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Cover Art: "Untitled, #11" by Monica Shoemaker ("Lion's Mane")
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Mountains and Me
Kamertap Hurmali

This is a story of how hiking up the mountains helped me to be aware of my strengths and my weaknesses and take more initiative in my life. This is my second quarter at LWTech. After working as a software engineer about 10 years in Turkey, I moved to the US in 2002 and discovered my passion for hiking and outdoor. I have twin sons and hiked with them many places in the Pacific Northwest.

I was in a sound sleep in my cozy sleeping bag when the porter called my name from outside of my tent. “Good Morning, Kamertap! It is 4 am. Would you like to have tea or coffee?” After drinking my coffee and putting my hiking clothes and boots on, I stepped out from my warm tent into the crispy and fresh weather of the Andes mountains. I was at 10,000 feet and hiking the 26-mile Inca Trail to Machu Picchu for four days in the April of 2017. A few years ago, I had only dreamed about this place while training on the treadmill in Redmond. Now I was living the dream and walking on the ancient trail where chasquis, who were known as the runners of the empire, used to run 150 miles per day to deliver important messages to their ruler about 1,000 years ago. I was walking with a group of 12 hikers, 2 guides, and some local porters, who were carrying our tents and food. The first day, we started climbing up and down the ancient stairs, which indicated the whole trail would be tough; however, passing through a cloud forest, ancient tunnels, and
many Incan ruins along the way was so surreal that we forgot the pain on our legs or blisters on our feet.

The second day, we would climb the highest point of the Inca Trail which was at 14,000 feet, the place Peruvians call “Dead Woman’s Pass.” It would be challenging for us to climb 4,000 feet elevation gain in five miles because of the high altitude. The Dead Woman’s Pass has a fearsome reputation among trekkers because failure to cross the pass results in going back Cusco without reaching Machu Picchu. Even today, I remember how breathing became difficult and how every little step I took was painful as we gained elevation. I felt like the gravity was working against me. For a moment, while I was pushing my limits, some negative thoughts sat on my shoulders and would not let me move. My heart, legs, lungs and my total body simply were screaming, STOP! At this very moment, I focused on myself -on how hard I trained for this trip and how much I dreamed about watching Machu Picchu over the Sun Gate, which is the main entrance to Machu Picchu, where hikers get a beautiful glimpse of the citadel. At that very moment, I thought of the chasquis (the messengers of the Inca Empire), who were not only physically but also mentally strong to make this journey every day, and I imagined that their spirits accompanied me to the Dead Woman’s Pass. I was amazed at how far I could push my body to keep going while there were a thousand reasons to stop. Reaching the pass was one of the most rewarding moments of my whole trip.
When I thought about my motivation and reasons for hiking on the mountains, I asked myself, “Could it be possible that timing and altitude of birth place affects a person’s choices in her life?” I was born in a remote village in the mountains of Turkey, where my mom and dad were teachers. According to the Turkish authority, government officials have to work at remote villages in the first 5 years of their job. I don’t remember much about this village because we moved to Eskisehir, which is close to the capital of Turkey, when I was 4 years old. Later, Istanbul became my home during my university and working life. Istanbul is the only city in the world that built on two continents-Europe and Asia. I used to live in Asia, but my company was in Europe. So, I used to drive from one continent to another by crossing the Bosporus bridge every day. I had a busy work and social life there. I was doing everything what I was supposed to be doing without looking inside of myself until the endless cycle of work-commute-eat-sleep was broken.

After living about thirty years in Istanbul and working as a software engineer for the last ten of those years, my husband and I moved to Redmond in 2002. My first impression of Redmond was very different than I had anticipated. Since Redmond is located in Northwest Washington, I expected a cold, icy and crowded town; but instead, I found a green, rainy, beautiful small town surrounded by mountains. It was a mystery for me to know what people do for the weekends here until one Saturday we found ourselves at Mt. Si’s parking area. I didn’t
understand why all parking lots were full and why this place was so popular. I told my husband: “let’s follow people to figure it out.” Without proper clothes and shoes, we hiked up 4,000 feet. After four miles of steep switchbacks, we were at the top of Mt. Si. The view from the top was so stunning that we stayed speechless for a while and at that very moment, I knew that I had found my passion.

After I had my twin boys, I needed to decide about my career. At that time, it was very clear to me that I wanted to take care of my babies. Being a full-time mom was not only the most challenging but also the most enjoyable job I have ever done. Living in a different culture, being isolated from social life, and lacking connection with my school friends and colleagues made me homesick for a while. One day, I decided to take the kids to Rattle Snake Ledge when they were two years old. We hiked up two miles carrying the kids in our back carriers. We were very tired at the end, but we forgot all about it when we saw the view at the top. It was amazing and very peaceful. As we were stood on the top of the ledge, I realized that I hadn’t felt so happy and alive since I had had the kids.

Ultimately, today hiking is part of my life. I feel happy, fulfilled, and connected as I chase my dreams up the mountains. My journey to Machu Picchu made me a better hiker; more skilled and experienced hiker than I’d been previously and helped me to be aware of my strengths and my weaknesses to achieve my future goals. Moreover,
feeling accomplished encourages me to make more solo hikes and helps me to take more initiative in my life. In 2017, my nine-year old boys hiked many places with me in the Pacific North West and completed a 72 miles hike. I enjoyed sharing my passion with my kids, and I hope that it would help them to find their passion in life and inspire them to pursue their dreams someday.
Diablo Lake
Daniel Piker

Is it a reality if one has not seen it with their own eyes?
A Walk in the Woods
Szidonia Pusok

A good photograph can tell you more about a situation or emotions than words can. An amazing photograph can move you without words, it can make you think, feel, and react; that’s what makes photograph amazing.
**The Crime that Shattered a Law**  
Maria Tafolla

*I am a pre-nursing student here at Lake Washington Tech. Although I am working toward a nursing degree, my true love has always been art of all forms; creative writing, painting, theater, music, etc. I am a DACA recipient and blessed to have been granted the opportunity to work toward a degree, thanks to this program. The essay I have written is a creative writing piece that explores the mind of Rosa Parks and the events that made her famous. I, as Rosa Parks, recount the events of December 1st, 1955, and the aftermath.*

I stood in the booking department of the police station recalling what I had just done. I stood next to the officer who was checking me in, trying to gather my thoughts. Every step of the way until I arrived at the station I looked around me and saw people, mainly whites. There were men, women as well as children. Their eyebrows curved into high arches atop wrinkled foreheads and their mouths were wide open screaming names at me and waving their arms as if protesting. But it didn’t bother me… I had become immune to their injustice. There were also blacks. They saw me but I hardly noticed them. Their subtle presence was overpowered by the ruling of the whites. However, when I did notice them, I would search their eyes for moral support to no avail. They kept quiet and I didn’t blame them. Had they counteracted the hysteria, perhaps they’d be in the same position as me. The recollection of recent events suddenly stopped as the officer led me into the next room to take my picture and obtain my fingerprints. The sharp edges of the handcuffs were digging into my wrists. It hurt. Having to live in a world that
separated blacks from whites hurt. But what hurt the most was that I had
let this go on for so long. Contrary to popular belief, I was neither afraid
nor regretful of what I had just done. There was a profound sense of
gratification that radiated outwardly… so much so, that it showed. The
officer took each of my fingers, dipped them in ink and stamped my
fingers across a manila card. As I watched him I felt a subtle grin take
over my lips. It was the moment I realized that not giving up my seat to
a white man was not wrong but in fact an appropriate action that brought
racial segregation one step closer to its demise.

It was December of 1955 when I was arrested for disorderly conduct.
I was a seamstress at the Montgomery department store and my neck
was a little sore from stooping over to focus on the sewing machines’
needle. I was a bit more tired than usual. I stored away my sewing tools,
grabbed my coat and purse from the coat rack, punched out, and headed
toward the bus stop in the cold afternoon. Once on the bus, I headed for
the last available seat in the back. As the bus was in motion, I looked out
the window, wondering if Montgomery would have a white Christmas.
Although snow was not common in Alabama, I couldn’t help but hope
for a little sprinkle of it for the holidays. My thoughts were interrupted
as a white man boarded the bus. I noticed him making eye contact with
the bus driver. I turned away, ignoring them for a brief moment when I
felt a presence before me… it was the driver, James F. Blake. He wasn’t
the friendliest of people. A few months prior, I waited at the bus stop
after work as usual. On this particular night, it was raining quite heavily and I was anxious for the bus to arrive. I could hear it slowing down as it approached. But the moment he took a glimpse of me, he sped off; it is easy to assume why. But this time we were face-to-face, about to exchange words and by the look in his eyes, I didn’t expect it to be pleasant. He told me to give up my seat to the white man who had recently stepped into the bus. He also ordered three others to give up their seats for three white men that were left standing due to lack of seats in the “white section” at the front. I sat there like a rock and refused when he asked me again. He threatened to call the police. True to his word, he did just that. I was forty-one at the time and had never been arrested. As the police car pulled up behind the bus, I felt a surge of stress take over my body. My heart started beating faster and my hands began to sweat. I wasn’t scared… I was agitated. All of a sudden, all the tiredness I had felt from work turned into a mix of displeasure, pride and vigilance as the officer cuffed my hands and guided me into the back of the police car.

Although I felt I had done nothing wrong and was in jail for a day, I was unaware that Thursday afternoon that my name would plaster the newspapers. The 1950’s was a time of segregation and the journalists were biased. In their eyes, I had committed a “crime.” I still recall the articles that documented my case titled, “Negro Woman in Segregation Case Fined,” and “Negress Draws Fine in Segregation Case Involving
Bus Ride.” These were just a few of many that littered the newspapers. Soon enough, months passed by and during the boycott, titles such as, “Montgomery Buses Told to End Bias; Negroes Plan Test,” and “Negro Groups Ready Boycott” took over the headlines. It was a time of turmoil and the fate of blacks was on edge. Would we see a stop to prejudice or was this simply the fate our generations had to face? The boycotts were underway yet the segregation continued. We were animals, we were inferior, we were worthless, and only God seemed to notice the injustice man had concocted.

One day I woke up and went about my Sunday morning preparing to leave for church with my husband, Raymond. I put on my slippers and headed to the bathroom to soak up a washcloth. The warmth felt good against my face. I looked in the mirror and observed my reflection. Wrinkles and white hair now made up some of my features. I was no longer forty-one and it was no longer December of 1955. We walked the few blocks to the church and the signs that read, “Whites only” and “Blacks only” were no longer in sight. Children, both white, black and other ethnicities, rode their bikes to the nearest ice cream shop, laughing and racing along the curb of the road. As Raymond and I walked to church, I observed them, remembering the violence that was common on the streets of Alabama during the 50’s and 60’s. Had these children lived during that time they’d be mocking one another instead of exchanging friendly conversation. I felt a pressure flow out of my body as I realized
and remembered that my arrest, the boycott and the civil rights movement were no longer among us. I was old, Raymond was old, and the headlines were long forgotten. Instead, my name was now in grade school text books. School children were taught that Rosa Parks was a hero and not a criminal.

The truth is that I will be forever tied to the events that unraveled that Thursday evening on the bus. In 1955, after I gave up my seat and even through the boycotts, I was regarded as a criminal. But today, I am a historical figure. I like to think that God lent me a helping hand because, "When that white driver stepped back toward us, when he waved his hand and ordered us up and out of our seats, I felt a determination to cover my body like a quilt on a winter night." (Williams et al.) On Thursday, December 1st of 1955, I committed a “crime” but it was one that liberated blacks and enforced a movement that led to the demise of racial segregation.
Works Cited


Pettinato, Tony. “Elizabeth Cady Stanton, Jackie Robinson & Rosa Parks Obituaries.”


Life and Love
Alden Coleman

“What you see is simply a representation of what is under the surface. When you take a deeper look at anything you will always see a more refined subject.” This is a series of photos intended to share a piece of a love story with a hint of the focal point tied to race relations and overcoming such with the life you lead, alongside the love and in this case family that comes with it. Featuring my lady, myself, and our unborn daughter in her womb. This work is coming from ART 140 Photography Appreciation.
Untitled Pieces
Monica Shoemaker ("Lion’s Mane) 

As a hair stylist by trade, being artistic has never been just a desire, but rather a necessity. When I lost my career to physical disabilities, I found myself struggling with mental illness and lost who I thought I was. When I began pouring paintings, I felt a sense of who I was slowly begin to brighten; piece by piece it has continued to grow. Art therapy is something I believe in, whole-heartedly. My expressions through color and contrast, texture and flow, have allowed me the opportunity to release stress in a healthy way. This has been especially important for my sobriety - having an artistic outlet gives me strength. I am grateful for my ability to learn and adapt to what's placed in front of me; acrylic pouring, however, has not only been a hobby I've adapted to, but, it has also visually defined who I am through its abstract meanings and emotions. Every piece is one-of-a-kind. I'm believing more in myself as an independent woman knowing that no one else can perfectly mimic what I've already created. It is my life's goal to continue striving for peace, creativity, and healing through the art of acrylic pouring.
Duplicated Existence
Rachel Dillon

I've been drawing for about seven years now. This is a piece that I drew for a short story I'm currently working on, and it is one of the first digital pieces I that I actually had the nerve to finish. This image represents my leap back into the world of creating.
Iran Culture
Niloufar Mirhashemi

Each society is known for its differences with other societies. Shared beliefs and values, and scientific and literary heritage and the like can enhance the cohesion of a nation and enhance the cultural independence and culture of their wisdom. As an Iranian student, I am interested in presenting my sociology paper on the Iran culture.

Cultural issues related to Iran are entirely dissimilar in various countries. There are many perspectives, such as religion, education, family, and else, that can mention in analyzing of Iran's Culture.

“Iran is located at southwest Asia, which is in neighborhood of countries Turkmenistan, Azerbaijan, and Armenia on the north, Afghanistan, and Pakistan on the east, and Turkey and Iraq on the west” (An Overview of Iran). The geographic location of Iran in the region has caused Iran to have four seasons, which itself causes a changing climate and diversity of food products and land. One of the main reasons for Iran's reputation in the world is due to its vast reserves of oil and natural gas. Iran is the 18th largest country in the world with an area of 1,648,195km2, having an estimated population of 80 million people.

Iranian culture is one of the oldest cultures in the Middle East, and due to the history of its kingdom, not only cultures in its neighbors, such as Greece, the Arabian Peninsula and parts of Asian regions, but also many European countries such as Italy, Macedonia, and Russia, are influenced by Iran's culture. Persian / Persian is the official and native language of Iran, which is historically one of the grandest languages in
the Middle East and the basis of the language of Iran's neighboring countries. Persian comes from Persia, the name of the biggest and oldest kingdom era, that over time changed to Parsi or Farsi. However, there are still many people who know Iran as the Persia, and Iranian as Persian.

Iranians always were and are a religious people. In the Persian kingdom era, the main religion was Zoroastrian. Later, Islam came to Iran and today between 98 and 99 percent of the population of Iran are Muslim. Of these 89 percent are Shi’a and the rest are Sunni (mostly Turkomans, Arabs, Baluchis, and Kurds living in the southwest, southeast, and northwest). 1 and 2 percent of the rest of population is constituted of Baha’i, Christian, Zoroastrian, and Jewish communities.

Iranian education system includes three levels namely, primary, guidance, and gymnasium education. There are both public and private schools in Iran. Education is a very important issue; hence the government officials try to prepare the situation that all students have the same opportunity to use levels of study free. Although private schools are allowed to charge students for tuition fees, some of them have a nation-wide examination, giving an opportunity only to the most talented and bright students.

In Iran, family is very important. The segregation of sexes got mainly changes during past 30-40 years, after Iran revolution, which causes much difference in the role of men and women in the family. Before the
revolution, men dominated the family and women were mostly housekeepers who didn't have any duty except home cleaning, cooking, giving birth, and babysitting. Today's women reach up to the highest levels in society in all levels including education, work, and family. Women rights are more complete, and that makes women have better sense and raises their position in family and society.

In brief, study about culture is a long process that needs too many types of research due to its complexity and diversity. The culture of Iran can overview from different perspectives. I just analyzed a few sections of it, but I wish my writing gets enough charming to read and informative to learn for anyone who reads it.

Works Cited


Being a Baha'i in Iran
Parisa Afshar

I am studying my prerequisites to enter the Dental Hygiene program. This essay was written in my English 99 class. This is a narrative essay, so you can read more about me in the essay.

I grew up in an Islamic country, therefore most of the people in my country are Muslim. This is not a problem by itself, but when you live as a Baha’i in this community, it will be a big problem. My religion is Baha’i. Being a Baha’i in Iran is too difficult because a Baha’i in Iran is not even entitled to basic human rights. The government of Islamic republic of Iran doesn’t let Baha’is to go to university, also doesn’t let them to have job. As I said Baha’is don’t have citizenship rights in Iran. Accordingly, it was very difficult for a family of six to live in that situation. My dad did not have a good job to make money for us, so we always had a lot of financial problems. That’s why I had a dream, since I was child, to make my family wealthy and prosperous.

I worked so hard to receive my high school diploma with excellent grades so that I was one of the best students in school. When I graduated from high school, all my classmates were trying to get ready to go to university, but I could not. Going to university was one of the steps to reach my goal. Fortunately, Baha’i community had a secret university in Iran, so I started to study in that university. However, I had too many problems to study because sometimes we didn’t have instructor, sometimes we couldn’t find books, and sometimes we couldn’t go to
classes because they were in different cities. Anyway, with all those problems, I graduated from that secret Baha’i university. How can I work with this bachelor’s degree? That was my question when I graduated. The government didn’t know anything about this university, so my degree was illegal. How could I work with this illegal degree? I had been disappointed to reach my goal. At that time, it was hard for me to withstand all those difficulties. After years of endless effort, I did not receive anything. It seemed that I didn’t have any way to achieve my goal, so I had tried to forget my goal.

A few months later I got married. My husband is one of the Baha’is students that studied with me in Baha’is university. After marriage, my conditions changed, but I still could not forget my purpose. Why could I not go to university? Why could I not have a decent job to make enough money for my family? Just because my religion is different with others? All these questions were in my mind. I love my religion, and I am so proud of that. I do not allow anything or anybody to discourage me from my religion. My husband and I were looking for a way to improve, but we never improved in our country.

A few years later, we had two kids, so we were worried for our kids’ future because we did not want them to experience a life full of effort with no results. Therefore, my husband and I had to make a very difficult decision for our future. Leaving your country, leaving your home, leaving your family, and leaving all your memories is not an easy
decision. It was a hard situation. Indeed, we had two possibilities. First, we could stay in Iran and raise our children with the same difficulty we had grown up with. In this way, however, the bright future was not ahead of our children. There was no education, no job, and no improvement. Second, we could leave our country and look for our dreams in another place.

In the end, my family and I decided to go and leave all our existence and our hearts in our homeland. When I left my country, I was confused for several months. I had lost myself, because I had left half of my soul in Iran, along with my parents and my home, where all my memories were. But I tried to find myself. When we left Iran, we went to Turkey to do our immigration process, so this time was good enough for me to find myself and use to be alone without parents and other family members.

A year and half later, we arrived in the United States of America. It was time for me now- time to follow my dreams. No one could stop my progress here. Here in the United States of America, all the conditions would allow progress and I only had to start my effort. The first thing that I had to do was to learn English, because I truly did not know any yet. I registered for ESL classes and started learning English. After a year, I registered in college for Dental Assistant program. My classmates in Dental Assistant program were either American or they had been living in the United States for many years. But I had been in the United States for just one year, so my English was not perfect. This problem
made me work so hard to be at other students’ level. A year later I had my certificate, and immediately after I graduated, I got a job at an office. I have been working in that office for 15 months, but it was not the end of my dreams. I want more progress and a better job. Now, I am taking my prerequisites for the Dental Hygiene program, so I will enter the Dental Hygiene Program in next few years.

If I had come here earlier, I could have made more progress, but it’s never too late. I am studying and working so hard, but I am happy, because I am on my way to achieving my goal. I am glad for my kids, because they won’t experience all those problems that my husband and I had. So most of all, I am happy for my kids.
Cold Drive
Anna Fletcher

During my trip to Manson, Washington, I took lots of photos during the drive. I found it very difficult to escape the cold rain we have here in Kirkland. The Sammamish River is very beautiful and every road trip I try to stop and tread the shallows before moving on to Lake Chelan. The storms in Wenatchee are very exciting and each one always ends with a rainbow.
Fox
Ally Holdt

My dream has always been to become a successful tattoo artist and hopefully open my own tattoo shop after being in the industry for a while. I hope to find an apprenticeship soon after getting an Illustration Degree. My piece, Fox, was made with micron pens, .005 and .02. The fox was referenced but the piece was free handed. It was made for Jay Gordon’s amazing class, Intermediate Drawing, but now I am interested in making a series of these pen animal drawings. I’ve been drawing for as long as I can remember and it’s definitely my passion!
Embrace
Remy Springmeyer

*Originally this essay was written after being given a fairly vague narrative essay assignment. I decided to challenge myself and, in turn, hopefully challenge the viewpoints of anyone reading. The topic of this essay can be considered taboo for many people, but I find the conversation necessary. We as a society should strive to accept and embrace the end of life process instead of pushing it aside until you have no other choice but to pay attention. All parts of life should be celebrated and I believe that includes when it ends.*

The first time I met him was at my grandpa’s funeral. I was six years old, the youngest attendee. The sorrow filled the room like a dense fog, unable to see anything but grief. Confused by the emotions around me, I was ushered down the aisle of the church. As my family approached the casket we waited in silence; one by one the relatives I’d never even heard of sobbed their goodbyes. Before I knew it, it was my turn to look; I peered into the satin lined box to see a man that was my grandfather. He looked off, like a wax figure you’d see in a history museum. Then again, I’d never seen him living so maybe he just had a strict skincare regime.

That’s when he first grabbed my hand. There wasn’t any formal introduction because I knew of him well, we’d just never met. He walked me back to the aisle where my sisters were already seated and sat beside me the whole service. He remained by my side as the funeral proceeded. When the casket was lowered into the earth, he held me,
comforting me in a way only he could do. As I lay down to sleep that night death cradled me, holding me in his warm embrace.

The years following, death wasn’t around much. It took two years before he finally came back to take my old dog Snowy with him. When I walked Snowy to the car before she was taken to the vet to be euthanized, I didn’t cry; I just said goodbye and kissed her face sweetly as I had done a million times before. Death reassured me that it was fine that she was going to die; Snowy was old and been hiding under the shed waiting for death to take her naturally. My whole family was in tears of losing our childhood dog, but in my head I was okay with it. She was spoiled for 13 years when she stopped eating, then was surrounded by my sister and parents when she passed; she wasn’t going to miss anything. Her time was up.

After Snowy died, death gave me the cold shoulder; no pets or family members passed. That’s when my fear and uneasiness started. It was a strange progression into these feelings, as though the older I became the more I felt like Death was toying with me. Three, then seven years passed with nothing but life; he was hiding from me but I desperately wanted to know where he was and what he was going to do. I was scared he would take someone from me with no warning and I would be alone to mourn.

When I turned 14, I started showing signs of what I now know was suicidal depression. I constantly dreamt of fading into black, pure non-
existence. He finally came back to me, but instead of taking me with him he kept me here. Every time I held the bloodstained box cutter to my wrist, he would hold my hand and keep me from ending it all. I would fall asleep crying into his chest asking “why?” I wanted to die so badly; what was stopping me? I look back at the times when I was at my worst, slashing into my skin like it was nothing, just waiting for the day I would cut too deep. Like a sick game of roulette I was testing him, trying to push his limits. Death was watching me, though, keeping me close but never letting me completely subside. I learned he has its own agenda and will take me when he pleases.

In March of 2017 my grandmother started to refuse to eat at her retirement home. She was 94. When I saw her that October, she was convinced I was my father’s wife and that my dad piloted the plane to Texas. It wasn’t shocking to me when my mom told me that she was dying; I was expecting it. Her entire life at that point was confined to a wheelchair and 2 rooms where she ate and slept. When I found out she passed away in her sleep the day after my dad and aunts had visited her, I couldn’t be sad. Death slipped her out the back door with no pain and no fuss.

She died with a lasting image of her son and daughters by her side and went to sleep forever.

Some people claim that death is evil; lurking in the shadows, always watching. They act as if the presence of death is a damper on the party
of life and do their best to shun him, but ignoring death is somewhat 
idiotic. These people who dream of immortality or living until they’re a 
ripe old age of 150 before slipping away peacefully in their sleep 
miscalculate the power of death. They will be confronted and scared 
when he shows up, even though he visits everyone eventually. Most 
departures can be seen coming, such as a battle with cancer, old age, or 
ilness, but the hardest to handle are the unexpected, sudden passing of 
loved ones. Death won’t always give you his grim warning in advance. 
Sometimes he will show up uninvited and unannounced and make 
himself comfortable in your life. It’s up to you to welcome him.

My mom cringes every time I bring up death. When I mention how I 
think it would be amusing to be skeletonized and passed down as a 
family heirloom, she shudders with disgust. She thinks I’m morbid for 
asking about what she wants done with her body when she dies, but in 
truth it’s something I need to know. I don’t want to ignore death until 
he’s at the front door like so many people do; I don’t want to suddenly 
have to deal with the finances, paperwork, and complicated decisions 
that cloud modern death. I don’t want to be persuaded into having her 
body injected with chemicals so she is preserved, despite the fact that I 
won’t be able to see her when she’s 6 feet under. I don’t want to be 
convinced that my love for her has to be shown through how elaborate 
or expensive her funeral is. Nowadays people spend upwards of $14,000 
just for their loved one to be put in the ground in a fancy box. Once
death takes one of my family members I want to just be able to give
them the rest they wanted and grieve peacefully.

Death is one of the most misunderstood topics in our current society.
The fact that we haul off corpses within minutes of their heart stopping
suggests that the body wasn’t a live being at one point; a mother, father,
sister, friend. They were all somebody, but as soon as their life is done,
so is the connection we have with them. I know the day someone I love
dies, I will be with them. Even if they are cold to the touch and life has
left them, they were someone I loved and no state will change that.
People think I’m sick for wanting to be the one to dress and wash my
mother’s body, but why? When I was an infant she did the same for me
so why shouldn’t I be able to return the favor?

One day, I hope my family and western culture will come to
understand and appreciate death like I, and many other cultures and
individuals, do. I am lucky in the fact that death follows me and that I
have embraced him. He supports me like nothing else can. He reminds
me that even though I can’t control when it happens, I know it will be
time and I won’t be afraid.
Line Series
Kathleen Burns

I'm a fan of nature, landscapes, textures, and macro photography. This short series was created for a winter quarter photography course and was shot in March. I focused on repetition of lines and curves in nature and man-made materials. These were taken at an outdoor plant nursery using a 100mm lens.
Drowning in the Darkness
Rosita Ives

*Drowning in the Darkness was written as an assignment for my English class. The essay talks about a life-altering event that took place in my life. I chose to share my personal experience with depression and how it impacted both my husband and me. With my husband’s encouragement I decided to share my essay with my fellow students and staff here at Lake Washington Tech, in hopes of inspiring anyone who is fighting depression to know that they are not alone and people do care.*

There is a monster that lurks in the corner, a darkness that wants to strike at any given moment. What is it? Depression. I first came face to face with it in December of 2014. I saw it before, but I did not recognize it. Hiding behind the masks of anger, frustration and exhaustion. Being the wife of a first responder, I figured that my husband's frustration and our arguments were caused by his sleep deprivation followed by the continued 24- or 48-hour shift rotations. I did not realize there was something more. I did not realize he was drowning in a darkness that was consuming him and getting ready to make its final strike if nothing interrupted the cycle.

When we first met I did not see this side of him. In general, when people are dating and getting to know each other, they tend to present their best side forward in hopes of winning over their date and in return gaining their love and affection. I was in love with the blue of the uniform and the red and yellow of the fire truck. I was dating a hero, and in my eyes, he was perfect.
We had arguments, which I thought were normal. I do not know of any couples who do not have occasional disagreements, but our heated discussions were intensifying. I was walking on eggshells every time my husband returned from work. I was afraid I would step on an emotional landmine and it would blow up. I did not know that my husband was suppressing five years of trauma that he experienced in the field. I did not know that my husband had been shot at, stabbed in the leg and physically attacked by a patient that was in transport to a psychiatric facility. I did not know that he had insomnia and multiple ghosts that haunted his dreams…ghosts of the ones he could not save.

December of 2014 was especially hard for us. We had a 6-month-old at home, holidays were quickly approaching, and money was getting tight. He had been laid off from a private ambulance company the month before. This made me the main provider for our family and that was hard for him to bear. You see in the fire industry if you are a man there is an unspoken expectation that you are responsible for taking care of your family. He felt that he was not living up to it. I do not remember what started our argument that evening, most of them were started by something that we said and it got misinterpreted because both of us were tired. The argument turned verbally abusing quickly – both of us felt attacked so we lashed out at each other. I went to pack up my daughter’s diaper bag with the intention of leaving. He had the intention of keeping me at home and resolving our disagreement. When I would not stop
packing he punched a hole into a wall from his frustration. At that moment I was afraid for my daughter’s safety. When I tried to leave he blocked the door.

I told him that if he did not let me go I would call 911 and his career would be over. At my threat, he let me walk away.

I did not know, that at that very moment, as I was leaving, his world was crumbling and he was contemplating his suicide. He felt that life was not worth living, and that I would be better off without him. I did not know that he was trying to fight his depression on his own. I was wearing rose-colored glasses and they were clouded by anger. In that moment, I hated him. I could not understand what was wrong with him. I went to my friend’s house with the intention of calling a divorce lawyer in the morning. He called me an hour later, sounding broken, crying and telling me that he did not want to go on living. He did not want to see someone else raising his daughter, but he felt that my daughter and I deserved better. This was his goodbye call. In the precious moments that followed I learned about the ghosts, about the scar on his leg, and about the drive-by shooting. Up until that point I did not know that there really wasn’t any kind of serious debriefing that took place after traumatic calls.

There is a stigma in the fire industry that if you tell anyone what you are going through that somehow you will be perceived as weak. So many of the men and women don’t say anything. They just try to deal
with it on their own until the darkness is unbearable, and they take their life. As I later read, “a survey of more than 4,000 first responders found that 6.6 percent had attempted suicide, which is more than 10 times the rate in the general population, according to a 2015 article published in the Journal of Emergency Medical Services. Friends, family and coworkers reported 132 first-responder suicides nationwide in 2016 to the Firefighter Behavioral Health Alliance, an Arizona-based nonprofit that promotes better mental health support for first responders. The voluntary reports are some of the only data available on the deaths and likely capture only about 40 percent of them” (Venteicher).

I thank God for that argument. Had that horrific battle not taken place my husband would not be here today.

We stayed married on the condition that he would seek professional help. Getting a counselor that actually understood him was a challenge. While a lot of them specialize in the Post-Traumatic Stress Disorder (PTSD) for veterans, they are not able to grasp the intensity of the situations that the firefighters are expected to cope with on a daily basis. Over the next year my husband started antidepressants and while that helped stabilize his mood, it did not calm the storm that was raging inside of him. Two years later my husband responded to a call that shook him to his core and once again made him question his existence. There were other calls in between, but between the antidepressants and myself becoming his therapist things improved. I knew that something
had to be done but I did not know where to begin. For advice, I reached out to a friend of who used to be a chaplain in the US army and has a son who is also a first responder. I felt that if there was anyone in the world who could understand me it would be him. With his guidance our life once again improved. Over the last year there has been a lot more attention brought to the mental health issues that plague our first responders. We were able to get in touch with someone who understood my husband: Chuck, a former homicide detective who chose to do a career change and make a difference in the lives of his brothers and sisters in blue. He taught my husband techniques that helped him decompress the last 8 years (at this point) of trauma. I don’t think I will ever forget the morning my husband told me that “this is the first time I woke up happy.” This is one of the happiest moments of my life.

I was able to save my hero, to control the monster that I know is lurking in the background, waiting for the right moment to try and strike again. Depression does not care about your age, color, financial status, or what you have accomplished in life. It looks to strike and take as many victims as it can get its hands on. We can make a difference in the lives of many. Something as simple as a kind word or a warm hug can make a world of difference. If you feel that something is wrong with your friend or a family member speak up, you could save a life.
Works Cited

I am Not One of You
Brie Blackstone

Inspired by an incident, where I was told I was not of because I was not part of. Sometimes people can't see that you do not have to be alike to belong.

1/18/2018

I am not one of you because I do not have the same color of my skin
I am not one of you because I do not speak the same language
I am not one of you because I haven’t been here since the start
I am not one of you because I was not chosen to be part of
I am not one of you because I am too overweight or too thin
I am not one of you because I don’t believe in your cause
I am not one of you because I am too strong or too weak
I am not one of you because I cannot understand you
I am not one of you because I am not what you think I should be
I am not one of you because I tell stories instead of writing songs
I am not one of you because I don’t match your politics
I am not one of you because I am an outsider
I am not one of you because I don’t wear the same clothes
I am not one of you because I am not pretty or handsome enough
I am not one of you because I don’t fit into your image
I am not one of you because I can’t understand the secret jokes you tell
I am not one of you because I have no voice
I am not one of you because I cannot hear you
I am not one of you because I don’t stand up for myself
I am not one of you because I do stand up for myself
I am not one of you because I am not the favorite
I am not one of you because I am not from there
I am not one of you because I am not your friend
I am not one of you because I am not your enemy
I am not one of you because I do not listen
I am not one of you because I am afraid
I am not one of you because I will take your hand
I am not one of you because I choose to be one of my own
Blossom
Anna Fletcher

I wrote this when I had struggles within my home. I wrote it in hopes that children that appear in my own future don't have to suffer from neglect and sadness, the same pain I endured growing up in a mentally unstable home. I'm now independent from my family and happily pursuing my dreams of being a writer/artist. I will never look back and believe my pain hindered me from doing what I love; it actually motivated me, and ultimately healed me in a positive way.

I composed this not only for my family, but the world.

No child is born without a mother, and no man will die without having a father who loved them more than life itself.

When considering the eyes of our dear children, do you see any hint of rebellion?

Peer beyond the innocence of their adorned curiosity, and ask yourself of these:

"What future awaits those eyes of mischief?"

"Is it the children that must teach the old, or is it the wise; who pass through their tiny spec of enlightenment?"

It isn't the elegance of their meek faith, or the fainthearted soul:

It's the child's unknowing glow, and inspiration that will foretell the command of the enormous singing waves.
Now we say; "Be a teacher to the small, a student to the wise, and a light to the wick, to pass through the compass, and illuminate the path of our new fathers."

They will give to you: age of which the vines have laced, love so amazing and grand, and never become a man with no border and cornerstone.

The apple may fall from the tree of knowledge; it will rot away with the temptation of the wicked.

Thoughts and teachings are not given to those who take without care and devour it whole.

The fruit is to be gathered; stored for when it is time of famine.

Children who are given these evil fruits will turn to the soil of where it had rotted.

Those who are patient and concerned for one's infant will wait until the fruit has ripened, and pass it to them to share with joy and thrill of having waited long for good company.

Loving youth,
-Anna Fletcher, 2015
My Heart in My Hand
Joseph Hollingshead

I am a digital art major but have enjoyed the opportunity to complete different forms of art as well. This has included participating in photography and using my viewpoint to create photos that have reflected some of my interests.


A Quick Little Prick
de-Anna Martin

*The story describes my experience of needing the TDaP vaccination as I traverse on the journey to start training for my second career with the goal of becoming a nurse.*

On a cold dreary Friday morning in January 2018, I checked in to the Virginia Mason allergy clinic. I was nervous and excited about the outcome of my visit to receive a vaccine. It was as if I was sitting in the viewing gallery of an operating room sitting on the edge of my chair anticipating the first incision of a surgery. Not only was this visit a turning point for me, but also one that would determine whether I could advance towards a career in healthcare. Vaccines are antigens given to prevent life-threatening diseases. They are administered from syringes with hypodermic needles. This activity is called vaccination, commonly known as getting a shot. The injection of a shot is usually delivered quickly and is relatively painless. The outcome of the vaccination often is underestimated for the benefit of immunization. However, the shot can be as deadly as the disease itself. As I would learn, it can be life-threatening to be inoculated.

It started back when I was a teenager, around 15, waiting for the good ole’ booster shot all kids must have for school and sports activities. Until this time, I did not have a reason to be nervous or afraid of shots. “Yeah, a shot can make your arm a little sore, but it’s a quick prick,” said the nurse. I was not apprehensive before the shot. I received the injection
and was asked to remain sitting in the waiting room for a required time. The nurse used this time to observe any adverse reactions in me. Something happened! An adverse reaction presented— not anaphylactic in intensity, but a very swollen arm severe enough that the doctor warned “don’t get vaccinated for tetanus again.”

Fast forward several years. Early in 2017 I had a turn of career events which led to the discovery that lacking a bachelor’s degree, in any discipline, on my curriculum vitae dictated my fate in the resume piles for job considerations. As an unemployed product of the state employment security system, I reached for the book “What Color is your Parachute?” and completed the questionnaire. The results suggested that working in healthcare might be a good career fit. After many discussions with my husband, I decide to end my technology career and embark on a journey toward a new career in healthcare. I set a goal of becoming a nurse. Heading back to school would be the first step towards a new career. After applying for admission to college, I needed to pick courses for my first quarter of instruction. Because I wanted a taste of the healthcare field in a quick fashion, I registered for the one-quarter Certified Nursing Assistant certificate program. The learning outcomes of the program would train me and prove my proficiency needed to apply for the Washington State Board exam. The rigor in the documentation collection was required for the clinical, hands-on, training component satisfying a prerequisite to apply for the exam.
application. The clinical portion of the program is conducted onsite at a skilled nursing healthcare facility. Students, along with any worker, are covered under the healthcare workers vaccination protocol as mandated by the United States of America’s Department of Health Services.

Through the process of reviewing and collecting the immunization records I noticed a tetanus, diphtheria, and pertussis (TDaP) vaccine as a requirement. I was not worried about the extra effort in providing a physician note for the aforementioned warning about the tetanus vaccine. However, I wouldn’t be immune to the D and the P. Was diphtheria still an active disease? I knew pertussis was active because of the recent outbreak in the state of Washington. I did not think it was a big deal. As it turns out, it is a really big deal, and to work in any healthcare facility they would require a definitive answer on my tetanus status if I wanted to ever provide direct patient care without wearing a procedure mask. Regardless of the absence of symptoms, I could be a carrier of pertussis which is a highly contagious infection of the respiratory tract, otherwise known as whooping cough. The Department of Health’s Center for Disease Control (CDC) has carefully researched vaccinations and deemed that the pertussis antigens are activated by the tetanus antigens and together boost the body’s immune system against both diseases. Because one cannot have one antigen with lasting effects without the other, the pertussis became my priority. A combination benefit with the prick of one needle.
A month after my college instruction began, the final determination on my vaccine status needed documentation from an allergist, a doctor specializing in allergies. I scheduled a consult to draw the required documents together on this pesky subject. I wanted a definitive answer. During the appointment, the doctor explained the challenge-shot protocol. The process would take several hours and would include small dose administrations alternating between my arms with thirty-minute observations between the shots. I agreed to scheduling the appointment.

The morning has come. I’ve checked-in and my adrenaline is pumping throughout my body. I can feel my blood rushing and can hear my heart beat in my ears. I am sitting in the allergist’s office awaiting this vaccine, knowing that the outcome from this day will predict my fate of being eligible to provide direct patient healthcare. Will it kill me before I get the opportunity to help people?

My doctor opens the door, smiles, and walks into the room. She is excited to see a student, me, willing to put their life aside and possibly jeopardize it for the willingness to help many. This is the same profession she chose, and she admires my courage. She evaluates me to form an overall assessment for a baseline to be used in comparison of my state pre and post shot. She asks me to describe my overall feeling. While I share my feelings of anxiety, she’s observing my heart beating, my breathing, and paying close attention to the condition of my skin. My
nervousness is mildly eased by the prescribed protocol and the very fact that her clinic is within a hospital. Once again, she reviews the process of the challenge shot and explains that the doses of the vaccine are divided into smaller amounts. The three shots are given sequentially with the largest at the end. Two syringes are prepared with 20% of the total dose and one syringe with the remaining 60%.

The first shot is given and I am sitting up in the exam room chair without an issue. Five minutes pass. I feel something is happening to me—"Dang it!" I yell out, and the nurse rushes in and moves me to the exam table. While I am reporting my symptoms and explaining my cause for concern, the nurse listens to my heart and guides me to a calmer place with a soft, assuring voice. My tongue feels like it is swelling and consuming the cavity of my mouth. My heart is racing. For a moment I am nervous about the unknown, but I quickly awaken to the realization I am in a medical facility. I will not die today; however, I may not have the opportunity to work in healthcare either. The doctor rushes in and observes me while drawing upon her initial baseline for comparisons to identify any variance. She wants me to be okay. She also hopes that I can follow my dream of working in healthcare. She’s supportive and speaks with a calm voice. Her reassuring support and asking if I want to stop the process is very clear. She offers Benadryl, a common anti-histamine medication, which would ultimately stop the vaccine’s effect and dash my hopes of being a nurse. After 30 minutes
and not detecting symptoms that would support a medical emergency, she gives me a choice. “Stay the course and continue with the next shot or stop?” she asks. While I am deciding and completely in my head, she adds more for me to think about. She is willing to pen a letter stating that I am 20% inoculated with the louder portion of her words, but she reminds me that stopping this process will limit my ability to work in direct patient care. I think about it and slow my breathing. The reaction was not severe enough to completely close off my airway, so I receive with the next 20% syringe. When the doctor observes no changes during the next observation time, she asks if I want to receive the final dose. I respond by throwing up my hands and saying, “why not, I’m here! I cannot go into healthcare unless I have 100% of the vaccine. Shoot me up with that last 60%!” I then wait.

I am alive and breathing. I have conquered this TDaP vaccine, and in 10 years I will need this shot again. I ask my doctor for guidance on what to do in the future and her response was “Schedule an observation administration again.” I am now immune to the diseases targeted for the TDaP vaccine. Like an airline announcement after reaching ten thousand feet, I am now free to move around the medical facility.
What Is Bruxism, and Do I Really Need a Nightguard?
Ashley Kirkham

I am currently in the process of completing my prerequisites to be able to apply to the Dental Hygiene program at LWTech. I started this journey about a year ago and will be applying in 2019, in hopes to become part of the new graduating class of 2021 with my dream job. I graduated from LWIT in 2010 as a Dental Assistant and continue to build my knowledge in the field, which is ever changing. When deciding on a research topic, it took me no time to know that understanding nightguards more was the answer. Enjoy!

It’s that time of year again when I need to go to the dentist for my routine, semi-annual dental cleaning; however, this appointment is different than the previous ones. As I sit and wait for my appointment I am handed a new health history form. This is not the strange part – the questions are new, unusual and quite frankly hard to answer: “Have you ever been told by your significant other that you make grinding noises with your teeth while you sleep at night?” “When you wake up, have you ever experienced a sore jaw or headache?” Initially I answered no, but as I progressed through filling out the two lengthy pages of questions, I began thinking to myself; the answers were yes. I must admit, I am a dental assistant at this particular office and have been in the dental field for over eight years. However, before you start to think that I don’t know much about these questions, this was about two years ago when our doctor started hearing about the recent studies being done on bruxism and occlusal wear on teeth: Hence the reason for the entire office staff filling out the new and improved health forms. With the new
questionnaire also came an enjoyable head and jaw massage that was added to the dental examinations. Granted, this pleasant inspection was less for relaxation during the appointment and more for the dentist to examine the head and neck area of the patient. Still, along with our patients, I saw it as an added bonus which helped make the often-stressful visit more enjoyable.

Around the time that the office updated our questionnaire, recent studies had examined the need for an occlusal night guard or splint to help protect the teeth from harmful forces which are caused by the masticatory system. I heard my doctor preach to patients about this on a daily basis for two years. More recently, however, I haven’t heard any new information. This is where my curiosity begins and hopefully yours as well: Teeth are always at the center stage in every conversation, which is why I only want the best for my pearly whites. As my research has found, new evidence of wear on teeth as well as stresses on jaw muscles is still being found, and professionals still agree that implementing precautions early could prevent future problems to the masticatory system.

Let’s start off with an explanation of the mouth. Wieckiewicz, Paradowska-Stolarz, & Wieckiewicz, (2014) explained that “la Bruxomanie” was used by Maria Pietkiewicz for the first time in 1907. This term, which was later deemed “bruxism,” explains the destruction of the masticatory system done without purpose (p. 1). Bruxism is the
grinding and clenching movements of the maxillary (upper teeth) and mandibular (lower teeth) - known as the masticatory system - against each other from the driving forces of the mastication muscles in the face and jaw: masseter, temporal, medial pterygoid, lateral pterygoid, and the buccinator muscle (Kawakami, Kumazaki, Manda, Oki, & Minagi, 2014, p. 2). However, the destruction caused by bruxism doesn’t stop there, as it has been further found to be associated both with tooth damage from such forces and with headaches and TMJ disorders (Swaminathan, D., & D., 2014, p. 129). Occurrences of these parafunctional activities can happen during the day—known as daytime, diurnal, or awake bruxism which involves “semi-voluntary ‘clenching’” actions. It can also happen at night—known as nocturnal or sleep bruxism; the latter is the more devastating disorder of the two different types (Swaminathan et al., 2014, p. 129). Most daytime bruxism is manageable due to one’s ability to notice the force being exerted on the teeth, but sleep bruxism is not always as easy to combat.

During the night our neurological safeguards are turned off, allowing the strong forces applied by our jaw muscles to fracture or break teeth and pre-existing dental restorations in the mouth. Stress in a person’s life is one of the many triggers that puts a “biological strain on an organism” stimulating the neurological systems while we are asleep (Wieckiewicz et al., 2014, p. 2). Stimuli that cause a person stress are called stressors, and stressors can be enhanced by situations at work, friendships, family
circumstances, and countless other things that come to mind just hearing the word “stress.” Wieckiewicz et al. (2014) explained that these external environmental stressors are processed in the brain’s central nervous system (p. 2). Once the sympathetic nervous system is stimulated by the limbic system and hypothalamus, the stressful emotions excite the hormone adrenaline and its receptors. Wieckiewicz et al. (2014) further explained that adrenaline “leads to faster breathing and heartbeat, a higher muscle tension, and an increased sugar level and blood pressure” (p.2). The heightening muscle tension stimulates the muscles that are a part of the mastication system within the jaw.

Stress is experienced by all ages and continues to become a problem in all demographics and societies. As we age, we become more equipped with the abilities to see the signs to try and manage our stress by attempting to lower our stressors with different coping mechanisms and outlets. However, when we are asleep those different anxieties come out from our central nervous system to the forefront of our mind and cause muscle tension, which leads to the clenching and grinding of the teeth in the form of bruxism. A study by Wieckiewicz et al. (2014) has shown several “pathological emotional experiences” are often found to result in some form of “muscular parafunction/bruxism” which explains why leading studies point to stressed, aggravated, and controlling individuals as being the most vulnerable to this sleep disorder. Kubo, Iinuma, and Chen (2015) have studied the relationship between mastication – the
chewing and crushing of food which is produced by the force of the teeth coming together – and the release of stress (p. 3). Biting on things such as fingernails, pen caps, or other objects that can easily replace those when in need are “considered outlets for emotional tension or stress” (Kubo et al., 2015):

Mastication during stressful conditions suppresses stress-induced activation of the autonomic nervous system, causing sympathetic nerve terminals to locally release catecholamines. Aggressive biting during exposure to stress significantly attenuates stress-induced increases in dopamine metabolism and noradrenaline turnover in the hypothalamus and limbic areas.

Although studies on the correlation of sleep bruxism and environmental stress factors still are controversial, there are many that support the relationship between the two subjects, which are still being studied further (Kubo et al., 2015).
Table 1: Possible symptoms of bruxism according to medical disciplines (Wieckiewicz et al., 2014, p. 3).

<table>
<thead>
<tr>
<th>Branch of medicine</th>
<th>Symptoms observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentistry</td>
<td>Clenching or grinding of the teeth while asleep (often noticed by sleeping partner); hypersensitivity of teeth to hot, cold, sweet, and so forth; attrition; fractures of teeth; negative consequences in periodontium/gingival recessions; loss of teeth; damages and cracks of fixed and removable dentures (especially dental ceramics); cheek and tongue biting</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>Ear sounds (tinnitus), ear aches (referred pain) with possible hearing loss, ear infections, apnea</td>
</tr>
<tr>
<td>Neurology</td>
<td>Constant, dull headache; pain in the temples; sleep disorders (insomnia); anxiety, stress, and depression; dizziness; vertigo</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Hypersensitivity to light, pain in the eye or around the eye, difficulties in sight focus</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>Sore jaw muscles, facial pain or jaw pain, higher muscle tension, myofascial pain, temporomandibular joint disorders (clicking), trismus, hand and arm tingling</td>
</tr>
<tr>
<td>Others</td>
<td>Changes in facial appearance, eating disorders</td>
</tr>
</tbody>
</table>

The unconscious vigorous movements/force of the jaw are extremely detrimental to an individual’s oral health and surrounding structures as well as adding pain around those areas. Extensive tension on the masticatory muscles leads to those pesky, chronic headaches in the
morning which can extend throughout the duration of the day. Because the muscles are under constant strain, other added symptoms that Wieckiewicz et al. (2014) mentions are “cervical pain, and abnormality of the temporomandibular joints as well as hearing problems” (p. 2). The auditory system is in close proximity to the mouth’s location near the temporomandibular jaw joints, which is the reason ear aches are still being studied in correlation to bruxism and other closely related disorders (Wieckiewicz et al., 2014, p. 4). Table 1 describes the most relevant symptoms of bruxism found by Wieckiewicz et al. (2014, p. 3).

Damage to the teeth and oral mucosa not only cause physical pain but can cause emotional and social pain. Being able to speak is critical for human interactions in life. Without teeth, people will eventually find communication hindered, potentially affecting their psychosocial interactions, and causing added stress in their lives (Todić, Mitić, Lazić, Radosavljević, & Staletović, 2017, p. 139).

Studying the leading causes of bruxism becomes crucial regarding data for the disease; that also goes for the study of other dental issues such as dental decay in the mouth. One of the reasons for the lack of evidence is the undervalued architectures of sleep bruxism amongst the physicians and dentist (Kim & Han, 2015, p. 98). Since scientific evidence is lacking for various reasons, dentists and other health physicians don’t see the need to implement preventative measures to aid in reducing the problem in their practice. Yet, the number of patients
being diagnosed with the disease continues to rise; and the number of 
patients has risen even more significantly in recent years (Wieckiewicz et al., 2014, p. 4). More dentists are including questionnaires about sleep 
bruxism and diurnal bruxism on their health history, though that still 
produces flaws with diagnosing the problem. In their review, Kawakami 
et al. (2014) found a number of dentists including only one bruxism-
specific question on their health history forms, resulting in defects in the 
data collected from the self-reported questionnaires (p.1). This formed 
concerns about specificity and homogeneity of the bruxism disease and 
measures to diagnose it (Kawakami et al., 2014, p. 2). Following 
Kawakami et al’s (2014) study, six of his subject patients were unaware 
of the clenching and grinding motions they were involuntarily doing 
during the night prior to the study (p. 7). These results show that that if 
patients are oblivious to the disorder they potentially have, making them 
aware could be the missing link to provide adequate research on 
bruxism. However, using questionnaires in comprehensive health history 
forms is the initial step in diagnosing sleep and awake bruxism. Dentists 
and physicians use this information along with a tooth-wear index – 
which classifies occlusal wear on teeth – and palpation examinations of 
the face and neck to determine progressions which may need further 
diagnosing.

Advanced apparatuses have been implemented in effectively 
diagnosing day and sleep bruxism. Swaminathan et al. (2014) expressed
physical assessment tools such as a “masticatory muscle electromyographic” and overnight polysomnography - in layman’s terms a laboratory driven sleep study – to help diagnose bruxism (p. 132). Electromyographic includes a thin sheet of paper which is infused with a pressure sensing technology (Todić et al., 2017, p. 140). The electrodes within the paper sense occlusal biting force along with occlusal contacts of each individual tooth, providing pressure points. From these readings, Todić et al. (2017) discovered information which allowed correlations between maximum bite forces and events of bruxism. Todić et al. (2017) expressed polysomnographic recordings as the “[golden] standard diagnostic method” in retrieving quality research from specialized laboratory recordings from bruxism patients (p. 143). Polysomnographic recordings are performed in a sleep laboratory designed to detect sleep patterns and activities in a controlled environment (Swaminathan et al., 2014, p. 132). Electrodes are applied to the face, specifically on various mastication muscles, to help detect maximum clenching episodes during the night (Kawakami et al., 2014, p. 2). Patients above a threshold of 20% were diagnosed with sleep bruxism and were informed of preventative measures for the disorder.

Although there has been no research to show a specific existing treatment plan, there are many options that help manage the symptoms. Such treatments include occlusal therapy, behavioral modifications, and pharmaceutical managements. Occlusal therapies include interventions
of the dentition including orthodontic measures as well as rehabilitation of teeth through dental restorations: fillings, crowns, bridges, or implants. Other therapies are implementing oral appliances such as nightguards or occlusal splints that are “by far, the treatment regime which has withstood the test of time” (Swaminathan et al., 2014, p. 133). These consist of a hard or soft acrylic-resin based appliance that fits over the maxillary or mandibular teeth, providing a gliding surface between the two arches. Although these have provided patients with comfort and protection of the teeth from bruxism, Swaminathan et al. (2014) observed that the inconsistent studies prevent definitive evidence showing beneficial results (p.133). Because stress has been shown to increase muscular tension, behavior techniques are being implemented in some cases of bruxism (Kim & Han, 2015, p. 97). Swaminathan et al. (2014) noted that becoming aware of the nightly grinding could potentially reverse the negative habit; however, research is lacking (p. 133). Vastly studied pharmaceutical regimens have been studied such as muscle relaxers and Botox injections into the masseter muscles (Swaminathan et al., 2014, p. 134). Botulinum type A toxin is a form of Botox that is injected into each masseter muscle with the guidance of ultrasound (Quezada-Gaon, Wortsman, Peñaloza, & Carrasco, 2016, p. 239). Quezada-Gaon et al. (2016) showed promising results in the advancement of research, yet more studies are needed (p. 243).
With a shocking amount already known about the issue, new data is being uncovered and providing stepping stones towards factual evidence in the world of bruxism. Speaking with your dentist can increase early recognition by self-analysis or concern from your significant other could prevent frequent hasty appointments at the dental office. With the addition of more testing, detection of the disorder could progress research in the right direction as well as provide patients with more suitable protective appliances to ensure longevity of the teeth and oral mucosa. Although pricy oral devices could be a burden to a person and their finances in the present time, preventing costly office visits in the future could save an individual a fortune in dental restorations. Evidently much remains to be learned about bruxism, but researchers and dentists generally agree that implementing precautions such as behavioral modifications or a nightguard may help to maintain healthy teeth.
References


You Know Nothing Jon Snow
Diana Korpi

Value Portrait of Kit Harington a.k.a John Snow
Inclusion in the Early Childhood Education Classroom
Victoria Lewis

I am a preschool teacher who strives to teach from my heart, plan from my head while thinking on my feet. Leading always by example, nurturing curiosity and creativity, encouraging kindness and continually presenting children in my care with opportunities for self-discovery. Inclusion in the Early Childhood Education classroom is an issue that I am passionate about. I view each day as an opportunity to show children the value of who they are by creating an environment that supports their individual growth and welcomes diversity.

The topic of inclusion in the early childhood education classroom is one of great debate. Can typically and atypically developing children be taught alongside one another and succeed equally? Concerns arise as teachers, families and members of the community ask, what is true Early Childhood Inclusion, and can it be implemented in the preschool classroom? According to Eileen Allen and Glynnis Cowdery (2015) “Inclusion is not a set of strategies or a placement issue. Inclusion is about belonging to a community—a group of friends, a school community, or a neighborhood” (p. 6). In a sense, inclusion is the right of every human to feel supported, valued and welcomed by those in their community (Allen & Cowdery, 2015, p. 6). Having preschool classrooms mirror a supportive and welcoming community that values its members can be beneficial and successful if done with care and consideration and a knowledge of child development, understanding true inclusion and the impact of teamwork. The success of an inclusive early childhood educational program is made possible through a dedicated
teaching team, involvement from families and continued support from
the community while simultaneously promoting inclusion in the
classroom.

The more that is understood about how young children learn, grow
and develop, the more communities can begin to become supportive of
Early Childhood Inclusion. Marla Lohmann (2017), who is on The
National Association for the Education of Young Children advisory
board, states: “Inclusive preschool classrooms are in the best interest of
all young children…” The National Association for the Education of
Young Children (NAEYC) in conjunction with The Division of Early
Childhood (DEC) formed a statement regarding inclusion in early
childhood: “Early childhood inclusion embodies the values, policies, and
practices that support the right of every infant and young child and his or
her family, regardless of ability, to participate in a broad range of
activities and contexts as full members of families, communities, and
society. The desired results of inclusive experiences for children with
and without disabilities and their families include a sense of belonging
and membership, positive social relationships and friendships, and
development and learning to reach their full potential. The defining
features of inclusion that can be used to identify high quality early
childhood programs and services are access, participation, and supports”
(NAEYC & DEC 2009). The joint statement details that each child has
the right to be supported as full and equal members of society no matter
their ability. Children and their families have the right to educational programs which represent them as equal members of their community. The Department of Education (2015) makes statements which are congruent with those made by NAEYC and DEC: “It is the Departments’ position that all young children with disabilities should have access to inclusive high-quality early childhood programs, where they are provided with individualized and appropriate support in meeting high expectations” (p. 1). That is to say that children with disabilities are to be granted the same educational opportunities as typically developing children in a manner which best supports them regardless of their ability.

The history of inclusion begins with the rights of individuals with special needs to be educated. Those with special needs have not always been considered worthy or capable of traditional education or of any education at all. It was not until certain laws were put into place that rights were granted to those with abnormal development or those requiring special education. The Individuals with Disabilities Education Act (IDEA) was first signed in 1975 and last amended in 2004. This bill does not require inclusion per se but does require that children are placed in the “least restrictive environment…” (IDEA 2004). This leaves some to interpret the meaning behind the phrase, “least restrictive environment…” (IDEA 2004) to be inclusion. The bill includes provisions for children with special needs to be represented as part of their community by being included in the mainstream classroom if that
is in their best interest. IDEA also provides that the level of inclusion is determined by the needs of the children and that a position in a regular classroom is the foundation for building an educational plan which will support the needs of a child exhibiting special needs. The stipulations cited within the bill are there to ensure that as many children with disabilities as possible have access to the education that they deserve while still meeting their individual needs and supporting their development.

Mainstreaming, integrating and full-inclusion are terms most associated in discussions on building an inclusive classroom. Mainstreaming is including children with disabilities in the classroom with typically developing children (the reverse can also be true). Melissa Ferry (2001), writing for Friendship Circle, a Special Education Resource, discusses the idea of mainstreaming and the impact on children and their learning environment: “Those who support the idea of mainstreaming believe that a child with disabilities first belongs in the special education environment and that the child must earn his/her way into the regular education environment”. Integration is children with special needs and those without being involved in the same program. According to Ferry: “Full inclusion means that all students, regardless of handicapping condition or severity, will be in a regular classroom/program full time. All services must be taken to the child in that setting” (2001). This means that children with special needs will be
supported in a regular classroom with provisions made for them. Lastly, integrated special education is a few typically developing children in a classroom with the majority having special needs. Each of the terms used in discussions about inclusion are descriptions of methods used to facilitate or create an environment which is in the best interest of all children. However, one could argue that there are clear-cut difference between methods while another makes claims that the distinction would be arbitrary: “The difference between mainstreaming and inclusion is philosophical” (Allen & Cowdery, p. 5). Regardless, inclusion is present with the goal being what is in the best interest of the children who are taking part in the programs.

Ethical, social, developmental and monetary issues have been main points in the arguments surrounding Early Childhood Inclusion. The early educational system has done a great disservice to those children that might require special provisions, in the past by full segregation and, in many ways, it still does by lack of support or acceptance. Until a common goal is reached and value is placed upon acceptance and support then ethical problems will remain unsolved. Katie Stout, writing for The Wisconsin Education Association Council (2001), states: “Inclusion remains a controversial concept in education because it relates to educational and social values, as well as to our sense of individual worth”. Children with disabilities whether physical or mental have the right to the same educational experiences as typically
developing children. When communities begin to accept those with special needs as valuable members of society then schools will be able to mirror that same notion in the classroom. This approach will strengthen the connection between home and school and will shorten the metaphorical distance between the community and the classroom. An inclusive classroom has the potential to show children with disabilities and their families that they are welcome, valued and respected while giving typically developing children exposure to those with special needs which will reinforce their image of those already represented within their community.

Since the early years are so foundationally important for the development of a child one must ask if an inclusive atmosphere is the best for that foundation to be laid. As a child grows there are skills that they acquire on their own, basic developmental skills. These are achieved within certain timeframes. Young children with developmental delays need to be in classrooms with individuals who understand how their delays can have an impact on how they respond to those timeframes and can support them on their path to meeting important milestones.

As the financial burden that is often associated with the education of children with special needs is one of the topics in the discussions about inclusion, it must be taken into consideration. Some believe that since the cost is so high, programs become less accessible and should be
eliminated altogether. However, with community support and planning, the cost that accompanies the education of children with special needs can be greatly reduced or eliminated by taking advantage of preexisting programs in the community (Allen & Cowdery, p. 15, 2015). Special needs programs can be costly alone but the fact that this cost can be bypassed by joining programs that are already in place should not be the only reason to provide inclusion. Another factor which plays a role in cost is the growing number of children with needs that are not being met in the early childhood education classroom simply due to lack of services offered: “Simply put, there are not enough quality early childhood programs to go around” (Allen & Cowdery, p. 15, 2015). The lack of quality early childhood education programs for children of all abilities is an educational and monetary concern. Without access to quality programs all children are susceptible to falling through the cracks. The notion of inclusive educations becomes more of a monetary concern for parents as they are searching for entities to teach and care for their children.

Meeting the needs of all children should be a central focus in discussions regarding early childhood education-this is both an economical and ethical way of thinking. Incorporating children with and without disabilities into already established programs and using public money to support educated teaching teams could be an effective solution to a growing problem. When money is an issue it can cause people to
lose sight of the real problem but in this case the problem is lack of quality programs for all children, as Allen and Cowdery (2015) state: “Investing public money in segregation rather than inclusive facilities should be seen as a setback-philosophically and financially-in meeting the developmental needs of all children” (p. 15). In short, the best way to move forward is to use public money to strengthen existing programs and support teaching teams as they endeavor to put the needs of all children first in an Inclusive Early Childhood Education program.

A picture of an Early Childhood Inclusive space begins with the teacher or team of teachers; professionals who are highly educated in their field, devoted to their work and committed to the teamwork aspect that is required for the success of such programs. Melissa Ferry states, “Research studies have shown that co-teaching can be very effective for students with special needs, especially those with milder disabilities such as learning disabilities. When implemented correctly, co-teaching can be a very successful way to teach all students in a classroom setting” (2013). Ferry continues to discuss that poorly executed co-teaching models can do more damage than good, so it is important to build a team that communicates effectively and seeks outside help when needed (2013). An article written by Tim Villegas (2017) gives a definition and responsibility of co-teaching: “Co-teaching—also referred to as team teaching or collaborative teaching, two teachers (one special and one general education) work together in a ‘flexible and coordinated way’
carrying out accommodations and modifications for students who requires special education services. The two teachers, as well as paraprofessionals, have the responsibility to educate all students in the classroom”. The team might include special education professionals, behavior and child development specialists, as well as community resource experts.

Once a strong teaching team is in place then begins the work of involving the families of the children in the program and including them in the educational process. Building a connection between home and school is essential to the overall success rate of the children participating in an inclusive program. As all children learn from modeling, an inclusive environment is most effective when all essential components are working together. These essential components are a strong teaching team, informed and involved families and a committed community network of professional resources.

The benefits found within inclusive programs are not limited to those children with special needs because typically developing children can thrive in a well-structured inclusive setting as well. The Early Childhood Alliance (2015) states, “An inclusive attitude accepts that all children with and without disabilities should be respected and supported to feel capable and safe, and can experience the benefits of living and growing together.” Aside from being a representation of a community (which is significant for the socio-emotional development of all children) as a
whole, the benefits of an inclusive classroom include increased developmental progress because young children learn quickly from modeling, heightened cognitive and communication abilities as they engage with children who are developmentally different from themselves and advanced social skills through diverse interactions with varying levels of social-emotional capabilities.

Children with disabilities gain a great deal from the participation in inclusive programs. They can experience how typically developing children respond to various situations, and they are challenged to communicate their wants and needs in an appropriate manner and be a part of an environment that models their community. Those children who exhibit special needs will also be able to explore who they are as individuals in a safe place which fully supports their unique path to growth, and this notion mirrors what the Early Childhood Alliance says, “All children benefit when adults recognize the similarities in children, acknowledge the differences, and have curiosity about a child’s unique point of view” (2015). There are equal benefits and opportunities when adults support each child individually and collectively.

It is often said that an inclusive classroom is mainly for those children who have disabilities, but children without special needs can thrive just as much as any other child in that environment. Typically developing children can also be supported in an inclusive program and seem to not be affected in an adverse way by their participation (Allen
and Cowdery, p. 20, 2015). Not only are they not affected in an adverse manner, they are learning valuable skills and being directly exposed to situational experiences with real world applications. Empathy is learned, and diversity valued as children interact with others who are different than themselves: including children with disabilities results in greater empathy and acceptance of differences among all children and in improved academic, social, and behavioral outcomes for children with disabilities” (Lohmann 2017). An atmosphere of acceptance and tolerance is implemented and the children who are a part of an inclusive classroom community gain those valuable traits. Children without special needs often become mentors by modeling socially appropriate behavior, peer-to-peer tutoring, and simply by engaging in play; this increases communication skills and instills leadership characteristics because of their interactions with those who have special needs: “By creating an atmosphere in which children are better able to accept and understand differences among themselves, children begin to realize and accept that some people need to use wheelchairs, some use hearing aids, and some use their arms and legs in different ways” (Early Childhood Alliance 2015).

Essentially, inclusion is the law and any program which accepts federal funding must include children with disabilities. However, one must not simply stop at the law, funding or social implications when engaging in conversations about inclusion. Inclusion in Early Childhood
must be child-centered and representative of every child. Going forward, the success of inclusive programs depends on the education and dedication of a teaching team, involvement from families and the support from professional community resources.

References


Rainbow Hope
Niloufar Mirhashemi

Sometimes you need an indication to be confident and sure to go on your own way.

International Students Club (ISC) presents
LOGO DESIGN CONTEST

DEADLINE: FRIDAY, JULY 13

Criteria:
Design a logo for International Student Club (ISC). The purpose of ISC is to help International Students engage in activities at LWTech to enrich their college experience. It also gives them opportunities both to practice English and interact with domestic students and fellow International students outside the class room.

Specs:
- No limit for color and shape
- All artwork must be in vector format (.PDF, .AI, .EPS or .SVG)

Submit Logo(s)/More information:
Contact: Niloufar Mirhashemi (President of ISC)
Email: S-Niloufar.Mirhashem@lwtech.edu

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