SURVIVAL INSTINCT
Overcoming obstacles in the wilderness
By Christy Thacker

+ MAKING THE GRADE
Adderall in the university system.
By Danny Cumming

+ FINDING BALANCE
How your environment affects you.
By Maureen Tinney
As we ring in the New Year resolutions are on everyone's mind. We set goals to strive for greatness and to improve our relationships, but with all of our attention focused elsewhere we can often forget to reserve a little time and energy for ourselves.

This issue of Klipsun is all about your mind, body and spirit and improving connections between the three. With a healthy mind we are happier, with a healthy body we are stronger and with a healthy spirit we can abolish any obstacles in our path.

So embrace this New Year and follow your bliss.

Sincerely,

Megan Claflin
Editor in Chief
TABLE OF CONTENTS

4  MAKING THE GRADE  by Danny Cumming
8  THE WAR WITHIN  by Brady Henderson
12 SURVIVAL INSTINCT by Christy Thacker
16 EMPOWERING AWARENESS by Shawn Brennen
19 FINDING BALANCE by Maureen Tinney
22 FOOT SENSE by David Husa

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It was late morning when Corey Rogers, a sophomore at the time, walked into his off-campus house worrying about an accounting midterm he had the next day. He had put off studying to the last minute and now time was running out. Brushing his fingers through his short, copper-orange hair and exhaling deeply, Rogers thought about the daunting task ahead of him and the certain late night it would bring. Expecting to find his roommate in a similar state of deadline-driven panic, he instead found him focused and relaxed, reading on the couch.

Rogers' roommate had taken Adderall, a medical amphetamine prescribed to help people with attention-deficit hyperactivity disorder (ADHD) concentrate. After explaining his predicament, Rogers says his roommate told him taking a pill could help him easily finish cramming for the test. With the pressure of the midterm mounting, Rogers swallowed the small orange capsule as he headed to his room to study.

"I was all by myself without any noise reading an accounting book for six hours," Rogers says. "I didn't talk to anyone the whole time."

Rogers says he felt the focus-enhancing effects of the pill all day. Once he finished his studying, he needed more pill assistance to fall asleep, this time coming in the form of standard sleeping pills.

After cruising through the test and receiving an A-, Rogers says he has been pro-Adderall ever since.

"If I know I have [Adderall], I'll wait until the last day to study," Rogers says. "It's a good safety net."

Traditionally, college students have relied on many forms of late-night study support. From gulping cups of coffee, swallowing caffeine pills or chain-smoking their way through packs of cigarettes, the use of stimulants on-campus is nothing new. However, the abuse of prescription drugs, such as Adderall, could be more dangerous than traditional study aids.

According to the National Institute on Drug Abuse, Adderall is a central nervous system stimulant which increases dopamine levels in a user's brain, the chemicals associated with pleasure, movement and attention. Non-prescribed use of stimulants may heighten a user's focus and lengthen their attention span, but may also dangerously increase blood pressure, heart rate and body temperature, as well as possibly lead to manic psychosis and feelings of paranoia. Adderall can be addictive and increases users' risk of stroke or seizures, and in rare cases of people with heart defects, sudden death.

Despite potential dangers, some students risk the consequences in order to study late into the night. On Western's campus, Rogers believes Adderall use is so common that students have developed a nonchalant attitude toward it.
"All my close friends use it at some point. It's not shocking to anyone to say, 'I was on Adderall yesterday,'" Rogers says. "It's not that big a deal."

Dr. Sara Cuene of Western's Student Health Center says the effects of non-prescribed medicine use vary for each user. In addition to cardiovascular and psychological problems, she says she has seen reports of nausea, headaches, nervousness, loss of appetite and hyper-focus among student users.

To help combat prescription drug abuse, the Health Center won't let students fill prescriptions early and prescribes stimulants in smaller doses. The center also tries to prescribe extended-release prescriptions so the medication won't be abused as a short-term studying aid, Dr. Cuene says.

Dr. Cuene says Adderall and other prescribed ADHD medicines are highly beneficial to the students who need them. However, students assume serious health risks by using non-prescribed stimulant drugs.

"We have to be careful in how we look at [Adderall]. It can be good and it can be bad." Dr. Cuene says. "For those that need it, it has tremendous benefits and allows many of them to make it through school."

Non-prescribed Adderall is commonly used around midterms and finals weeks and bought through friends with filled prescriptions, according to current users.

Jake Jones, a senior computer science major, sold...
I don’t see [Adderall] as a drug. It’s a performance enhancer. Like when people take protein powder or pills for lifting weights.”
Adderall while living in the dorms his freshman and sophomore year. After being diagnosed with ADD his junior year of high school, Jones was prescribed Adderall but decided to stop taking it following graduation. Jones says he sold the rest of his pills to get rid of his prescription.

“I sold mostly to people in the dorms in Delta, mostly just neighbors around finals,” Jones says. “I wasn’t really worried about it. I didn’t sell to random people; it was more hooking up a friend than selling.”

At Western, a 25-milligram pill can cost from $2 to $5, Rogers says, but he’s heard of people paying up to $10. Rogers says you can take Adderall in pill or capsule form. Capsules are the preferred form because they can be split open, allowing the user to take less than a full dose, he says.

In 2005, Canada’s department of national public health suspended sales of Adderall XR for six months due to 20 international reports of sudden death associated with prescribed use since its release. Investigations determined the deaths to be among users with heart defects.

In 2006, after the recommendation of U.S. federal investigative committees, the Food and Drug Administration (FDA) directed manufacturers to revise ADHD medication labeling with a warning of abuse potential, adverse psychiatric symptoms, serious cardiovascular events and sudden death.

While on Adderall, Rogers unconsciously clenches his jaw and grinds his teeth so he says he makes sure to chew gum. He says he also forgets to eat and he sweats profusely. The day after taking Adderall, Rogers says he feels uneasy and not like himself.

For Rogers, the positive aspects of Adderall on his grades outweigh the potentially negative health effects. He estimates it has helped his grades by a letter.

“I don’t see it as a drug. It’s [a performance] enhancement. Like when people take protein powder or pills for lifting weights,” Rogers says.

Sergeant Claudia Murphy of the Bellingham Police Department has been dealing with Adderall and other prescription abuse in Bellingham since 2000. Sgt. Murphy has seen Adderall abuse not only among college students but also among local high school students for the last eight to 10 years.

Sgt. Murphy says Adderall abuse is just a sliver of a larger picture of spiking prescription drug abuse in society. Even with serious penalties associated with illegal prescription drug possession, education needs to be emphasized among users and the doctors prescribing the drugs, Sgt. Murphy says.

According to Washington State’s Uniform Controlled Substance Act (RCW 69.50), any person in possession of a non-prescribed controlled substance is guilty of a class C felony and is liable for a five-year prison term, a fine of up to $10,000, or both. Sgt. Murphy says actual sentencing usually doesn’t amount to the maximum penalties, but the charges stay on a permanent record which may result in more long-term repercussions than fines or jail time.

Sgt. Murphy describes the difficulty in finding a job with a potential felony conviction for a controlled substance act violation on an application for employment. Generally, employers assume the charge is related to a far more serious drug than from using Adderall in college, Sgt. Murphy says.

“As an adult, a felony stays on your record forever,” Sgt. Murphy says. “A lot of people don’t understand that a prescription drug can be a felony. It doesn’t have to be heroin or cocaine for it to be serious.”

Jones says he wasn’t worried about any legal troubles when he sold his Adderall. Recalling his experience getting diagnosed with ADHD, he says anyone can get a prescription.

“My parents took me to a specialist. There was only one multiple-choice written test that was kind of random, and a half hour meeting before [the specialist] made the decision,” Jones says. “I’m pretty sure if you found the right doctor he would just give it to you. That’s all you need, one doctor.”

Jones says his parents forced him to get Adderall because they thought he would do better in school, but after consistently taking the drug he always felt nauseous with an upset stomach. Jones doesn’t think Adderall helped his grades overall and decided the side effects weren’t worth the trade-off.

Rogers says part of the reason he takes Adderall is because he feels pressure from his parents to maintain the good grades he has kept up during his high school and college career.

“I’m trying to maintain [good grades],” Rogers says. “Whether it’s a placebo effect or not, [Adderall] helps me maintain and gives me that confidence.”

After a reflective pause, Rogers says, “I sometimes feel like it’s cheating when you take it because it’s such an advantage. You obviously have the upper hand.”

On a recent Monday, Rogers used Adderall to help him write a seven-page paper and deliver an in-class speech the same day. Waking up around 10 a.m., he took an Adderall pill he had bought from a friend. Rogers finished his work by the end of the day and then took a sleeping pill to help him fall asleep.

Rogers says he got an A on his speech and believes he did well on the paper. He shrugged after hearing the possible side effects of non-prescribed Adderall use and says he won’t hesitate to take Adderall again whenever he needs it.
Underneath his long blond hair, wide smile and soft voice, Rick Lawson is suffering.

Nearly three years after returning from his 12-month deployment in Iraq, he is still haunted by the horrors of war — the bombs, the casualties, the expendability of life and the constant fear of death — memories so disturbing, he can't often speak about them.

But he can't forget them either.

"Sometimes I'll just start thinking about what life was like living there," says Lawson, a 26-year-old Western sophomore. "It's a feeling of despair and anguish. I'm still having these sorts of reactions after three years. Sometimes that causes me to cry."

Lawson suffers from Post-Traumatic Stress Disorder (PTSD), a severe anxiety disorder characterized by prolonged negative reactions to a past traumatic experience. With an estimated 20 percent of the 1.7 million U.S. soldiers returning from Iraq or Afghanistan with PTSD, Lawson is one of more than 300,000 veterans whose severe anxiety will jeopardize an already difficult return to civilian life.

A common symptom of PTSD is the avoidance of situations associated with the individual's traumatic experience. Other symptoms include nightmares, insomnia, inability to concentrate, irritability or outbursts of anger and feelings of hopelessness.

The resulting stress typically affects a person's behavior and ability to function, says Dr. James Orr, a psychologist from Western's Counseling Center who has treated PTSD for 25 years.

"Someone who has experienced a traumatic event but hasn't resolved it gets nervous when someone gets too close to them," Dr. Orr says. "They avoid going out in crowds. They're not performing the way they know they can."

The unresolved trauma in Lawson's life has taken, making normal tasks difficult or impossible.

"A lot of people don't realize how many problems I have," Lawson says. "I have to deal with it every single day. It makes me mad because I know I wasn't like this before."

Lawson grew up in the Snohomish County town of Lake Stevens. A sociable kid with diverse interests, he participated in Distributive Education Clubs of America (DECA) — which helps students develop business skills — and made the varsity tennis team as a freshman at Lake Stevens High School.

"I didn't really have a specific group of friends," he says. "I was kind of friends with everyone."

His mother, Nora Lawson, says her son was talented and artistic and remembers watching him act in school plays. She also remembers his deep concern for the welfare of others, as he volunteered for Habitat for Humanity and Big Brothers.
"After being in an environment where you feel afraid for your life everyday and seeing people die pretty regularly...I started to realize the significance of death".

Big Sisters.

He joined the Army National Guard in 2002, hoping the training he would receive as a medical lab technician would lead to a career in medicine. Recruiters told him the Army National Guard would never be called to war, but two years after enlisting, Lawson's unit was deployed to Iraq.

Stationed in Balad, about 60 miles north of Baghdad, where he worked at a hospital analyzing blood and urine samples. It was there that he witnessed the gruesome reality of war. When helicopters arrived at the hospital, he would help offload injured soldiers, some of whom would not survive.

"He's been through hell," Nora Lawson says. "God-willing he can stand a chance to get better."

Resting against a living room wall in Lawson's Happy Valley apartment is an encased acoustic guitar - unopened and unplugged. He wants to learn the instrument, but says he hasn't had the time. He hopes one day playing the guitar will be therapeutic, compared to the self-destructive way of coping he has relied on in the past.

After returning from Iraq in 2005, Lawson worked in Los Angeles where developed a severe drug addiction. What started as occasional use to combat his emerging PTSD symptoms soon became an everyday compulsion.

He moved back to his mother's house in 2006, but continued to be dependent on drugs and alcohol, an addiction he struggled with until last summer.

"I've been sober now for 138 days," Lawson says, glancing at a calendar hanging on a kitchen wall. "Though substance-free, he is confined by his own mistrust, anxiety and anger.

Aside from his girlfriend, Valery Tolle, Lawson says he has few close friends in Bellingham.

"I don't really feel like I can relate to a lot of people," he says. "I don't trust anybody. People reach out to me and want to talk to me and give me their phone numbers. I never call them. It never happens."

He speaks gently, flashing a smile that helped land him some minor acting and modeling gigs in Los Angeles. But his friendly demeanor can become volatile. Since returning from Iraq, he's been involved in numerous incidents of road rage and bar fights.

"[I was] trained to kill or be killed," Lawson says. "That's not a problem when you're a soldier, when you're in combat but when you come home that becomes a big problem. Whenever I see people coming close to my space - whether that's my truck, my house, my girlfriend, me, anything - I'm really defensive of that."

Even stepping outside is not easy for Lawson. His PTSD makes it difficult to manage his anger and he fears his quick temper will get him into trouble.

"The longer I'm outside around people the more possible it is that I'm going to jail because of hurting someone or getting into a conflict," Lawson says. "I choose to stay here where I know that I'm not going to go to jail. There's times where I won't leave my house for several days."

School isn't easy, either. He studies law, public policy and veterans' affairs at Fairhaven College. He says he fell behind last quarter and at one point had several assignments weeks past due. The thought of doing homework or attending class becomes trivial when he thinks about the gravity of war.

"After being in an environment where you feel afraid for your life every day and are seeing people die regularly...I started to realize the significance of death," Lawson says. "I really just started to not care about a lot of things. No one's going to fucking die if I don't turn in my homework on time."

Lawson's fate and that of other veterans with PTSD will depend largely on whether the military culture prevents them from addressing their potentially deadly affliction.

Part of Lawson's difficulty in dealing with his PTSD is due to what he says is a skewed system of reintegration, one in which soldiers are urged to disregard any symptoms to ensure an earlier discharge. Upon returning from Iraq to Fort Lewis, he met with psychiatrists for an evaluation of potential mental illnesses.

"They said, 'If you want to go home, tell me you've got no problems, otherwise you're going to be here for a long time,'" Lawson says. "I had been in Iraq for a year. I wanted to go home and see my family."

Ten months after Lawson's return, he was officially diagnosed with PTSD. He now sees a therapist at the Bellingham Veterans Center about twice a month, but he is uncertain of the therapy's effectiveness.

"I don't really talk a whole lot about what I went through. Talking about that stuff in detail is so draining and takes you to such a bad place," Lawson says. "I just go and talk to him about my daily frustrations. I don't feel that it's helping, but I go. I'm hoping that long-term it will help."

For other veterans, a military stigma discourages them from ever recognizing their PTSD. Says Sgt. Erik Hardwick, an Iraq War veteran and coordinator of Western's Veterans Outreach Center.

"We're tough guys, we don't display emotion, if we're hurt we don't show it," Sgt. Hardwick says. "There are a lot
of veterans who don’t seek treatment that would help them because of that mentality. It’s very hard for some people with that mentality to step forward and say, ‘I need help.’"

Dr. Orr says the military environment creates a tendency in soldiers to not acknowledge their PTSD for fear of leaving other soldiers vulnerable.

“If you get pulled out while you’re over there to get treated then your unit is weaker,” Dr. Orr says. “Your captain knows that you’re putting them at risk and they all know you’re putting them at risk and you don’t want to do that so you don’t say anything.”

This inaction is dangerous because symptoms of PTSD become worse if they are not treated.

“Anxieties can generalize and increase,” Dr. Orr says. “These things that people avoid, they get stronger because they haven’t done it in so long and now the fear of doing it gets bigger. First you couldn’t go to the mall, but now you can’t even go downtown.”

Vietnam War veterans are a sad example of what can happen if PTSD is untreated, Dr. Orr says.

“In that war, [PTSD] wasn’t recognized as much and there wasn’t a system to really deal with it like there is now,” Dr. Orr says. “Many, many vets isolated themselves.”

The Vietnam Veterans of America estimates that 200,000 of America’s homeless are veterans, many of whom have untreated PTSD.

Lawson doesn’t want to become a statistic. After he graduates from Western he hopes to attend law school at Harvard or California-Berkeley. In the meantime, he and Tolle run an art exhibit in Bellingham called “The War Experience Project,” where local artists paint on the back of military uniforms to express their feelings about war. He hopes the project will encourage dialogue about war and understanding of the struggles veterans will encounter.

The Veterans Services Office estimates about 100 veterans are enrolled at Western.

“These people are going to be the future of this country,” Sgt. Hardwick says. “The veterans who have experienced these emotional things are going to take it with them for the rest of their lives. It’s going to be a hard road for them.”

Lawson knows his road to recovery begins in therapy.

“I don’t want to be 40 years old and dealing with shit like the Vietnam veterans were dealing with,” he says. “I’m trying to deal with it now, but it’s not easy.”
SURVIVAL INSTINCT

The difference between life and death is often overcoming the mental, physical and emotional obstacles that come with getting lost.

Story by Christy Thacker

A stiff bandana cinches tightly over 16-year-old Henry Haygood's eyes. Blinded, his heartbeat quickens and his muscles tense. He strains to gain his bearings as the frosty September wind sweeps over his sweat-dampened cheeks. A low voice, coming from behind, startles him, throwing him off balance. Haygood stumbles forward; he fumbles, his hands sweeping up and down, until he finds the icy handle of a Spokane Sheriff Department SUV.

He climbs into the backseat. The warm interior welcomes him and the familiar smell of burnt coffee soothes his nerves. Haygood feels two other boys situate themselves on either side of him. He knows they are blindfolded too. The SUV engine suddenly shrieks, wrenching Haygood backward against the leather seat. Gears grind and the droning camouflaged 4x4 maneuvers up the steep mountain road. There is no turning back now.

For what seems like hours, Haygood and his companions sway as the vehicle drives up and down endless winding, bumpy trails. Haygood's mind races; his thoughts weaving between worry and exhilaration. An abrupt jolt seizes his attention and the engine stops. Haygood removes his blindfold and his pine-green eyes adjust to the fading daylight. Opening the door, he breathes in the crisp mountain air. At 8:30 p.m., it is already 25 degrees and dropping. Haygood and his companions retrieve their overnight packs and trudge to the edge of the forest line. The Sheriff’s vehicle retreats down the mountain, leaving Haygood in darkness, once again.

Haygood just completed his first year of training with Spokane’s Emergency Search and Rescue (ESAR) in summer of 2006 and tonight is his big test. In order to become a certified Brush Monkey, the first out of four ESAR ranks, Haygood needs to find his way back to camp by sundown the next day.

Survival is more than just overcoming physical dangers. To survive, a person must equally harness his or her emotions and mind, keeping motivated and focused at all times, Haygood says. The difference between life and death is often overcoming
the mental, physical and emotional obstacles that come with getting lost. Living in a society of concrete jungles, technology and instant gratification, survival is all about getting back to the basics and unearthing one’s innate survival instincts.

“When you’re actually lost, you can’t anticipate what your head is going to do,” Haygood says. “[Survival] is all about keeping a matter-of-fact business-like attitude.”

Washington has 4,423,676 acres of wilderness, ranking forth in having the most wilderness acreage of all U.S. states, according to the National Wilderness Preservation System Database. Ample wilderness not only provides more opportunities for outdoor recreation, but also for getting lost or injured. In 2007, 55 Search and Rescue (SAR) events took place in Whatcom County, says Deputy Mark Jilk of the Whatcom County Sheriff’s Office. In 2008, more than 40 SAR events occurred, Jilk says. SAR missions range from locating an injured hiker or skier to searching for a missing boater or runaway.

Most search and rescue operations occur in the fall and winter months, usually beginning the first week of hunting season, Haygood says. Getting lost in the wilderness during these seasons is especially dangerous due to extreme weather and temperature conditions. Environments like Bellingham are even more threatening, because of the combination of precipitation and cold. Chances of death increase in cold and wet climates due to greater risks of hypothermia and frostbite. Dehydration is also common, due to lack of fresh water sources and heavy snowfall.

Thoroughly planning outings and understanding basic wilderness knowledge can prevent accidents and getting lost. However, much of the time getting lost in the wilderness is unavoidable and out of a person’s control.

“It’s really the outdoor enthusiasts who get lost,” Haygood says. “All it takes is one wrong turn or some bad weather.”

"To survive, a person must equally harness his or her emotions and mind, keeping motivated and focused at all times."
[Survival] is all about keeping a matter-of-fact business-like attitude.

Staying Put

Haygood's eyes adjust to the darkness as he skims his quiet surroundings. He spots a clearing next to a large, flat rock face. It is the perfect place to set up camp.

Mentally reviewing his supplies, he walks toward the boulder. He and his team of two are restricted to a map, marked with the base camp's location, a compass, minimal food and 32 ounces of water each. They were also allowed to pack a sleeping bag, a small fire kit, some first aid supplies, a signal flare, a knife and a small lantern.

Haygood knows to stay put if he gets lost. Unless an open field or roadway is in direct sight, he understands that a person should remain in the area where he or she is to prevent further disorientation, loss of energy and confusion for search teams. This also applies to people who are equipped with fancy technology, such as a GPS system, Haygood says.

Haygood says children surprisingly have a better chance at surviving once lost than adults do.

"A seven-year-old accepts that he's lost and huddles up," Haygood says.

Children often realize they are not capable of navigating their way to safety and stay within their survival boundaries, Haygood says. On the other hand, lost adults with ample technology have less chance of surviving than those with nothing or just basic equipment, Haygood says.

People often buy expensive equipment such as navigational systems or GPS, thinking it will save them if they get lost in the wilderness. The average person, however, lacks the training and experience with such equipment, making the technology virtually useless in survival situations.

"We want entertainment without all the long hours of training," Haygood says. "It's like anything we do— we need immediate satisfaction."

Fire Building

Moonlight pierces through the thick trees as Haygood and his team scan the forest floor for dry tinder and wood. It rained the night before, making it difficult to find anything useable to start a fire.

Haygood spots a large Evergreen tree. Hunching down, he digs for small twigs and fallen brush at the trunk. Trees like Evergreens have thick, wide branches, creating a natural umbrella for anything underneath.

Sticks in hand, Haygood rakes away needles and leaves to create a clearing for the fire near his shelter. He fetches a small film canister from his pack and removes two cotton balls soaked in petroleum jelly. The soaked cotton acts as a fire starter and is more promising that relying on dry tinder, especially in wet climates.

"That cotton will save your life. The rest will kill you," Haygood says.

He builds a nest of shredded cotton and a palm full of dry moss and bark, before adding a flame. Slowly adding small twigs, Haygood limits his blowing on the coals to prevent putting the fire out.

Haygood and the others are capable of physically surviving the night without a fire. All three are equipped with warm clothing and a sleeping bag, but in addition to warmth and protection from predators, a fire also offers psychological comfort, Haygood says.

"A crackling fire provides physical and mental assurance," Haygood says. "It makes you feel like there's someone else with you."

Shelter Building

The growing fire pops and crackles, heating the face of the boulder. Haygood places his hand on the toasty, smooth rock. It is the perfect foundation for a warm, waterproof shelter.

Natural surroundings are ideal substitutes when a tent is not available. A large rock or fallen tree provides a solid foundation for any shelter.

Due to the large size and flat shape of the rock, Haygood decides to construct a lean-to shelter, the most basic and easy type of shelter to build.

He sweeps away brush and debris under the rock and lays several layers of pine boughs on the ground. Keeping off the bare ground is one of the easiest ways to prevent hypothermia, Haygood says. Pine boughs and moss are abundant in wilderness environments and protect the body from immediate heat loss.

Haygood finds fallen tree limbs and sticks, measuring in diameter from a bottle cap to the size of a soda can. Leaning each stick 10 inches apart against the boulder, he creates a basic skeleton for the shelter. Gathering more pine boughs, he covers the branches until all gaps are sealed.

He places strips of bark over the pine boughs, simulating natural shingles. Bark shingles keep water and wind out, while keeping heat in.

"It's not a cozy chamber, but it is waterproof and offers protection from the elements," Haygood says.

Clothing and Heat Regulation

The soft, dawn sun peaks through the shelter door, gently waking Haygood. The warmth of his teammate's body heat made for a comfortable night and Haygood is ready to make his way back to the base camp.

Although a shelter can block out much of the cold, staying warm in the wilderness is not always possible says Ken Small, a Bellingham Mountaineer. In his 20 years of climbing experience,
Small has gotten lost several times. He has woken up shivering in his shelter, unable to get back to sleep. Small says eating a bit of food, drinking some water and performing kinesics is a simple way to warm up and return to sleep. Tensing up muscles, as done in kinesics, produces natural, internal heat, when external heat is unavailable.

Clothing is also crucial in surviving extreme wilderness temperatures. Haygood and his team dressed in preparation for the cold and wet climate.

"Cotton kills!" Haygood says.

Haygood dresses in polyester and polypropylene. He wears three layers on his top and two on his bottom. Layers act as both a heating and cooling system. In cold weather, layers insulate and trap heat. In warmer weather or when a person sweats, layers can simply be removed.

45 minutes into hiking, Haygood and his team hit a large hill. It rained the night before making the forest floor slippery. With only a few ounces of water left, Haygood cannot afford to lose any more water.

"Try not to sweat," Haygood says. "It's really not rationing your water; it's rationing your sweat."

The boys trek, switch-backing, or hiking in a z-shape pattern, up the hillside. Reaching the peak, Haygood sees the valley where the base camp is located, but nothing more.

At the bottom, Haygood sees that the terrain slopes downhill all the way to camp. Excitement rushes Haygood's mind, urging him to pick up his pace. However, he resists his feelings and maintains his slow, but steady pace.

"If you feel like the going is getting easier, don't rush or else you'll waste energy," Haygood says. "Pace yourself, mentally and physically."

Three hours go by and Haygood's stomach growls. He has two power bars left and no water. Snubbing his hunger, he continues downhill through the soggy undergrowth.

A haze of smoke twists through the trees 100 yards ahead. Moving closer, Haygood spots a large, white vehicle, popping against the green and brown canvass of forest. With every step, the sound of radio static and low voices grows louder.

His heart races and his mouth twists into a smile. Haygood's breathing grows heavier; flushing out his cold cheeks. His adrenaline spikes and his body temperature rises. The smells of burning wood and roasting food sweeps into his nose and Haygood sees a group of silhouettes moving about. He brushes through a curtain of pine boughs, stepping out of the forest and onto a dirt clearing-- it's the ESAR base camp. He made it. He did not just research or read a book, but actually survived a night in true-blue wilderness, Haygood says.

Walking into the campsite, ESAR volunteers greet Haygood. He officially passes the test and is now a Brush Monkey and ESAR Team Leader. More, Haygood achieves his own personal trial; overcoming his emotions and mind, and channeling his strength and innate instincts to survive on the basics in the wilderness.

Mentally and physically drained he sits down by the fire. Haygood relaxes his shoulders and without hesitation, accepts a large plate of campfire cooked pancakes and bacon.
Story by Shawn Brennen

It has been nearly two months and homemaker Genny Cohn has been unable to sleep for days. She desperately seeks help before her marriage collapses and she loses her family. Cohn refuses prescription medication because of side effects such as dizziness, next day drowsiness and pill dependency, and decides to turn to an alternative form of medication. She chooses hypnosis in hopes of ending her sleepless nights and resurrecting her marriage.

"Hypnotherapy is an incredible option for someone that needs help and does not want to take pills," Cohn said. The word hypnosis is derived from the Greek word “hypno,” which means sleep. Hypnotherapy is generally understood as an altered state of consciousness brought about by a trained specialist to help change or control behavior, emotions, or the state of one’s physical well-being.

Hypnotist Ron Roe has been practicing hypnosis for the past 35 years. Roe scoots around in his chair wearing loafers with jeans high enough to evade the lurking flood, with a purple sweatshirt just loose enough to offer peek-a-boo views of his gold undershirt showing his pride for the University of Washington.

"Back when I started we were expected to dress like we were pretend doctors," Roe says. "But the double knit polyester shirts just weren't working for me."

The hypnotherapy field has fought an ongoing battle to be considered a true form of medicine since its inception in the late 1600s. Hypnosis started gaining acceptance in 1955 when the British Medical Society acknowledged clinical hypnosis as a viable form of healing, followed by the American Medical Association in 1958.

Hypnotherapy is not the only alternative form of medicine gaining a positive reputation in the medical community. Other popular naturopathic forms of medicine like acupuncture, chiropractics and yoga have also proven their benefits.
Aryn Whitewolf, a certified clinical hypnotherapist for the past 10 years, says hypnosis is gaining recognition but is still fighting an uphill battle within the medical community.

Whitewolf says that hypnosis has struggled to gain acceptance in the medical field because most doctors are unwilling to accept hypnosis as a viable form of healing. Hypnotherapy goes against everything physicians have learned throughout medical school, Roe says.

"The medical community is trained to cut [the problem] out, drug it or do something with it," Roe says. "They have to wait until something is wrong then they can deal with the symptoms."

Some old school doctors dislike the idea of hypnosis because the physician is no longer needed, Whitewolf says.

"But when a doctor and a hypnotist work together they address the whole person and help empower the patient to recover faster and healthier," Whitewolf says.

Roe says hypnosis focuses on a person's overall health.

"My first visit, we just talked about what goals we wanted to achieve so the hypnotist and I were on the same page," Cohn says.

Roe says hypnosis cures the person with the problem rather than trying to cure the symptoms of the problem, like with allopathic medicine.

"I am typically the last person people call when they are seeking medical help," Roe says. "They call me because nothing else has worked."

Many people base their skeptical views of hypnosis on movies like "The Manchurian Candidate," where people act against their will because of mind control, which is different from hypnotherapy.

Hypnosis uses relaxation techniques to bring the patient to a state where their subconscious mind is open to suggestions that can help them deal with their problems. Roe says although the subconscious mind is open to new suggestions, a client will never do anything against his or her morals.

"People aren't going to take a suggestion that they don't want to — that's Hollywood," Whitewolf says.

Roe compares hypnosis to rewiring a computer, the computer being your brain.

"I am a mind mechanic," Roe says. "I suggest to people to let go of their stressors that are holding them back in life."

Hypnotherapy is now being used for one of the most stressful situations a woman can bear — child birth.

In 1998, Whitewolf completed her training at Bellingham Technical College in hypnosis with a specialization in hypnobirth. Hypnobirth is a relatively new take on hypnosis, where mothers who are about to give birth undergo hypnosis and deliver their child naturally, and typically without medication.

Whitewolf says 10 years ago she was the first person in Bellingham practicing hypnobirth. Since she started practicing hypnobirth she has assisted nearly 40 to 50 natural childbirths.

"Ninety six to 98 percent of the women I have helped with hypnobirth have not used medications for pain," Whitewolf says.

Whitewolf says when a mother gives birth under hypnosis it has many positive effects on the child, mother and father. The first benefit is the actual birth is a shorter and better experience for the mother, Whitewolf says.

"Hypnobirth teaches the mother to completely relax during contractions, which allows the body to do what it is naturally meant to do," Whitewolf says.

The second benefit of hypnobirth is that it empowers the father and involves him more in the birth of his child. During a birth at the hospital the father is powerless to do anything except to help the mother breath. Whitewolf says, in hypnobirth the father is essential in motivating the mother through the birth.

"Dad is there to encourage mom through the birth and empower her," Whitewolf says.

Hypnotherapy is not limited to just delivering a child; it has many beneficial effects on the mind and body.

In 2001, the British Psychological Society published "The Nature of Hypnosis," an extensive study of hypnosis. The study found that hypnosis is an effective tool to be used in therapeutic applications saying, "There is convincing evidence that hypnotic procedures are effective in the management and relief of both acute and chronic pain and in assisting in alleviation of pain, discomfort and distress due to medical and dental procedures."

Hypnotherapy has been used to help cure different forms of chronic or acute pain. Roe says most of his clients come in because they are trying to deal with life-long stressors that have been holding them back, and they finally want to do something about it.

Whitewolf says people have come to her for help for all sorts of reasons, such as quitting smoking, losing weight, stress management, test anxiety, sports performance, >>
nail biting and sleep disorders. Quitting smoking and losing weight are chronic or long-term problems typically caused by pain a person experienced in the past, Roe says.

To help people with chronic pain, Whitewolf says, she needs to get to the core of the problem and help suggest ways for the client to let go of the old ways.

“We help people move beyond the old trauma to a new way of living,” Whitewolf says.

Roe says hypnosis can also help people deal with acute or short-term problems. Acute problems include sleep disorders, anger management, stress management, blood pressure problems and stomach problems. All acute problems can typically be drawn back to high levels of stress in someone’s life.

“Stress is the most corrosive state of mind and being in someone’s life,” Roe says.

Roe said anyone in the world can be hypnotized but the rate of success for people is determined by how willing they are to change and how many times they see their hypnotist. To maximize the chance of succeeding in helping their problem, Roe said, a client needs to see him at least five to ten times.

“I saw my hypnotist for six different sessions to help with my sleep problem,” Cohn says. “I started having a decent night’s sleep after the first or second session.”

Roe says hypnosis is here to stay as long as people keep recognizing the benefits of naturopathic forms of medicine.

“I can’t help someone change if they are unwilling to change,” Roe says. “I am only interested in helping the people who are willing to change.”
Lauren Gerdesen was restless. Her life was busy, raising two children and working. All she wanted was a place to relax, an area to let go of some of the stress in her hectic life – an environment to rest in. After six years, she realized she wasn’t finding this needed solace in her own home. In fact, she says, her home was making things worse.

She wanted to feel supported in her home, but had never taken the time to figure out what was wrong and what needed to be fixed. “It took a long time, but eventually I realized something was wrong,” Gerdesen says. “Something was not right. I was done with it.” Gerdesen turned to Genevieve Rose Marie, Feng Shui consultant and design specialist. Marie takes a holistic approach to design, treating the entire house, inside and out. Nearly every indigenous culture has specific traditions involving the way a living space is designed, Marie says. The word Feng Shui is from the Chinese tradition, but the ideals are found in Japanese Shinto culture, as well as in Native American traditions. The basic principle of Feng Shui design is that energy is a part of everything, and flows through everything, and can be affected or channeled through design. Western culture has grasped the phrase “Feng Shui” and its basic concepts, but fails to realize that people’s environments are also a reflection of themselves, Marie says.

Marie relates every part of the house to a corresponding part of a person’s body. A closet is more than a small enclosed space – it represents the bowels. If old, unwanted unused things are stored there, it represents dead weight, dead energy. The walls of the house are the skin. Colors are the clothes, and other items are the accessories we wear to personalize ourselves and our space. “People change, but their spaces don’t >>

Story by Maureen Tinney
Photos by Tyler McFarland

Lauren Gerdesen poses in her living room.
Whenever people make a big change in their life, sometimes their environments can drag them behind. The things in their house are no longer representing them, and that can lead to feeling displaced.

Marie says she has to find out who people are and what goals they have before she is able to help them in their space. “Anyone can go pick up a book and make their house look pretty,” Marie says. “The real goal should be to make the environment best for them.” Gerdsen says the process to figure out what was not right in her house started at the dining table. Sitting with Marie, Gerdsen filled three pages with descriptive words of what she wanted her house to be. She wanted welcoming, supportive, peaceful, vibrant, a place of love, a place of togetherness, but most of all, a place of rest. Gerdsen says Marie helped her realize it was more important to focus the design on what created the feeling Gerdsen wanted, not focusing on what was traditionally considered good design. “People think Feng Shui is all about rules and that you have to face a certain way or have your walls a certain color,” Marie says. “Really, though, it’s about creating an environment that feels right. An environment that makes a person reach for their highest goals. That doesn’t always mean the so called ‘rules’ of Feng Shui are what is right for everyone.” Marie says every person and every space is different, and in that way a lot of what she does as a designer is simply helping people discover what is not right, and helping them find what is right for them.

For those not willing or able to hire a designer, Feng Shui information is easily accessible online or at a local library. Getting started could only be a click away, as there are many Internet sites that offer a wealth of information. Marie suggests The International Feng Shui Guide, www.ifsguild.org/Flome.php; Sustainable Connections www.sustainableconnections.org; and The International Institute for Bau-Bologie and Ecology, www.buildingbiology.net.

Feng Shui can be made simpler with assistance from a trained designer, but that’s not to say Feng Shui isn’t a realistic do-it-yourself project. Gerdsen says she even started a few projects herself before meeting Marie. She started in one of the rooms in the house she uses most: the kitchen. Gerdsen says one of the things she liked most about her house is the beautiful view of the ocean, but the kitchen cabinets blocked the view, and isolated whoever was in the kitchen from the dining area. The ceilings were covered in dark paneling and the walls, like the rest of the house, were a stark white. Walking through her redesigned kitchen, Gerdsen’s smile radiates. “We were just going to rip off the cabinets, but then we had to remove some posts, and then at that point we just kept going,” Gerdsen says. “Now the feeling in here is totally...”
different. It was always clean feeling, but now it has this life — this warmth. I cook in here all the time, more than I used to."

With Marie’s help in figuring out a plan for the rest of the house, the white walls are nearly all gone. The living room has warm honey walls and a deep purple couch, the bedroom walls are coated in a rusty clay, and accents of burnt sienna, crisp blue and other warm earthy tones abound.

"The sense of what I received is unutterable," Gerdsen says. "I went into this process knowing I wouldn’t stop till I got what I wanted, so I knew it would end up well, but I never really realized just how changing my house would change everything else. I’m happier, even the kids, my husband - we read, we talk, we cuddle. We love it so much we don’t feel the need to go out anymore."

Only two more white-walled rooms exist in Gerdsen’s house: a hallway and a mud room. She thinks one or both will be a burnt sienna that is already in one alcove in the house, but since her house has already come so far, she says she sees no reason to rush the decision. She says she no longer senses the need to make her life more hectic. She’d rather wait until the warm summer months to finish.

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5 ways to Feng Shui your dorm room or apartment:

1. Get rid of clutter. Clutter clogs the arteries of the environment, Marie says. Especially in a small space, clutter can drain energy that could be better used studying. An easy way to start de-cluttering is to choose a single drawer, shelf, or box, because tackling an entire area at once is usually too daunting.

2. Get stuff off the floor. If piles of books, homework or laundry cover your floor, move it. Marie says many people work well using a pile system, but having a covered floor traps all the energy. Simply moving things onto a table or desk lifts the energy of the entire room Marie says low-energy can encourage stress or depression.

3. Figure out what you want your space to be. Make a list of three or five or 10, or however many adjectives you can think of to be goals for what the space could be. Once the list is created, keep it and whenever something is brought into the room or removed from the room, the list should be checked to make sure the change reflects the goals on the list. For dorm rooms or other living situations where space is shared, have all the people living in the space get together and make a list that everyone can agree on.

4. Make sure your environment reflects you. Marie says a common problem in any space is that it is focused on past goals and old energies. Marie suggests the person living in the environment should go through every object individually and ask themselves if this object represents who they are now or who they wish to be in the future. If the answer is no to both, Marie says the object no longer has a place in the environment. For shared spaces, try creating separate areas that represent each person individually.

5. Trust your gut. "The most important thing, always, is for people to trust their gut," Marie says. "The easiest way for things to get wrong in a place is when people stop following their gut. The easiest way to get a place to where it should be is for people to start following their gut again."
A four-year-old Chinese girl sits and soaks her feet in a mixture of animal blood and herbs, the first step in a special beatification process practiced for a millennium. Lengths of silk cloth are soaking in the same mixture. An elder woman, who was given the same treatment when she was young, clips the girl’s toenails and gently massages each foot.

While the elder knows the next step will be excruciating, she also knows it will have to be done eventually. Now is the easiest time; the girl’s bones are still soft and the cold of winter will dull the pain.

The elder breaks each of the girl’s four small toes and wraps the soaked silk bandages tightly around each foot, forcing the toes into the sole of the foot. When the bandages finally dry and constrict, the girl will have to walk around in them to ensure the process was done properly.

The goal of this ancient, painful ritual was to develop dainty and concave feet, which were a standard of feminine beauty at the time - the finest women’s shoes could only be worn by those with feet bound by this process.

Across the world and a century later, women still squeeze their feet into shoes, high heels in particular, that are narrower than their actual feet, painfully constrict their toes and raise their heels into unnatural positions, says Dr. Timothy Messmer, a podiatrist based out of Anacortes.

Pain and deformities result from frequent wearing of shoes with those characteristics, and Messmer says he treats at least one woman every day with problems arising from her shoes, including bunions, a deformity of the bones and joint at the base of the big toe; hammertoe, a permanent bend of the toes; and neuroma, swelling of the nerves. These problems can necessitate costly surgery or therapy to repair and can lead to disability in extreme cases.

Shoes can also cause problems beyond the feet says Dr. Chad Booth, a Fairhaven-based chiropractor. Shoes that tilt or turn the feet unnaturally can affect the spine, lower back, knees and neck, Booth says.
Back in high school, Western student Megan Murray-Wagner says she wore high heels five days a week, until she started having problems with her knees. Her doctor advised her to stop wearing high heels altogether, but since then Murray-Wagner says she still wears high heels about twice a week.

"If you take an aspect of the body and make its mechanics work in a way it's not supposed to it causes a problem," Booth says.

Since 2006 Western Men Against Violence has held a yearly event known as "Walk a Mile in Her Shoes" to raise awareness of sexual assault and domestic violence and to raise money for Domestic Violence and Sexual Assault Services of Whatcom County. In this event, men don women's shoes and march from Western's campus to Boundary Bay Brewery and Bistro.

Joshua O'Donnell, who is organizing this year's march in mid-April, says he could hardly conceive getting used to wearing shoes like the 4-inch stilettos he wore in last year's march. The first thing O'Donnell says he and other men notice when putting on high heels is the lack of balance and the shocking level of discomfort.

"After one mile, we were groaning in pain, [thinking] these are the most ridiculous things ever," O'Donnell says.

Jody Finnegan, owner of 12th Street Shoes in Fairhaven, says many women simply feel better about themselves when wearing high heels, which accentuate a woman's legs and make them look taller. Finnegan says most of the women who patronize her store are over 35 and are generally more conscious of their orthopedic health than younger women since many of them already have developed bunions or other issues. As a result, Finnegan says her store sells shoes on the more comfortable end of the spectrum.

The problem, Finnegan says, is that the most comfortable types of women's shoes do not fit the current fashion trends. "Usually, the really comfortable shoes—they're not really cute," says Western student Trisha Lydon. "They're generally not very appealing."

Lydon says women wear uncomfortable, fashionable shoes because they are often apathetic or uncertain about the consequences the shoes will have on their body.

"People probably aren't thinking, 'When I'm 40 I'm going to need orthotics,'" she says. "But that's probably the reality."

It is not just high heels that create problems, flip-flops, which have become increasingly popular on college and high school campuses as an alternative to normal shoes, can cause serious problems too, Messmer says.

Flip-flops and similar sandals are generally too flat to provide support for the foot's natural arch. Wearing shoes with no arch support can cause a person's arches to collapse giving them flatfeet, which often causes compound fractures and pain in the feet and legs.

Lydon says she got into the habit of wearing flip-flops to campus mostly out of convenience for doing Yoga, and she says she has already noticed that her arches have lowered.

As a result, she feels slight pain when wearing running shoes since her foot no longer fits the orthopedic insoles in the shoes, she says.

Injuries caused by undersized shoes, high heels and flip-flops come from regular use, meaning they can be worn occasionally without causing serious injuries, Messmer says. Athletic running and walking shoes or shoes with prescribed orthopedic insoles are generally the safest and provide the best support. Shoes that are billed as orthopedic alternatives such as "Crocs" are also safe to wear regularly if the wearer has no existing foot problems, Messmer says.

However, Booth says even wearing the "best" orthopedic shoe every day may not be ideal either. Booth recommends wearing a variety of shoes with different support for the feet in order to keep the foot adaptable.

"Health isn't just things like pain and BMI (body mass index)," Booth says. "One of the keys to health is how well the body can adapt."

Long ago, before shoes were even invented, humans had to walk across the wilderness barefoot. In every step, the foot took a different shape. However, while wearing shoes every step has the same mechanics so the feet lose some adaptability, Booth says.

By keeping the body from getting stuck on one concept, we maintain and improve our body's ability to adapt and stay healthy, Booth says.

High heeled shoes, while an order of magnitude less extreme than the excruciating pain, gangrene, blood poisoning and occasional death caused by Chinese foot binding, still cause some pain, blisters, deformities and nerve damage.

The practice and standard of beauty that encouraged foot binding persisted for centuries and only came to an end when the practice was declared illegal and punishable by death in 1911, but everyday women of the 21st century still suffer the consequences of choosing fashion over comfort. ■
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