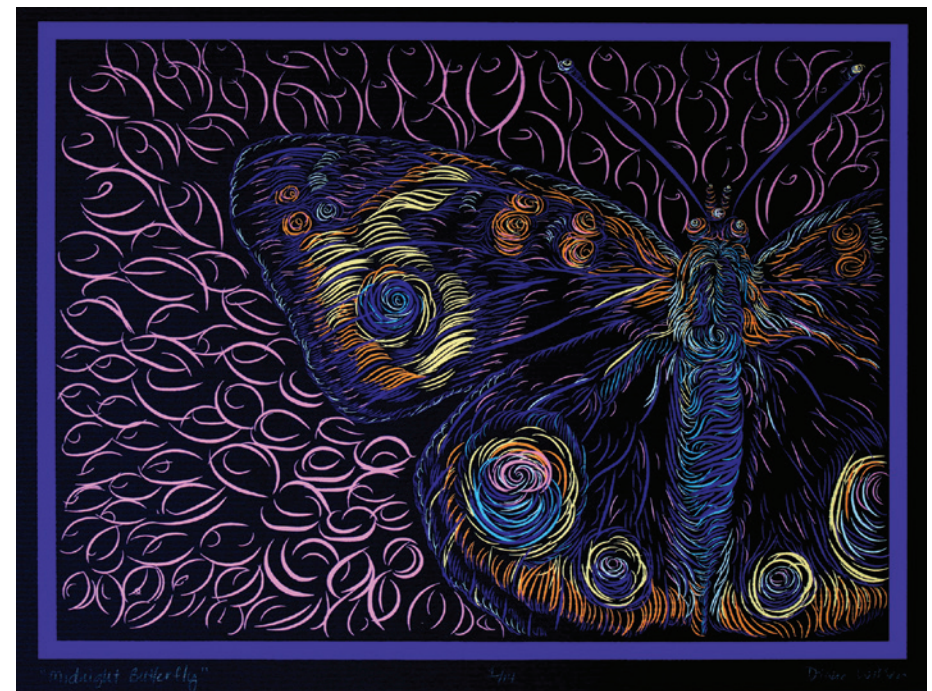
Diane Wilson
Shape Shifter
 graphite



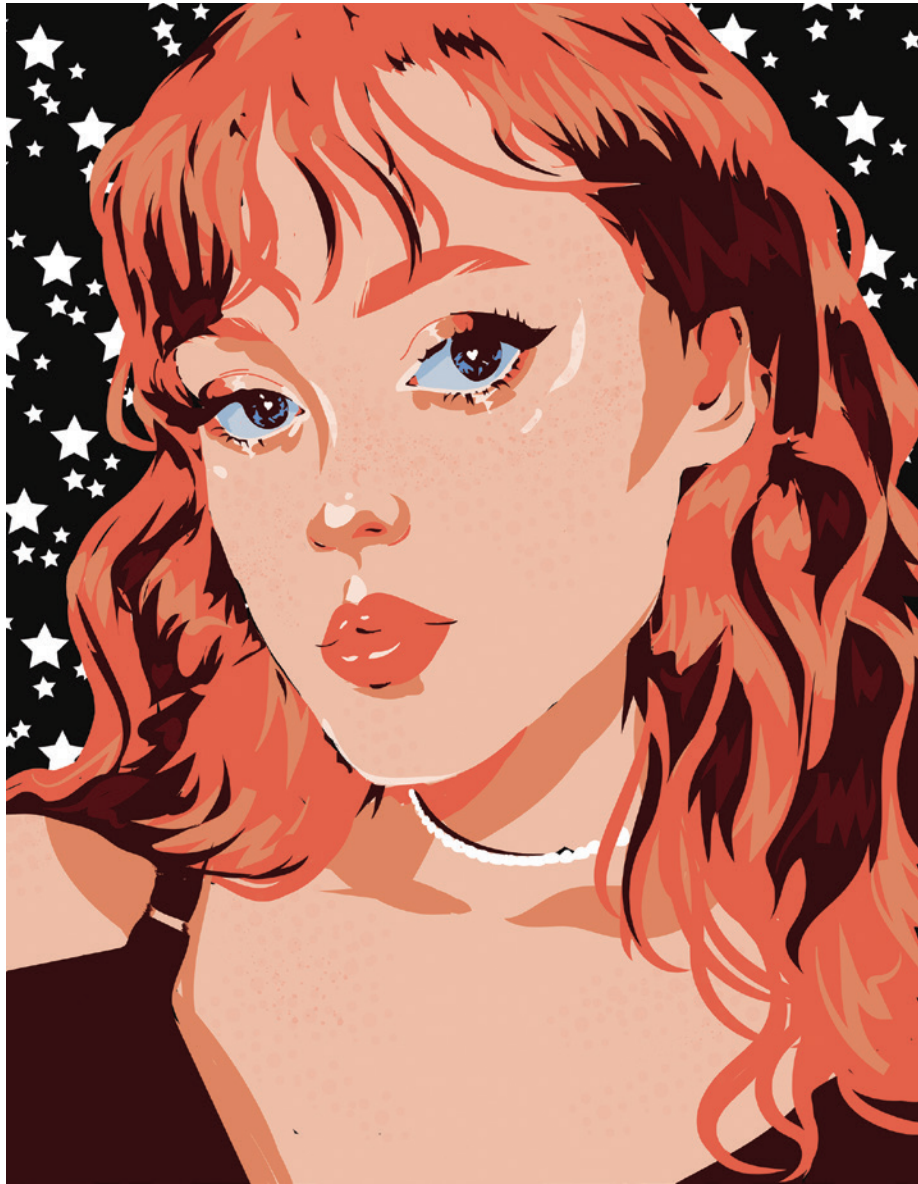
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Freebird
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Diane Wilson
Barn Owl
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Diane Wilson
Midnight Butterfly
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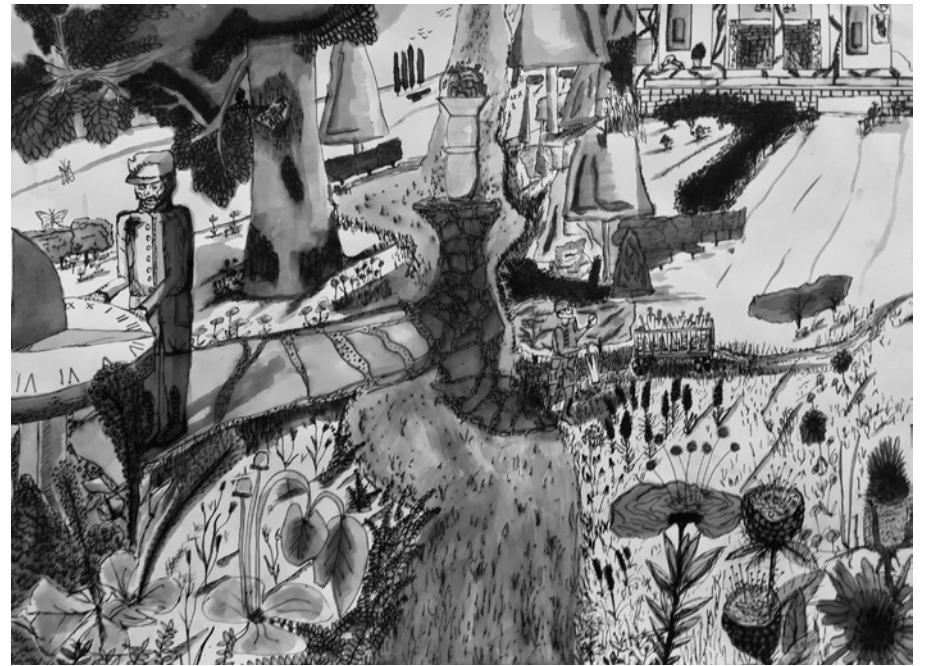
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Self-Portrait
 digital



Abbey Knoles
Three Value
 charcoal



Amber Owen
Figure Study
 charcoal



Devin Cartwright
Downtown Abbey
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Ashley Bonnet
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digital



Emily Jones
Familiar Patterns
charcoal



Harlie Courtwright
Final Countdown
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Jaclyn Crain
Untitled
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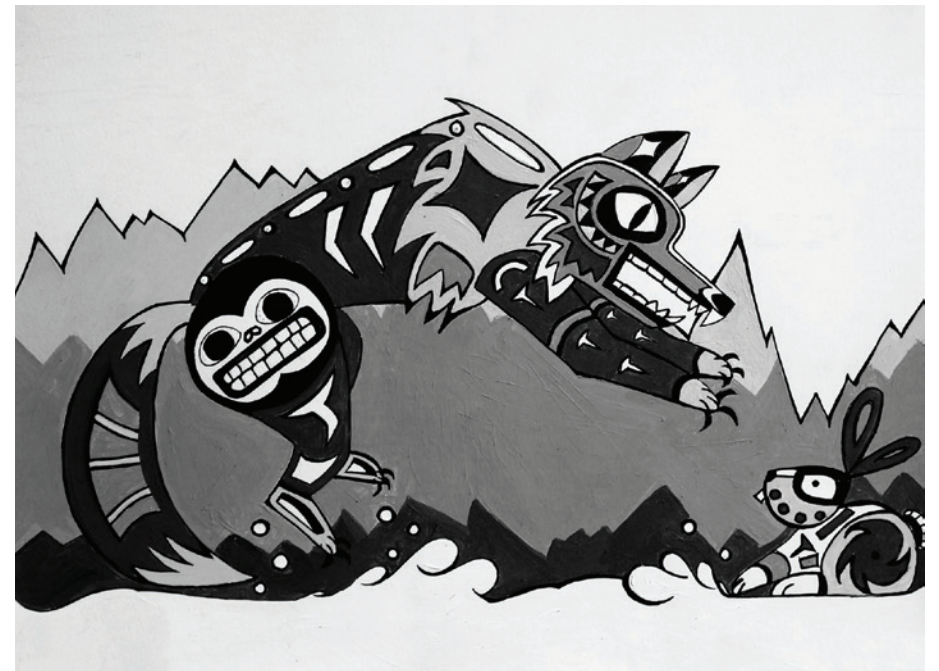
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State of Pagoda
 cardboard



Maddie Edmonson
Bug
 ink



Maddie Edmonson
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Maggie Miller
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Joseph
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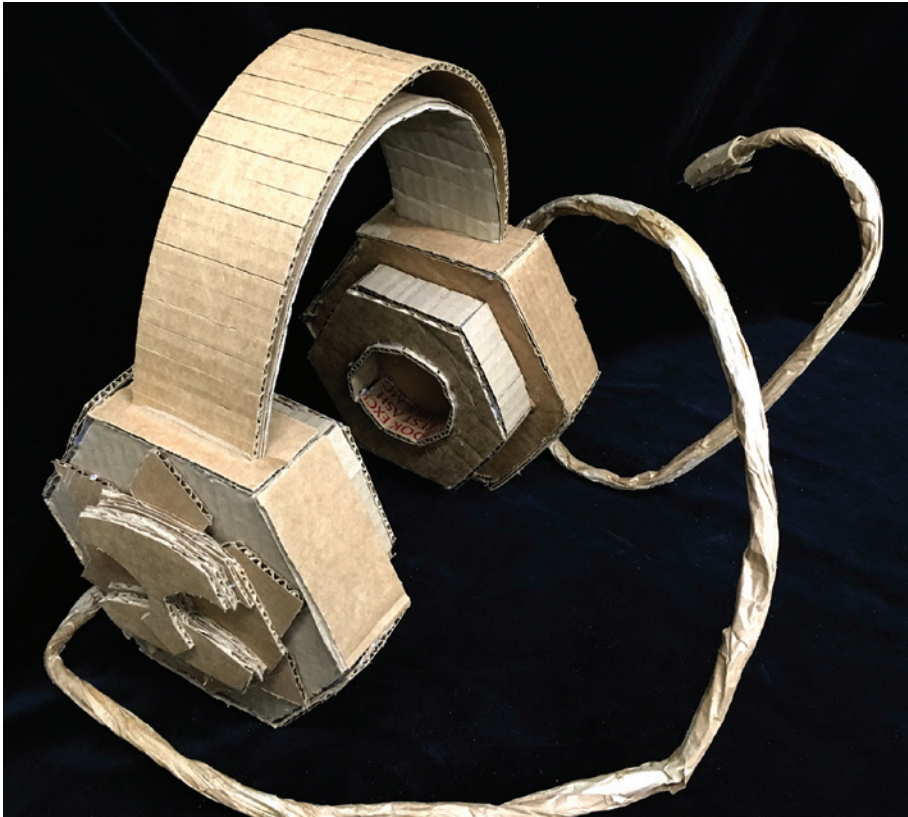
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Mandala
 acrylic



Seth Jacobs
Lady in Red
colored pencil



Seth Jacobs
Pop Goes the Colonel
colored pencil



Kayden Boston
Aztec Headphones
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Untitled
 graphite



Tjama Elfgren
Shroud
digital photo



TJ Wofford
Rocketman
graphite



TJ Wofford
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charcoal



Charissa Fox
Untitled
digital photo



Seth Jacobs

Peak
graphite



Wilma Wofford

Owlie
ceramics



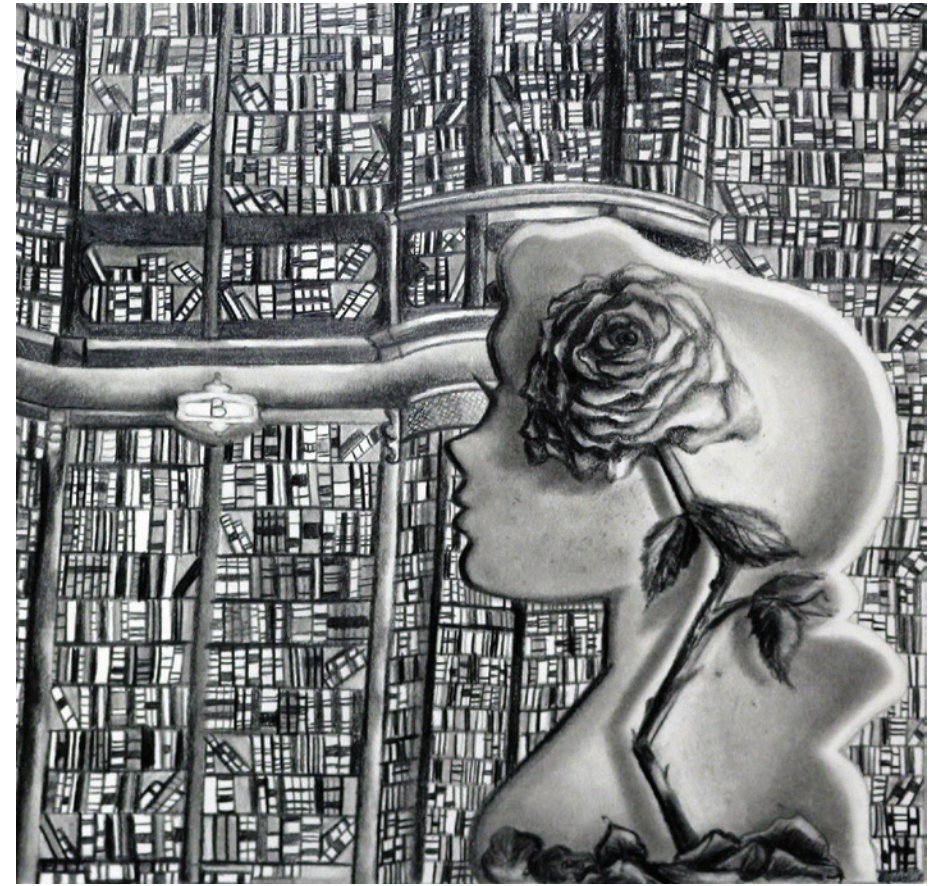
Wilma Wofford
Cleansing
 oil



Wilma Wofford
Boll
 oil



E. Vern Taylor
Ytaioa: Rima's World
 acrylic



Brittney Smith
Library
 graphite



Jessica Le
Girl in the Trees
 silk-screen

DAWN WELLER

The Only Race Is Human

Looking out on a street in downtown Chicago, the wide range of skin tones of the pedestrians and motorists is a rainbow that is familiar to most Americans. Race is a concept embedded into our society. Some people view this concept with pride, that we are a melting pot of culture, but some others, even in our contemporary society, see it as a festering cesspool of interbreeding, “tainting the purity” of their race. Most of America would be surprised to learn that race is a fairly new term in reference to humans. It is becoming the belief of many educated people that race is an institutional construct, and that the only “race” is human.

Where did the term “race” come from? In the English language, the word has many meanings, dating back to the Middle Ages. In a book entitled *Race in North America: Origin and Evolution of a Worldview*, Audrey and Brian Smedley document that the term originally referred to domesticated livestock; specifically, to breeding stocks with similar and often desirable genetic traits. According to the Smedleys, the word “race” doesn’t appear in the English language with reference to humans until the seventeenth century, where it was used to refer to a group of people with specific traits, for example, “the race of saints” (36). During this time, the beginning of the European colonization of North America, a belief arose that the human species was divided into “distinct physical variations,” as reported by James Russell in *Class and Race Formation in North America* (10). The first targets of racial discrimination were the Native Americans; because colonial settlers desired the land owned by the indigenous people of North America, the colonists questioned whether or not these people were human at all in order to justify the atrocities committed against them. Following this logic, Russell argues that the enslavement of Africans was justified with the reasoning that they were “inferior creatures to be treated not much different from farm animals” (13). The creation of the idea that there were separate races, that differing skin tones constituted different species, allowed for otherwise moral people to develop cognitive dissonance regarding the inhumane treatment of Native Americans and Africans. In addition, historically, the melanin content of a person’s skin has not been a reason for slavery. James Henslin, in chapter 7 of the textbook *Essentials of Sociology: A Down to Earth Approach*, lists three conditions that historically led to slavery: debt, criminal behavior, and being conquered in war (195). Traditionally, those who could not pay their debts became the slaves of their debtors, murderers (in lieu of a death sentence) were enslaved by the victim’s family, and those captured by conquering armies were enslaved. So Henslin reasons that slavery was the cause of racism, not that racism caused slavery.

It is worth exploring the question of why skin color became such a focal point of discrimination. Why should this particular trait be such a dividing line, more so than eye color, hair color, height, or any other genetic trait? Among every ethnicity, and even within families, there are variations. Each one of us possesses a distinct genetic code, as unique as our fingerprints. Skin color has not always been the only criteria for being a separate “race;” descendants of the Irish, Polish, and Italians have all been targets of prejudice at various times in our history. When Irish immigrants began to come to the United States in droves, the *Boston Globe* lambasted them as “subhuman,” and “the missing link between superior Europeans and savage Africans,” as well calling them “lazy” and “shiftless” (Harriot 1).

The main reasoning behind use of skin color as a determination seems to be that skin color is immediately visible at a distance; no other quality is as instantly noticeable and impossible to hide or disguise. This clearly visible difference triggers a psychological “us/them” mentality that, as explained to me by my psychology professor Dr. Matthew Wiediger, is a psychological throwback from the Paleolithic era when physical differences heralded the arrival of potential rivals who might be a direct threat to the survival of the tribe. Like the appendix and the tailbone, we no longer have need of this psychological phenomenon, and yet it is hard-wired into our brains to fear, and thus hate, those who are different from us.

There is no scientific name for people of African descent, or Irish descent, or English descent; we are all *Homo sapiens*. Furthermore, the so-called “black race” in America is primarily a mix of African and European blood; some estimate the percentage of African-Americans with mixed genetic heritage to be as high as 90% (Russell 83). Many Caucasians also possess DNA from a variety of gene pools; much of what remains of the Native American tribes outside of reservations is embedded in the DNA of people who consider themselves “white.” There is also no actual correlation between skin color and cultural or ethnic identity. So scientific analysis, research, and logic all point to the conclusion that while there are many varying cultures and ethnicities, there is only one race, the human race, and we are all members of one species.

Hatred on the basis of the melanin content of a person’s skin is illogical, yet racism persists. One method of generating change might be to change the way we casually describe others. The importance of the language we use cannot be overstated. Henslin explains that the words we use to determine how others perceive us (Henslin 50), means that it is worth coming to an understanding of how language determines how we perceive the world around us. An example of this would be the word snow; for Americans, there is just snow, but a quick Google search will reveal that the Inuit of Alaska have approximately fifty different words for snow – and perceive each of them as a different thing. Similarly, Americans

have approximately thirteen words for sandwich, and each has its own unique description; but a different language may only have one word. In each example, the culture with only one word for the noun may not understand why there is a need for more words for the “same thing,” but a person from a culture which uses multiple words immediately understands the distinction. Language, then, dictates how we view the world around us. Therefore, if we as a society change the language we use, we can change the way people think.

The first step to changing the way we think about the subject is to remove the word “racism” from our language. There are plenty of more appropriate adjectives, such as stereotyping, prejudice, or profiling. These can be applied to any number of attributes; for example, a person can stereotype people based on gender or even hair color. By singling out the practice of being prejudiced based on skin color, we perpetuate the myth of separate races. Moreover, while adjectives are a useful part of our language, they can be divisive and often cause subconscious stereotyping. A good example of this would be if someone were to tell you that there is a person at the door who needs help. Most people feel an instantaneous connection: we have all been a person in need of help, and the instinct that typically arises is to help this person. However, if someone said, “there is a man outside the door who needs help,” this can evoke an entire host of differing emotions, based on prior experiences. A woman who has been a victim of abuse at the hands of another man, for example, may feel apprehension or even fear, but even a woman who has not been abused has been psychologically conditioned by society to see men as “other;” this triggers the “us/them” mentality, and she may not be as willing to offer aid to a “man” as she would be to a “person.”

By regularly using words to describe others without considering how others might wish to be perceived, we place them in limiting cognitive boxes in our minds. Since the emergence of transgenderism into every day society, it can be offensive even to assume a person’s gender. By removing this kind of language from day to day practice, we both create a connection on the most basic of levels – that we are all human – and allow for the freedom of individuality, the right of a person to self-determine.

At this point in our history, most scientists, anthropologists, and other educated individuals have abandoned the use of the term race as a descriptor for variations of humankind (Russell 10). The persistence of the myth of race is largely a matter of social construction of reality, wherein we perpetuate the invention by our communal usage of the terminology. At one point in our history, it was strongly believed that homosexuality was a mental illness; because we perceived it to be so, the community at large believed it. Since then, our thinking has changed, and because we no longer perpetuate the myth, the number of people who believe it continues to dwindle. So, as long as the community at large believes in the concept

of race, racism will persist.

Another step toward eradicating racism is to fully acknowledge the truth of the history of the United States of America. It cannot be ignored that atrocities have been committed, but we as a culture must stop placing blame on the descendants of the perpetrators. No one living in America today has ever owned a slave or stolen the land of Natives. However, the history taught in public schools often glosses over or rewrites the past; and many of the descendants of those who suffered these abuses feel the rage anew when they find out that not only were their ancestors the victims of legally sanctioned violence and prejudice, but that they have been lied to by those in authority. As a young girl learning history in a public school, I believed, and feel that I was led to believe that Martin Luther King, Jr. died to end racism. This illusion was shattered when my family and I moved to a small neighboring town, and my brother and I became the targets of archaic prejudice based solely on the color of our skin. Acknowledging the truth of the past, and the unbiased reality of the present, can help put the ghosts of these tragedies to rest and allow Americans of all colors to move forward as a national community.

People cannot hear any voice but their own until they themselves have been heard. The pain and injustices of the past, that of slavery and genocide, must be remembered and validated before we as a species can move forward. History cannot be dismissed; it must be understood, processed, and learned from, but once we have acknowledged the facts of the past, we must then move forward with this knowledge and a progressive mindset. Racism is a problem that took generations to develop into what we know today, and it will not be erased overnight. The goal is to change the conversation, change the language, and over the course of subsequent generations, stimulate a change in what is socially acceptable. At one point in our history, interracial couples were taboo; through the slow change from generation to generation, such relationships are commonplace. In the same manner, by accepting the truth the past has to teach and changing the language we use, we will change the language our children use; and one day, there may be a generation for whom racism is no longer a concept.

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BREIGHANN DAWDY

Genetically Engineering: Healthy or Deathly?

As times change and resources are updated, our local farms are changing as well. It is now difficult to find a naturally grown corn or soybean field that doesn't have the help of genetically modified products being added to it. Pifer states, "Today's farms, however, are different in many respects from the farms of yesterday" (707). Farmers no longer have to pick the weeds out of their fields because of the products they use on the crops, and when their crops are grown, they begin feeding them to their livestock, which is then slaughtered and sent to be sold. The locally grown crops and meat from farm animals are then stocked on the shelves of grocery stores without people knowing what the products truly are because fresh food, as we know it, is no longer naturally grown or fresh. The American consumer who regularly buys fresh produce and meat should rethink the process of how food is getting from farm to table.

Technology is constantly bringing new resources into the United States, which leads people to want to try the new and improved resources. Farmers are always updating their equipment and searching for the best products to increase their yields. The new technology and resources have created what are known as GMOs and GMFs. Utkualp, et al. contests, "Genetic engineering in a way is an intervention to the nature with unpredictable effects on it and the millions of organisms and humans" (385). Genetically engineered products seem to have much higher crop production, which brings the farm owners a greater income when they are selling their products. It is unknown whether GMOs or GMFs are posing a threat for human, animal, or environmental health. Instead of allowing crops and animals to be "all-natural," farmers are intervening to make their products grow to their standards without considering the health of those who will later consume them.

Genetically modified products are constantly being stocked on grocery store shelves even though the health risks associated with them are unknown. Maghari and Ardekani mention, "Some of the health risks pertinent to unapproved GMFs include antibiotic resistance, allergenicity, nutritional changes and the formation of toxins" (111). Many experiments have been conducted to test the effects of GMFs on mice. When the scientists conduct the experiments, it is found that the mice exposed to the genetically modified foods die. Contrary to the results of the scientists, when the companies making and selling the GMFs run the experiments, they record no negative effects occurring in the exposed mice. It is argued by many consumers that it is unethical to sell products when the health risks are unknown,

but most consumers will purchase the products without considering what the products have been exposed to or how they were processed before making it to the store.

Farmers who decide to modify their crops are also affecting the health of their livestock and other animals that feed on their crops, whether they realize it or not. The American consumers should not only be concerned with the farm grown crops they are buying, but also the processed meat put on the shelves. Maghari and Ardekani argue, "Many scientific data indicate that animals fed by GM crops have been harmed or even died" (111). Cows, pigs, chickens, and all other livestock are feeding on the corn and soybeans grown in the fields, which then alters their genes because they are ingesting the genetically engineered products. These animals are then sent to be processed and placed on grocery store shelves whether the meat is healthy or not. It is important to acknowledge the risks associated with GMFs and consider whether they are risks worth taking. If the genetically engineered crops are harming and killing animals, the same effects can be seen in humans.

It can be argued that it is necessary to genetically modify crops and organisms to produce more food to support those who are malnourished and starving. When the crop's and animal's genes are being changed, it is important to evaluate whether the actions are ethical. Jefferson states, "Animals may suffer as a result of genetic modifications or modifications to their genetic material" (33). There are organizations in the United States that fight for animals' rights such as PETA, FARM, ASPCA, and more. These organizations work to prevent the harming of animals, but when it comes to livestock, people seem to overlook what is and isn't ethical because the animals are viewed as dinner, so they are not concerned with what is being put into the animals' diet. The organizations can be a very positive thing for animals and the people who advocate for them, but the organizations tend to overstep what they represent and try to push their opinions into the minds of everyone.

American consumers should be more concerned when it comes to the processed meat and other produce they are buying because it is uncertain what the meat contains and how it was handled from the time it left the farm until it was placed on the shelf. Many times, when farmers have crops and livestock, the livestock feed on their crops until they are sent to be slaughtered. It has become a big debate whether the pesticides used on the crops are safe for human consumption. Vega, Bontoux, and Llobell stated, "Hazard assessment and epidemiological studies of pesticides show that many, if not all, are potentially toxic to humans" (432). Farmers are using genetically engineered products like Liberty Link and Roundup Ready to ensure their crops grow better than the previous year. These products are beneficial to their sales, but harmful to their buyers. Whether

the consumers are buying the crops from the farmers or the meat that came from that farm, they are being exposed to the harmful toxins.

When looking at the issues that come with being exposed to the toxins from an anatomical position, it should be known the human genome is very similar to an animal's genome. If the toxins are harming or killing livestock because it is altering genes, the same effect can be seen in humans. Vega, Bontoux, and Llobell also stated, "There is now evidence that in some cases, wildlife has suffered adverse effects from exposure to environmental chemicals that interact with the endocrine system and therefore with hormone function" (432). The American consumers buying processed foods without any consideration of how the products got to the grocery store should rethink what they are putting into their bodies. Most processed foods are highly expensive, and in this case, the more the product costs does not always mean it is better.

The disconnect happening today between Americans and agriculture is happening on a much larger scale than most would think. The disconnect is not only happening with the general American consumers, but it is also occurring within the population of American farmers. Although most farmers know the risks associated with feeding their animals the crops they have been genetically engineering, they do not realize what is happening to those animals when they get to the processing companies. Micha et al., contests, "... the health effects of red meat may be most strongly related to other ingredients, such as sodium or other preservatives present in processed meats" (1). Most meat processors add their own ingredients to the products before sending them to the next destination. Not only are the companies adding their own ingredients, they are also adding ingredients that pose health risks for humans. Red meat is already a health risk because of the cardiovascular problems it can lead to and adding sodium and other ingredients creates a higher risk for these health problems and creates new risks. This changes the idea of having fresh, home-grown foods because they are altering the product they received without informing the farmer or the future buyer.

The disconnect then becomes a bigger problem when American consumers are unaware of what happens at slaughterhouses. A majority of meat processing companies do not follow sanitary precautions, which causes the meat in their possession to become contaminated, posing more health risks to whoever eats it. Stated in a special report, "Hudson Foods shut down its Columbus, Neb., meat-packing plant and recalled 11.3 million kg (25 million lbs.) of ground beef that the processor had shipped to Burger King. . ." The meat was recalled because of an E. coli breakout, which happens when the intestines or feces of the animal touches the carcass. The slaughterhouses are part of the reason consumers are unaware of what they are buying because they aren't following proper procedures to keep the meat in their companies safe for humans to eat. It is almost impossible to avoid

all contaminations, but it is ethical and practical to not send the contaminated products to a store or other buyer to be sold.

American consumers no longer know or care what they are putting into their bodies. They are assuming that buying the most expensive processed foods makes it healthy and acceptable to eat. However, the buyers are not being informed of what is being done to those products from the time they leave the farm until they get onto their plates. Tiedje contests, "... one motive to healthy eating was to 'live longer, healthier,' 'have more energy,' and avoid adverse health effects and food related diseases, such as heart attack, diabetes . . ." (16). The American population is led to believe just because they are eating something labeled as "healthy," it is good for them. However, red meat causes high cholesterol, romaine lettuce has had multiple E. coli outbreaks in the last five years, and genetically engineered foods are changing the genetic makeup of those who eat the products. Healthy foods are no longer healthy because the American consumers are allowing the companies adding the unhealthy ingredients to get away with it by still purchasing the products out of ignorance.

As the American population becomes more disconnected from agriculture, the food processing companies and farmers will continue to alter their products without informing the public. It is imperative American consumers begin to reconsider the products they are buying and the toxins they are putting into their bodies. The United States is one of the most obese countries in the world, which should be alarming to its citizens who care about their health. The American population must take a stand and start paying attention to what they are putting into their bodies, and they must start boycotting the products they don't know enough about like GMFs. Utkualp, et al. stated, "In our study, a majority of students think that GMF and GMOs are detrimental for human health" (394). A majority of the American population thinks GMOs and GMFs are unhealthy and harmful to their bodies, but they continue eating the products. If Americans acted on their ignorance and learned what really happened to the products after leaving the farm, the majority of American consumers would start purchasing other products to make sure their families' health were not at risk.

If Americans do not take a step back and reconsider what they are putting into their bodies, there will be more research put into genetically engineering products and altering them to make them bigger and better. Local farmers will continue to alter their products to get the most of their crops and animals. If the American consumers stopped buying the processed foods because of the risks associated with them, farmers and processing companies would have to change how they are growing and processing their products because they would no longer be making enough money to keep their businesses up and running.

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CASSIE HUEY

Suffering in Silence

Background

For new mothers, the journey of motherhood should bring happy moments to them and their newborn children. However, mothers who experience postpartum depression actually feel the opposite. The image opposite describes a typical day for a mother suffering through



Fig.1: This image illustrates the severe separation a mother feels when experiencing postpartum depression following the birth of her child ("Postpartum Depression").

a postpartum period. A mom who goes through this horrendous disorder will encounter various changes to her body after giving birth, including extreme hormonal changes. Aside from the mother adapting to these changes, she must also prepare for the endeavors of parenthood. Keith Frey, Chief Physician Executive of the academic multispecialty medical group in Phoenix, Arizona, explains to readers that while trying to figure out how to take on new roles as mother and father, this adjustment may also impact the sexual relationship between the parents which can endure from weeks to months after the baby is born (Frey).

Introduction

Mothers who fight to overcome their postpartum disorder and begin developing a loving relationship with their newborn babies often struggle because of lack of time spent in the hospital after giving birth. Nadine M. Jacobson, a registered nurse who contributed to *The Gale Encyclopedia of Nursing and Allied Health*, explains that a mother will spend about twenty-four to forty-eight hours in the hospital after delivery, but the time she will spend there holds high importance. In fact, "The physical and emotional care a woman receives during the postpartum period can influence her for the remainder of her life" (Jacobson et al.). Jacobson reminds his readers that the first two hours after the baby has survived birth, the mother becomes at high risk for infection, hemorrhage, pregnancy-induced hypertension, blood clot formation, the opening up of incisions, breast problems, and postpartum depression (Jacobson et al.). Facilities that take precautions to ensure the mother's safety during the postpartum period succeed in making sure

the mother remains taken care of. However, after the mother returns home is when most of the problems arise, including postpartum depression. In order to facilitate early treatment for women who develop this disorder, hospitals should send health care providers to the mother's residence several times within the first one to two weeks of hospital discharge.

Associate Professor of Pediatrics Amy Salisbury stresses that after having the infant, the mother along with her family may also encounter other psychosocial events leading to a postpartum disorder. Since the baby's needs exist as most important, the loss of sexual drive can become a secondary stress for mothers within the first year of the infant's life. In relation, mothers who suffer from a mood disorder like depression also typically suffer from an anxiety disorder. Salisbury mentions that patients seeking treatment for a postpartum anxiety disorder can perhaps heal through psychotherapy and medication. Since adjusting to motherhood endures as a stressful situation, mothers who do undergo these stresses must seek help before beginning to parent (Salisbury). Hospitals currently do not send a hospital care professional to the residence, however, a mother must make sure she gets screened for the postpartum disorder during her check-up one to two weeks post-delivery.

Symptoms

Mothers who become diagnosed with postpartum depression first have the postpartum "blues" as a symptom. Salisbury explains that mothers will experience this feeling for about four to ten days. Their moods will range widely from happy to sad and will change at any given point. The "blues" do not typically invade everyday life events, but they can be triggered by responses to minor actions. Studies show that fifty to eighty percent of women fall victim to the "blues," and out of those mothers, twenty percent will experience major depression in the months to follow. Salisbury tells her audience that mothers who have had a past with a psychiatric disorder may fall victim to a postpartum disorder due to emotional weakness. People who suffer from postpartum depression, a major psychological disorder, must seek treatment before extreme impulses are acted upon. Though rare, mothers have caused harm to their baby, and sometimes even death. These actions emerge due to the belief that they classify as bad moms, and their weak emotional stability becomes overruled by guilt, fatigue, and poor concentration (Salisbury). These symptoms describing postpartum depression could diminish if hospital care providers would recognize them within the first few weeks of visiting the residence.

Unfortunately, in the United States this rarely happens. Instead, mothers

receive check-ups over the phone and return to the hospital for wellness visits one to two weeks post-delivery. This creates a serious issue because mothers tend to develop many problems after leaving the hospital and returning to their residences. Some examples of complications that arise during the mother's return to her home include mastitis, endometritis, and postpartum depression. Mastitis, an inflammation of the breast caused by an infection, develops when a woman breastfeeds, but does not typically appear until after the tenth day after giving birth. The pain described by mothers can compare to a fire sensation, but a medical professional can administer antibiotics to treat the discomfort. After about twenty-four hours, the mother should feel better, but if not, a hospitalization or other home remedies may provide a cure. However, bed rest, moist heat on the infected breast, not wearing a bra for several days, or a common over the counter drug used to relieve pain could also aid in healing mastitis. The next issue that could occur after a mother leaves the hospital is endometritis. This condition, caused by a bacterial infection, inflames a mother's mucous membrane lining her uterus after giving birth (Jacobson). Although all of these syndromes produce negative effects upon the mother's health and ultimately the infant, the one that exhibits serious grief is postpartum depression.

Jacobson continues to explain that this syndrome can range in severity from mild short term "blues" to extensive "intense, suicidal, depressive psychosis" (Jacobson). He says that although postpartum depression greatly affects the mother and her partner, it can also create a barrier between the mother and her infant (Jacobson). Sarah Verbiest, et al. whose article was published in the *Maternal & Child Health Journal* explain that once the hospital releases mothers, their needs are typically looked past, and the baby becomes the main focus for medical care providers. Indeed, the child's needs deserve attention, but the mother does, too. Instead, her demands become disregarded, and errors for complications begin to form (S1). However, these complications throughout the postpartum period could be avoided if hospitals would provide services to monitor the mother's health. By administering frequent healthcare visits within the first one to two weeks after getting discharged from the hospital, this could potentially lessen the risk of women developing one of these horrendous conditions, including postpartum depression.

Jean Y. Ko, a doctoral epidemiologist at Centers for Disease Control and Prevention, states that postpartum depressive symptoms become most prevalent in young mothers whose ages range from nineteen years or less, and between the ages of twenty and twenty-four. Not only do these mothers prevail as ones who have these symptoms, but women who identify as American Indian/Alaskan Native, or Asian/Pacific Islander do as well. Ko also explains that mothers who

received twelve years or less of education, classify as unmarried, and participate in postpartum smoking are most likely to have postpartum depressive symptoms. The last couple of qualifications Ko says that mothers with postpartum depressive disorders may have include “having three or more stressful life events in the year before birth, gave birth to term, low-birthweight infants, and had infants requiring neonatal intensive care unit admission at birth” (153). In order to lessen the number of women who have these symptoms, continuous efforts to monitor and advocate for the correct “screening, referral, and treatment would help reduce postpartum depressive symptoms among U.S women” (153). In an effort to lower the number of women experiencing this syndrome, Ko conducted research that concluded 184,828 women in twenty-seven states suffered from the effects of postpartum depression. The state that underwent the least was Georgia, having 8.0% of its mothers experience these signs of the illness, and Arkansas having 20.1% of its women with signs of the symptoms. Knowing the number of women who experience these symptoms after treatment was unacceptable, Ko decided to apply the Pregnancy Risk Assessment Monitoring System (PRAMS) on the women and concluded that these symptoms of postpartum depression can endure as “treatable with pharmacologic therapy and/or behavioral health interventions” (155). These two techniques helped women who responded to treatment move from hospital to home with their new babies.

Unfortunately, because it affects 2.4 million mothers per year, postpartum depression remains common. Since 4,000,000 women give birth each year, 60% of those mothers will have postpartum depression but will not obtain a diagnosis. Even worse, 50% of those mothers, 1.2 million women, will not receive treatment. According to the Centers for Disease Control, this puts them at risk of long term depression, and fear of them harming their children, too (“National Center for Health Statistics”). Since these numbers have an alarming rate, hospitals must work to find a better approach to diagnosing the mother at an earlier time and provide treatment plans that can allow for accessibility for diagnosed mothers.

Opposing Point of View

The problem with allowing healthcare professionals to have access to travel to the homes of patients is the cost insurance companies would have to cover. If the United States had universal healthcare insurance, however, this would not present itself as an issue. Without universal healthcare, insurance is not guaranteed. Jessica C. Barnett and Edward R. Berchick, survey statisticians for the United States Census Bureau, state that, “the uninsured rate decreased between 2015 and 2016 by 0.3 percentage points as measured by the CPS ASEC. In 2016, the percentage of people

without health insurance coverage for the entire calendar year was 8.8 percent, or 28.1 million, lower than the rate and number of uninsured in 2015 (9.1 percent or 29.0 million)” (Barnett and Berchick). Despite this slight decrease, the outstanding factor remains that thirty-two of the thirty-three civilized countries in the world have universal health care insurance, except for the United States. Some employers even insist on paying for their employee’s insurance. If the United States was to allow coverage for each family, the cost would be deducted as free treatment, therefore allowing those 1.2 million women to get the treatment they need.

Therapies Working to Treat Postpartum Depression

Yongmei Hou, who works in the Department of Psychology at Guangdong Medical College, directed an experiment that fused cognitive behavior therapy (CBT) and systemic family therapy (SFT) to work towards treating mild to moderate postpartum depression. Hou tested the effects of these two treatments “on symptoms of depression and quality of sleep” (48). The first therapy, CBT, worked to better the thought process of mothers who saw themselves as poor care providers for their children, along with the negative beliefs that poisoned their mind. This therapy was alternated with SFT, which focused on problems within the family and failure to properly communicate and nurture meaningful relationships that will eventually lead to postpartum depression. Perhaps if a family helped show support for the suffering mother, this would be a form of early treatment.

Hou’s method of using CBT, SFT, and conventional postnatal care was exposed to one group of women within the trial, as opposed to the other group, the control class who only obtained postnatal care. Before measuring the rates of success the therapies had on the women, the participants were examined with the Edinburgh Postnatal Depression Scale (EPDS) and the Pittsburgh Sleep Quality Index (PSQI). The first screening, the EPDS, tested for postpartum depression, and the PSQI examined how well participants slept within a one-month cycle. Participants who screened for EPDS answered ten questions regarding “state of mind, pleasure, self-accusation, anxiety, fear, insomnia, coping ability, sadness, crying, and self-injury” (49). After results of the scores came back from each of the screenings, experienced psychologists were able to further assess which individuals had severe depression. If a participant scored high on the questionnaire that meant her depression abides as intense. Opposite the EPDS, the PSQI inhabits twenty-three questions each woman must answer. If a woman scored higher than seven, she automatically had a sleep disorder. Both of these systems worked to assess the severity of depression and the lack of sleep quality for each mother.

Before beginning the trial of using the EPDS and the PSQI, no differences

existed between the variable and control group. After results came back from the trial, the intervention group who participated in cognitive behavioral therapy and systematic family therapy, along with postnatal care, had much lower scores of EPDS and PSQI. These two screenings indicated low levels of depression and inability to sleep which was opposite for the control group. An additional comparison between the groups was sleep latency and waking after sleep onset. The group who exhibited advancements in sleep was the psychotherapy group. The control pool still suffered when trying to get to sleep.

The official outcome of the study proves that CBT and SFT can combine to aid women who have mild to moderate postpartum depression and who also display symptoms of depression and poor quality of sleep. While conducting the program, expert psychologists learned the major risk factors for postpartum depression: negative thought, poor family relationships, and insufficient social support. Both CBT and SFT have key roles in bettering the mental stability of the mothers to solve these issues. CBT was responsible for helping the women adjust to parenthood become better care providers. SFT aided the women in eliminating misunderstandings among family members in the residence. This lessened the depression a mother would develop due to lack of support from her family. Making amends with household members to create a better family atmosphere along with a stronger support system could also attribute to the mental improvements of the women. "Moreover, CBT and SFT are two effective strategies for the psychotherapy of depression." (52) The goal, however, that still remains is finding earlier treatments for women who develop this disorder, so that they will not have to suffer first like these ladies did.

Solutions

Since postpartum depression remains such an issue in the United States, professionals have held experiments and workshops looking to reduce this problem and create solutions for a better postpartum period experience. Andria Cornell, the Senior Program Manager of Women's Health at Association of Maternal and Child Health Programs, established meetings to rethink the management and treatment of postpartum depression. While conducting these meetings, Cornell began with a goal to teach national and state leaders as well as partners to understand that the postpartum period is a time in which women endure new challenges and to include mothers as co-creators of the plan to cope with these challenges. After hosting a meeting to address this objective, three main categories for advancement resulted. The direction the experts decided to target include: "(1) integrated services and seamless care transitions from preconception through

postpartum and well-baby, (2) business, community, and government support, including paid parental leave, health insurance, and spaces for new parents to meet each other, and (3) mother-centered care, including quality visits on her schedule with complete and culturally appropriate information" (S40). By acting on these three major advances to develop better care for mothers in the postpartum period, conditions like postpartum depression amongst others could diminish.

Conclusion

Finally, finding beneficial treatments in the early stages of women who have developed postpartum depression prevails as a necessary strategy in lessening the number of mothers diagnosed with this mental disease. Since doctors continue to send the mother home too early after only allowing them to stay twenty-four to forty-eight hours in the hospital after delivery, the rate of postpartum depression cases will only increase. To better this situation, hospitals should commit some of their nurses to travel to the mother's residence many times within the first two weeks after the hospital discharges them. By allowing the nurses to aid the mothers, women could experience less risk of postpartum depression.

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KEELIN HOLT

The Positive Aspects of Barbie

"My whole philosophy of Barbie was that, through the doll, the little girl could be anything she wanted to be. Barbie always represented the fact that a woman has choices," says Ruth Handler, the creator of Barbie. Ruth Handler was inspired to create Barbie after watching her daughter play with paper dolls for hours. The Barbie doll made her first appearance at New York Toy Fair in 1959. Barbie has come under attack since the start of the feminist movement. Many feminists believe Barbie teaches girls that they have to grow up to become like the housewives of the 1950s. Barbie is also considered, by many, to be a symbol of unobtainable perfection that young children want to grow up to be just like. However, most girls I know that played with Barbies were influenced more by celebrities or by their parents. Growing up, I was more concerned with why I did not have darker skin and black hair like my mom. I did occasionally wish I had blonde hair and blue eyes, but that had nothing to do with a doll and everything to do with the fact that my dad and sister had blonde hair and blue eyes. My past insecurities were personal rather than because of Barbie. Barbie represents more than just a physical ideal. She embodies the fact that women can do whatever they want with their lives. Barbie has become an icon, inspiring young girls to play out their wildest dreams. She has had almost two-hundred different careers. Parents should consider Barbie a positive image of diversity for young children.

While some parents may not want their child exposed to Barbie, she is a healthy way for children to express themselves and begin to understand their diversity. The child can decide whether or not Barbie has a boyfriend or girlfriend. The child can decide if she is married or has children. The child can even make her a single mom. This diversity of roles is especially important when children are around people who are single parents or who are homosexual, as they then can have a doll that represents those people. For example, my Barbies were often single moms, as this was what I grew up around. I also often had my Barbies marry each other, although I had never seen homosexual relationships at that point. When children are able to play out things they experience in their life, it helps them understand that their lives are normal and other people may experience those same situations.

Mattel is destroying the belief that in order to be like Barbie, young girls have to be tall and unrealistically skinny. According to an interview by *TIME*, Evelyn Mazzocco, who is head of the Barbie brand, receives frequent hate mail and even death threats over Barbie's body. As the younger generation become parents, the expectations of Barbie are changing. Mazzocco stated that "the millennial

mom is a small part of our consumer base, but we recognize she's the future." She revealed that Barbie's image was changed to keep up with a changing society where curvier women like Beyoncé and the Kardashians are looked up to by millennials. Mattel recently unveiled three new body types for Barbie. These body types are tall, petite, and curvy. The curvy Barbie may cause some complaints from parents, though, as they will have to buy new clothes to fit her body if the child owns previously manufactured Barbies. Mattel may have changed Barbie's image to drive up sales, but nevertheless, Mattel now provides young girls with Barbies that more accurately depict a typical American woman.

As the typical American woman is ethnically diverse, Barbie is of more than one ethnicity. Many people believe that to look like Barbie, one must be white, blonde, and blue eyed. This is no longer the case. Each Barbie now comes in multiple skin colors. There are black Barbies with a couple different skin tones. There are pale Barbies. There are also Asian Barbies. Barbies also come with multiple hair styles, such as straight hair, curly hair, long, and short. Not every Barbie has the old blonde hair either. Now she has brown, black, red, pink, purple, and blue hair. These changes do not just apply to Barbie either. They also apply to her sisters Skipper and Chelsea. Barbie helps children embrace their ethnic diversity.

Barbie has always broken through the glass ceiling with her diverse collection of careers since her debut in 1959. She has had jobs that require a lot of higher education. According to *Wikipedia*, in the 1960s she was a business executive, her first career outside of being a model, in addition to being a nurse and an astronaut. By the mid-70s she had become a surgeon. Barbie became an elementary school teacher, a veterinarian, and a doctor in the late 80s. The 90s included becoming a sign language teacher, a dentist, and a pediatrician. In the 2000s Barbie added architect, computer engineer, game developer, art teacher, and Spanish teacher to her list of careers. Barbie teaches girls that they can do any job they want. In the late 80s and 90s Barbie also showed girls they could be involved in the military by releasing Barbie as an Army officer. She then became an Army medic, air force pilot, Marine Corps sergeant, navy petty officer, and a paratrooper. Barbie made me believe I could do anything, and if I wanted, I could even do it in a cute outfit and a pair of heels.

Not every girl, however, wants to be a teacher or join the medical field. Having Barbie only depicting careers that require years of higher education would put a whole new pressure on young girls. Luckily, Mattel showed real foresight, and Barbie has had careers that do not require as much or any higher education. For instance, she has had careers in athletics and sports, such as ballet, cheerleading, teaching aerobics, teaching dance, baseball, scuba diving, and driving for NASCAR. She has been a fire fighter, a life guard, and a police officer. Barbie

has also had the jobs that many people can relate to, such as McDonald's cashier, hairdresser, secretary, and waitress.

Mattel is making great changes with Barbie, but there is still room to grow. Barbie has not always been ideal. In the past she has promoted unhealthy body images for women. Although they have tried to do good, Mattel has made some mistakes over the years. Most recently, they received a lot of backlash over a new hair style. A picture showing the new hairstyle was uploaded to the official "barbiestyle" Instagram page. The image showed a black Barbie who had half her hair black and cornrowed, while the other half was blonde and curled. People on social media said the doll's hairstyle does not represent black women. Some made jokes, such as "it looks like the doll was mid-weave and forgot to sew in the remaining tracks." While the reaction to this new doll was not particularly good, hopefully Mattel will learn from this and do more research on accurate hairstyles in the future. The changes Mattel has made were long overdue, as many people have been demanding these changes for years. However, if they keep up with the changing demands of society, Barbie will be able to remain a positive role model and image for children to look up to.

Student Contributor Notes

W R I T T E N W O R K

Academic Nonfiction, Creative Nonfiction and Poetry

Ocean Boggs

Ocean has been a student at LLCC since fall 2016. She graduated with her associate degree in psychology in fall 2018. However, she is back for the spring 2019 semester to take a few business classes. She plans to attend SIUE in fall 2019 and is still deciding whether to pursue child counseling or business psychology. She has a boyfriend who attends LLCC too, and they share an apartment in Springfield. Ocean has her own small business making natural bath, body, face, and lip products. If she is not watching Netflix, doing homework, or hanging with friends or family, we can find her in her office creating things! Ocean wrote "Out of Reach" for Professor Greg Murray's EGL 102 class in spring 2018.

Breighann Dawdy

Breighann wrote "Genetic Engineering: Healthy or Deadly?" for Professor George Vaughn's fall 2018 EGL 101 course. She lives in White Hall, Illinois, and some of her interests include hunting, watching/playing sports, and reading. Her concentration is in biology. She will be attending Southern Illinois University in Edwardsville starting fall 2019. Some of her goals are to earn her bachelor's degree in biological sciences, then be accepted to a pharmacy school in the area. After all her schooling, she plans to become a pediatric pharmacist in a local hospital.

Jennifer Emerich

Jennifer wrote "The Failure of Teacher Preparation and Childhood Trauma" for Professor Deborah Brothers' fall 2018 EGL 101 class. She has been married for 30 years to her husband Clay and has five daughters. Prior to moving to Springfield, she lived in Indianapolis, Indiana. She loves Mexican food and enjoys cooking, travel, and learning about other cultures and cuisines. She is currently working toward a degree in childhood development. She says, "As a non-traditional student, I am truly savoring the education I am receiving from LLCC."

Rebecca Evans

Rebecca, author of "Sparks Joy," is pursuing a degree in English at LLCC. After attending LLCC, she would like to pursue bachelor's and master's degrees in women's studies. She is interested in all types of fiction and loves reading and writing. "Sparks Joy" is the winner of this year's poetry contest, after winning this same award in 2018.

Amanda Ferguson

Amanda wrote "Chris Vollmer: The Man Who Chose to Be a Dad" for Dr. Alison Stachera's EGL 099 class. She lives in Virden with her husband and kids. She has three boys ages 15, 17, and 18. She works from home while in school doing freelance transcription work. She hopes to obtain her A.A.S. degree in the office professional program. This essay was written during her first semester of that program. Her future goal is to build enough freelance office work to start her own virtual assisting business. Aside from school, family, and work, she enjoys spending time out in nature, reading, doing a variety of crafts, drawing, and playing video games.

Cassie Huey

Cassie wrote "Suffering in Silence" for Professor Greg Murray's EGL 102 class in spring 2018. She plans to further her education at ISU in the nursing program and later go on to become a nurse practitioner or nurse anesthetist. She has one sister, Addie. Her mother is Michele, and her step-father is Rich. She enjoys going to the lake and being on a boat as well as going to concerts.

Paula Henderson

Paula wrote "The Stigma of Addiction" for Professor Laurenn York's fall 2018 English 101 class. She grew up in Metro East St. Louis and moved to Springfield three years ago. She is in her second year at LLCC studying psychology and hopes to continue in a social work program after graduating with associate degree. She is a mommy to a beautiful five-year-old girl!

Keelin Holt

Keelin wrote "The Positive Aspect's of Barbie" for Professor George Vaughn's class. She hopes to attend Saint John's College of Nursing to obtain a BSN, and then train as a labor and delivery nurse. She loves taking her three dogs for walks or to the dog park. When she is not working, she enjoys relaxing with friends and family or listening to music.

Dawn Weller

Dawn's essay "The Only Race Is Human" is the winner of our 2019 Academic Non-Fiction Essay Contest. She wrote the piece for Professor Deborah Brothers' fall 2018 EGL 101 class. She is currently studying sociology at LLCC, works for both the Student Life office and the Student Success and Retention office, and participates in the Psychology Club. Dawn is married to Jason Weller and is mother to a three-year-old boy named Roland. She is interested in books, gardening, caring for the environment, crafts, writing, and politics.

V I S U A L W O R K**Fine Art and Digital Media*****Sophia Britt***

Sophia created her untitled work for Professor Thom Whalen's spring 2019 Art 103 course. She would like to pursue a bachelor's degree in graphic design.

Devin Cartwright

Devin created "Downtown Abbey Garden" in Professor Leslie Stalter's spring 2018 Drawing 101 class. He is pursuing his associate degree in art while he starts his own interior design business, Mood Board Design. He uses many of the same techniques in his art as he does when he is designing client's homes.

Harlie Courtwright

Harlie is a student of fine arts at LLCC and is hoping to transfer to a four-year institution to become a professional illustrator. She produced her "Untitled" piece for Professor Leslie Stalter.

Jaclyn Crain

Jaclyn is studying digital art and would like to help design shows and video games. She created her untitled work featured in this publication for Professor Thom Whalen's spring 2019 Drawing I course.

Tiama Elfgen

Tiama created "Shroud" in Professor Emily Thompson's and Professor Thom Whalen's Digital Photography I class during the fall 2018 semester. She is pursuing a degree in art and enjoys interior design, photography, and learning new art forms.

Emily Jones

Emily created "Familiar Patterns" for Thom Whalen's spring 2019 Art 101 class, and it is our 2019 Fine Art winner. She is studying communication at LLCC.

Abbey Knoles

Abbey created "Time" for her fall 2018 Drawing 101 course with Professor Leslie Stalter, and "Self-Portrait" for her fall 2018 Computer Art 106 class with Professor Thom Whalen. She is interested in pursuing a career as a graphic designer, but enjoys both digital and traditional art. "Self-Portrait" is our 2019 winner for Best Digital Media submission.

Jessica Le

Jessica's work has been featured in prior editions of the *Lincoln Land Review*, and we are happy to publish her again and feature her piece "Girl in the Trees" on our 2019 edition cover. Jessica created this work for Professor Thom Whalen's fall 2018 Art 112 class. She created "State of Pagoda" for Professor Leslie Stalter's fall 2018 Art 115 class. Jessica will be graduating from LLCC with her associate of arts degree this spring and transferring to Illinois State University to study interior design. She enjoys hiking, listening to music, and creating art!

Maggie Miller

Maggie has three pieces included in this edition of the *Lincoln Land Review*: "Incan Fox," "Joseph," and "Mandala." They were created for her Two-Dimensional Design class with Professor Al Shul during the fall 2019 semester. Maggie is currently pursuing a degree in applied sciences.

Amber Owen

Amber's "Figure Study" was created in Professor Laura Anderson's spring 2019 Life Drawing class. Amber is married and has a 16-month-old daughter named Emily.

Brittney Smith

Brittney created "Library" for her Drawing I class with Professor Thom Whalen. She is pursuing a degree in art education so that she can teach high school and college students. Her "main passion is to draw," but she also enjoys reading and swimming.

E. Vern Taylor

Vern's piece, "Ytaioa: Rima's World" is inspired by a mountain in the Guyana Rain Forest Territory, south of Venezuela. The artist learned about this area as an eighth grader reading "Naturalist," "Ornithologist," "Renaissance Man of His Time," and W.H. Hudson's novel *Green Mansions*. In fact, the novel provides the basis for Vern's upcoming showing at the Springfield Art Association's H.D. Smith Gallery at the Hoogland Center for the Arts.

Diane Wilson

Diane is no stranger to the *Lincoln Land Review* having been published in prior editions. Five of her works are featured here: "King of the Jungle," "Shapeshifter," "Freebird," "Barn Owl," and "Midnight Butterfly." She produced the first three, which are graphite drawings, for her Independent Study, Drawing class with Professor Thom Whalen, and the last two, silk screen prints, for Professor Leslie Stalter's Silk Screening course.

Theodore "TJ" Wofford

TJ has two pieces displayed in this publication: "Rocket Man" and one untitled work. He created these pieces for Thom Whalen's spring 2019 Drawing I class. He is currently studying criminal justice.

Wilma Wofford

Wilma has also been published in past editions of the *Lincoln Land Review*, and the three pieces in this edition continue to demonstrate the variety of media within which she works. "Owlie" was produced for Professor Michelle Coakes spring 2018 ceramics course. "Cleansing," an oil on board, and "Boll," an oil on canvas, were created for Professor Al Shull's course. Wilma is married with two children, and she enjoys the arts.

