

## Interview On Mental Health and Trauma with Leah Harris, a survivor

Josie: Hello, my name is Josie and I would like to welcome you back to Trauma Talks: Rising from the Ashes, a podcast series brought to you by the UB School of Social Work Institute on Trauma and Trauma Informed Care. This series provides an opportunity for individuals to share their witness of how strength and resiliency have allowed them to rise from the ashes. Trauma Talks follows people who have both work in the field of trauma, as well as those who have experienced trauma. Here we reflect on how Trauma Informed Care can assist those who have experienced traumatic events to embrace new life of wholeness, hope, strength, courage, safety, trust, choice, collaboration and empowerment. Today I am here with Leah. And Leah will talk about her experiences with mental illness, specifically suicide and suicide prevention. So on behalf of the Institute, we really want to thank Leah for being here today, and for sharing her story with us. And now I am just going to let Leah begin with giving you, the audience their story. So thank your being here.

1:10 Leah: When I look at my story and my life, I feel very blessed that the things that had been the source of my greatest pain, my greatest shame, are now actually the things that are the source of my pride and my purpose and my life's work. So it was very interesting how that happens. And I would've never expected that this would be the road that I'd be on... But, just to give you a little bit of the snapshot — My story really does not begin with me. It is a story of intergenerational trauma and challenge as it is for so many people. I was born from two parents who were both diagnosed with serious mental health conditions when they were in their late teens. My mom ended up raising me as a single mom. She was diagnosed with schizophrenia, uh, and you know I'm a single parent. And I have so many more privileges and advantages than my mother, and I had hard times with it, and continue to have hard times with it. I think about her now as this twenty-five year old woman with a baby, diagnosed with schizophrenia on these really really heavy-duty meds, that caused her to sleep eighteen hours a day and there was no peer support back then. Our family tried our very best to help out but we weren't living with them. They couldn't be there every second. My father, as I said, had challenges of his own. And just was not able to show up in the way I know he would have wanted to in those years. So it was really just my mom and I. And living in poverty, which is in itself traumatic. She was on disability and really struggled with terrifying visions and I was kind of drawn into that world. And so really really traumatic, chaotic early years of my mom I would be taken away, be reunited, then be taken away. You know, everything we didn't know back then we know now about early childhood trauma and it's not just abuse, it can be forms of neglect and even she loved me, but she couldn't always parent me when she was very in her own world. So then the continued separations and the change in primary care givers, and so I realized that there was a lot that happened in my life by the time I was five years old. And those really are those most critical, crucial years in childhood development as you all know. This is kind of what I was born into in my life. By the age of five I was taken away permanently by the courts and sent away to live with my maternal grandmother and her second husband in another state. And so there was really this sort of permanent rupture with my mom and I that never, ever really, got healed. I would see her very rarely after that, just on vacations and things like that. And she just very quickly started to hear these really stigmatizing messages from family members who really meant well, but were just working with what they knew at the time. So my grandmother would say things to me like, "you came to use as damaged goods." And I internalized that very very intensely. I didn't even know exactly what it meant but I knew it meant something was really wrong with me. She would also talk about my mother, how she was crazy, and she could've, she didn't try to keep me. And she just kind of, that was how my grandmother tried to work things was by talking to me about this stuff. And so, you know, I just kind of got this idea that to have a mental health diagnosis means your life is gonna be ruined, it's gonna be terrible. It's one of the worst things that can happen to a person is to get, especially a diagnosis like

schizophrenia, and I internalized that, too. Really the idea was, in my house, you know we don't talk about anything that happens in this house outside of this house. There was a lot of shame, a lot of secrecy, a lot of trying to put on a good face to world. And yet I was living with all of this turmoil inside of me because I had experienced all of this trauma and there was nowhere for it to go! It wasn't safe to talk about it. I didn't even know how to talk about it and I was so young. My first suicidal thoughts were around the age of seven and I remember this very very clearly. Wishing I had never been born. Not wanting to be here. Very clearly feeling like a burden to my family. All of these things. And eventually it got to the point where I voiced that. There was you know, obvious concern that a seven year old is talking about not wanting to be alive and was packed off to my first encounter with the mental health system. The psychiatrist that I saw just kind of showed me ink blots. There wasn't really any insight into that this child has experienced trauma. If there was it wasn't really talked about or dealt with. And I overheard the psychiatrist talking with my grandmother saying, "this child is very depressed," no mention of trauma. And, she has "more than a fifty percent chance of ending up like her parents." Because they subscribed to this very sort of narrow, genetic, deterministic kinds of ways of thinking about these things. And I just remember over hearing that through the door and just being terrified because I just did not want to end up like my parents because I saw, especially with my mother, I didn't have much contact with my father at that point, but the misery that had characterized her life and struggle and the suffering. You know, I felt like, "wow this going to be my future." And as, you know, I got older I started to express my pain in very typical ways. You know, I was given medications but they really didn't address the root causes of the issues and were really intolerable for me. And so, I just started to act out the best ways I knew how as a teenager going through puberty. It really started then with self-harm, starting to skip school even though I loved school and academics were actually a source of solace for me. Just getting caught up a lot of other really hurting kids who were doing what they knew how to do, how to cope. Drugs and alcohol, just kind of being completely wild and running away. I mean, you name it and I was in the juvenile justice system and the main thing was, the older I got, the more suicidal I became. And really began to make active attempts. And that's really what got me in this cycle of being institutionalized in various placements and settings. And the thing is, I am really really and will continue to be, grateful to the people who worked to save my life. I was in emergency rooms. But I just remember being under harsh lights, nobody was looking at me, nobody was talking to me, everybody was talking about me as if I was unconscious, but I was fully conscious and they knew it, you know. I remember just wishing that someone would look me in the eye and let me know that my life was worth saving. It wasn't just a legal obligation that they had to save my life cause that was their job. There was no warmth in an experience when I needed warmth more than anything. What I was usually met with was judgement. I remember there was one time I was self-injuring and the police were called because I wouldn't open the door and they were banging-banging-banging on the door. When I finally opened it, I just remember the disgust in the cops eyes. No mental health professionals present, of course. Why would you do that to yourself? As if I wasn't already feeling enough shame about this experience. So the experience of being suicidal is in and of itself an additional trauma — it's traumatic, and then the responses of other people can either lessen the experience or worsen it. So I was often with judgement. But there were also other voices that planted other seeds. And unfortunately they didn't always come from the mental health system. In fact they didn't. But I had educators, I mean I remember one time I was in a long-term mental treatment facility and my high school writing teacher came to visit me. He said things to me that no one else was saying. He said, "you're going to get through this. You're going to go on to write. I believed this for you," and you know at the time I couldn't fully take it in, but it landed somewhere, and this is important later on in my story. But the positive messages I got in the midst of the sea of escalating diagnosis, right? Depression, border-line personality disorder, then it became bipolar disorder, you know. Just one after another after another. Swirling seas of medication that were ever changing and swirling placements that were ever changing. It was a very very chaotic time. And, fast forward to when I was eighteen years old, I'm after many many placements, many many suicide attempts, continued struggles

with alcohol and drugs, and I completely lost myself during that time. And any hopes and dreams that I had as a young girl, I wanted to be a writer, I wanted to... as I've said, I loved school and I had some dreams at a point. At that point, they were gone. I was placed in group home for women with severe mental health diagnosis and addictions and many of them were thirty years older than me. I saw my future. I saw defeated faces, they had been in the system for so long and never heard anything positive or hopeful. And it was an institute within a neighborhood, that's what it was. It was an institution. Living on disability, and my whole check went to that institution. So it was very exploitative also. And I decided I was really going to kill myself once and for all. It was kind of a miraculous story, I mean I thought I had executed it the right way this time so it was really going to work. And I even remember lighting a candle, praying, and I didn't even know if I believed in God or whatever, but I just remember praying like, "please let it work this time. Please let me die this time." And I crawled in the bed and I went to sleep. All of a sudden, I feel this intense heat on one side of my face, and I don't know how because I was really drugged. I had taken a lot of pills, I should not have woken up in the way that I did. And I woke up, bolted out of the bed, adrenaline I think flooded my system and I was able to, you know there was gigantic fire by the side of my bed. Because I had left that candle burning and it had caught fire to like this clock I had on the table and some magazines. So there was some substantial flames that were inches from the bed. Five more minutes and I would have been on fire. And so I managed to smother the flames and somehow lived through that experience. And there was something about that that changed me. I realized that there is this part of me that wants to live. The part of me that smothered those flames, acted on my own behalf, and that maybe this crazy thing happened because I wasn't meant to die. I woke up for a reason. Somehow I had found a meaning in my experience. And I think that's what propelled me onto an entirely different path where I began to fight for me. I reached out to my family, I said you have to get me out of the place I am going to die here. Like, I mean I'm going to literally die or my spirit will die and will just be a shell. And I was like, I was very lucky my grandmother rough relationship, there's a lot of pain there, but she heard me. I really didn't think she would hear me and I just want to say that this really goes to show that families should share their own boundaries around these things and what they are and are not willing to give and do. But she said yes, you can come home on two conditions: that you stay off drugs and you finish school, cause I hadn't graduated from high school at that point. I was so, my education was so disrupted. And so that got me on a path. It got me on a path of rediscovering my lost dreams, remembering that I loved school and I'm lucky because trauma often impacts peoples ability to learn and process information, and you know I had many impacts of trauma, but that was not one of them. So I had that privilege and that luck that I was able to navigate through that system. And again, I had educators who supported me. Gave me positive messages, helped me finish high school at my own pace and own way so I could stay away from those negative influences and the kids who were doing drugs. I did a lot for my diploma, the work I did from home. And I graduated from one of those continuing high schools for the kids who get kicked out for whatever reason, not a regular high school. And when I got my diploma I remember the staff were crying because so few kids graduate from that school. This was in San Diego. And to this day this schools has the lowest graduation rates in the county. It's a lot of just really troubled kids who are struggling in a whole variety of ways. With the family support and with the positive messages I was getting, I was able to get my life back on track. But the trauma continues to live in the body. And so, really by the time I hit my late twenties I really couldn't sort of shove it under the rug, which is really what your suppose to do. Like, "oh I can pass as a normal person!" I'm going to school. I'm a student among students, not Leah the mental patient. Leah the suicide attempt survivor. Like I just wanted to forget all of that and just move on. I don't fault anyone who does that. I wasn't able to do that, and in my searching, you know I came across what they call a "recovery movement" or a "consumer-survivor movement." People, who themselves had been through the system and who were really promoting a paradigm shift. And how we understand and response to mental health, trauma, suicide. And it was really from my peers that I just began to recognize that I was a trauma survivor. And that activism and advocacy are really helping me get my

power back. Really helping me reclaim my voice and reclaim my narrative and be able to be part of the solution, but that alone was not enough. Because there is no end to what needs to be changed, you know in the system [laughs]. You could work 23 hours a day and sleep an hour and there'd always be more. There's never enough people to do it all and I just burned myself out so hard and I realized I had to go within and really start to face the source of this. And I knew that that would make me a better and more effective advocate if I did that. I really began to address my trauma. I began to learn about my illness. I saw my first kind of "trauma informed" therapist who practiced a modality with me called EMDR. I never get it right... "eye movement desensitization and reprocessing." EMDR, that's what it is! And so really started to get at some of those memories that continued to live on in me. It's just, you know, got on my own healing path and that is really what has allowed me to continue to do the work that I do so many years later, and fight the fights that I fight, and advocate for people who don't have a voice just like I didn't, just like my mom didn't. My mom died at the age of 46 and my dad at the age of 63. And we know that people diagnosed with mental health issues die on average much younger, and same with trauma you know, people who have a very high adverse childhood experiences score that can impact early mortality. My parents unfortunately are apart of those horrific statistics of lives cut short. You know, dreams not realized. All of those things, you know, that is part of my legacy. It drives me as much as I desire to build resilience and foster resilience. Both of those things co-exist for me. So I just started getting involved in this movement and I eventually found my way to my current employment which is at the National Center for Trauma Informed Care. And I am a trainer. I've been a trainer with them for about five years now. Then the things that I do that I most love with and for them is that I work with "peer specialists," particularly, and I do a training called Trauma Informed Peer Support. Where we talk about how we can approach our work, as peers, but in a trauma informed framework. And parallel to that I had been very very involved in suicide prevention, as again is so close and dear to my heart, especially youth suicide is my passion. And bringing a trauma informed perspective to that, we can talk more about that if you want, but you know understanding that underlying so many of these phenomena and behavior and symptoms that we see, whether it's drug and alcohol use, suicide, mental health symptoms and signs, so many of them can really be tied back to the impacts of trauma and the ways that we cope. So I'm all about, we need to stop pathologizing people's experience, and understand that it has meaning for that individual.

19:31 Josie: And that was really powerful to hear your story. And like you said, starting before you were her in the world, and starting the story of your parents and extending to where you are now, it's really powerful. Obviously your work now is directly related to trauma informed care, which is what this podcast is about. When we talk about trauma informed care in this podcast, you know what we like to use as a framing is saying that trauma informed care really changes the question, right, from, "what is wrong with the person?" to "what has happened?" Guiding principles being safety, trust, choice, collaboration, and empowerment. And so obviously all of those came up many times in your childhood and your adolescence and adulthood and your career now. So, I was hoping we could spend a little time talking about those a little bit. The first one being safety, which you know could be both physical safety, emotional safety. You know you talked about spending time in different types of residential facilities, different types of institutions. What was your experience with safety? Both things that were maybe, beneficial, things that were also maybe triggering re-traumatizing. What was your experience with those?

20:50 Leah: You know I was sort of pretty quiet and passive in these facilities, so I often didn't experience some of the things that some of the other youth did. But I witnessed it. And I have vicarious impact from that. Like so I would see things like four adults taking down a teenaged girl. She was really upset and struggling, and just watching that made me feel so horrified and scared, thinking, "wow this could happen to me!" And you know, the other thing too, it starts really from the moment you walk through the door of a place. You begin to feel safe or unsafe and I remember at one placement someone said,

please stand here I'm going to take your picture. And I just said why? They said just so, you know, in case you try to run away from here we're going to give your picture to all of the local police. You'll be tracked down in no time, cause it was kind of like in the middle of nowhere. That immediately set up the sense of "I don't feel safe," but in their mind it was that they were keeping this girl safe because if she tries to leave we have the means to bring her back. To me it was, "oh my god this is not a safe place," and it's a place that I'm going to want to leave and I'm not going to be able to leave. It's all those sort of things, like kind of just this disconnect between safety and security. And I don't remember a lot that caused me to feel safe all those years, but after the course of my life where I found safety has been in getting to know my own self. Being able to manage my own nervous system, to some degree, through mindfulness and other practices I can create a sense of safety within myself, regardless of what's happening around me. And that's a tough one because I know there's so much around liability and those concerns, and I hear them and I understand them, but I think in some ways that peer support can help to bridge that gap between provider perceptions and the people using services. And they can sort of be the meter to sort of create that sense of a safe place. But unfortunately we didn't have that back then in any of the facilities I was in.

22:55 Josie: Like you just said, at that facility where they took your photo, extensively they believed that that was a way of keeping you safe and secure, but what it really communicated was the exact opposite to you. The next value is trust, which is very highly related and building on safety. And when we talk about trust we often think about transparency, of knowing what to expect, of there being healthy boundaries. Also, just a real trust in other people. So often trauma can really break that down and how we get back to that point after having traumatic experiences on the path of healing and growth. At any point in your journey, I'm wondering if you can reflect on some of those experiences of trust.

23: 44 Leah: I give this example a lot in trainings that I do. In the same residential treatment center where they took my picture, I remember I was meeting with my psychiatrist. I think at this point I had been there for six or seven months, and I just straight up asked him, "when am I getting out of here?" He looked at me and he said, "well, that's up to you." And in my mind I'm like, "well if it's up to me then sign the discharge papers, I'm ready to go!" And it's like no no no no no, that's not what he meant. But that's an example of a non-transparent trust worthy answer. And I think this is what I always tell providers, you don't have to know the answer. He might not have known, legitimately might not have known when I was going to get out of there. But instead he turned it around on me, which wasn't even true, it wasn't my decision. And so you know, I would say that what he could have said instead was, "I hear you that you really want to leave and let's figure out a way to work together to make that happen as soon as we can," and that would've, even though he didn't know, he could have said he didn't know exactly, but even that is transparent. And so one of the biggest stressors, you know when you look at research around stress is the not-knowing. As much as providers can mitigate that, even not having all the answers, none of us are God, to just be there with the person in the not knowing and validate what is behind their desire to know because we all want to have control over our lives and our experience.

25:14 Josie: That's a great example where I fear that may be the case for many providers that may not think of such an answer as being problematic. In reality, it is highly non-transparent and it doesn't provide any information to help an individual to know what to expect when they're in a really hard situation. The next value is choice, and I feel like you've talked about this in many different parents in your life. So sometimes when we think about choice we just think about in what ways do providers give choice to the individuals seeking services? Even if they are small ones. I also know you reflected on some of the things you had gotten involved in that had helped in your path of healing like learning about mindfulness, doing EMDR. So, tell us a little bit about the choices you were both maybe provided and also the ones that you found for yourself.

26:15 Leah: I think there is really key pivotal moments, I talked about many, but the two that I'll talk about are when I reached out to my grandmother and said I need to get out of here. Maybe the choice wouldn't have been to come home, maybe she didn't think I could do that. But she was in the space to help me figure out an alternative to the situation I was in. So that was a pivotal moment when I had a choice and I'm not exaggerating that it saved my life. So that was huge. Then secondly, when I mentioned just briefly that I went back to school, I went to this continuation school and I had this educator who met me where I was at and didn't insist that I do it a certain way. He recognized I was trying to stay out of trouble, he knew a lot of kids were using drugs. And I told him all of this and he gave me choice. He didn't just say "well you've got to go to class and meetings and suck it up and blah," he was like do your work, come in once a week we will meet and go over it and I'll give you your next assignment. And that's how I got my diploma. If he had not given me that choice, if he had not been creative and thought outside of the box, I don't know if I would have been strong enough, no matter how many meetings, twelve step meetings I went to, there were kids doing drugs in the classroom at this school, it was filled with drugs. And I couldn't go back to my old school. Well the fact that he gave me that choice also is what really allowed me to earn my diploma and opened the doors that allowed me to go to college, you know, all of these things stemmed from that. Those were two critical points at a powerful transition time in a young person's life. I was eighteen years old. And if not for those two choices that were given to me, I really don't think I'd be here talking to you today.

28:06 Josie: That is an amazing example of a choice given to you, and not in a traditional service provider way, but in an educational environment which is so significant for people, like you said, you were trying to get back on track and find those dreams again and really become whole and go towards healing and just having that choice was really significant in opening up that road. That also really speaks to the second to last value which is collaboration. So obviously that educator was willing to collaborate with you in giving you the choices in how to finish your degree. You've given examples of other types of teamwork and collaboration that happened with your family, with you and providers. And so, does anything really stand out to you as a particular example that really helped to continue pushing you in that journey towards growth and healing where you are now in terms of teamwork, collaboration you experienced.

29:13 Leah: I think it's again, I've been very lucky and blessed in my life, despite all of the things that I've been through, I've had just amazing people who have shown up just at the right time. And I, there's another one that I'm thinking of, and it's so hard to talk about these values in isolation, but I'll try to do it because it also kind of gets to the empowerment piece so, we'll see, I might do both of these in one example. After I graduated from high school I went to community college and I had a counselor there, and I think that I had requested accommodations, so he knew all about my mental health challenges and saw the letters and the documentation and what not. And he always treated me like anyone else. I always know that feel when someones like [higher pitch and slowed down] "I'm going to talk to you nice and slow like you're a mental patient right now." [back to normal] You have a radar for that for miles away. He really met me where I was at with my educational goals and was always wanting to encourage me and I guess maybe the collaborative piece is that he was very patient with me. When he tried to offer me opportunities, and I think is maybe, this is very valiant for providers because I often hear, "well people, they don't want choice, they don't want collaboration, they want me to tell them what to do!" And I say, yeah, because that's learned helplessness, or taught helplessness. I think it's taught! We learn a lot from peer specialists and peer providers, people don't know how to deal with trauma informed views sometimes because they are so new, so he would offer me opportunities that he thought were good for me, and I wasn't always willing to jump at them. So like one of them was to be a peer mentor for returning students who had similar struggles. Some of them were a lot older than me and I was like, "I don't know what to do with all these old people!" I kind of like, fought it on him for awhile. And he just

kept encouraging me, like “I know this would be really good for you,” but he was considerate, not pushing or coercing, not saying anything like that. But kept on highlighting why he thought this would be a really meaningful experience for me. And so finally I agreed to it and it was one of the most powerful experiences of my life because it took me a long time to realize that I had something to give back. I always felt like such a burden in my life, and that definitely stayed with me. Even when I was kind of getting on a better track, that stuff is hard, it’s hard to shake. That shame is in there, that sense of am I broken? Am I damaged? A lot of these, as ironically as I was helping out women, who were returning VETs and for whatever reason they got connected up in this program and you know I had not been in actual combat but we had trauma in common. And we had addiction in common. And we had suicide in common. We would meet for coffee a couple times a week in the morning, what was part of the mentoring program, and I would introduce them to the school and help acclimate them in being back into, in being a student. We would talk about everything. We became like this peer support group and everyone was trying to stay off of drugs and stay out of trouble and just get their lives back on track. And I realized I had something to give. And if he hadn’t collaborated with me, met me where I was at, didn’t push it on me but just kept offering it to me, letting me know it was something he thought I’d be incredible at as an opportunity. Finally I was able to get in and go for it. It took a long time, it was months. He was very patient, he knew this would be a good thing for me. But this is also, I think, would be a good example of empowerment. He just kept believing in me, and kept believing in me, and kept believing in my resilience until I slowly start to take steps on my own behalf.

33:21 Josie: And speaking about empowerment, it really exemplifies the fact that empowerment is not just surface level pat-on-the-back affirmation. It’s a really dynamic strength based approach by saying you’re not defined by your experience, you have a tremendous amount to offer. Persistence shows really how much he believed that and really kept up in being an empowering figure.

33:51 Leah: From that whole experience it helped me transfer to, you know, UC Santa Cruz, and all of that, like he was just in there with me, believing in me all the way. You know and it’s just that attitude, believing in someone’s resilience, even if they themselves are just like, “ohhh I dunno. I don’t know,” and the relationship, that relationship.

34:11 Josie: For those who are listening who maybe either either facing similar experiences that you were talking about, and whether that be mental illness personally or in family, addictions, seeking our services, suicidality, or for people who are service providers — are there any final words in terms of why you find that trauma informed care is so vital? And obviously you’re quite an expert on it, but if you could put something down, what is just so essential about it that you'd want to share?

34:44 Leah: The thing about trauma informed approaches or trauma informed care, whatever you call it, is that it’s really a way of being. So I guess I’ll speak first to providers, who may also themselves who may also themselves be survivors, because it’s not necessarily a dichotomy there, whether or not we’re disclosing that, it’s a way of being. It’s not like a check list that we have to think about in our mind all the time, it’s just a way of being that’s really based on the understanding that regardless of what this person has been through, whether you know everything or you don’t, knowing that they have really miraculously managed to survive up until that point. Starting to move away from seeing behaviors and symptoms as meaningless or these random biological things happening, and understanding, “wow this person has really, these behaviors have meaning for that person.” You know, and that this person is coping in ways that is really brilliant sometimes when you think about it, and even they perhaps lead to negative consequences. And so, always seeing that person in front of you as someone who has the potential to heal. Sometimes when we talk about the adverse childhood experiences study, and other study in trauma it can be very deterministic. “Oh, suicide! Trauma! Addiction!” And all of these things

may be true, but also what I know, and it's not just from my own story, thousands of people that I have known over the years, that people heal, and thrive, after the most unimaginable circumstances. I believe there's many protected factors if you're looking at it from a public health standpoint, but I do believe that one of the most important is the relationship. This is something that we say at the National Center for Trauma Informed Care all the time is that healing happens in relationship. So whether you are a provider, educator, family member — just know that you have such an incredible power to positively impact someone's life. Simply by believing in their capacity to heal and honoring what they've done to heal and survive up until that point. So that is the first thing that I'd want to say is that this is a values-based way of being. And you just have to feel it. You can't think your way into it, you just have to feel it and know it. It's hard because a lot of times providers, you'll see someone at their very, you know quote on quote "worst," and you don't see what goes on to happen to them in the future, maybe they have turned their lives around. But, always remember that healing is possible, and healing happens in relationship. I guess I would extend the same thing to someone, who themselves is a survivor who have had whatever experiences they have had in the mental health system or in treatment, whatever it is that they're going through. Do everything you can to resist negative messages that you have received. And it might even be from your family or your providers, but what we get from society in general about people with mental health issues is crazy, out of control, dangerous, you don't want to be around them, you know you can internalize that stuff. And there's definitely more positive characters out there here and there, but still as much as we talk about it and as much as we are going into the society that we have, there is that shame that a lot of us can live with. And so for me, what I think was even more destructive than my traumatic experiences was the shame and that I like blamed myself and I felt like I was flawed and broken and that I believe believe believe, we may become broke in part of our process, but I always look at that metaphor of the "kintsugi bowl," which is this beautiful Japanese art form where you have this bowl that has been broken, and it's mended together with this beautiful gold epoxy resin. And so the bowl becomes whole again, and is just glued together with these gorgeous veins of gold. It's frankly more beautiful than it was before it was broken. So I always try to think of that metaphor, that we can repair. And we're never going to be the same, we're never going to go back to something that maybe we thought we were, because that experience of trauma can be such a rupture. We're never going to be the same, but we can rebuild with supporting and with believing in our capacity to rebuild. And we can be that beautiful kintsugi bowl, that work of art, that masterpiece.

39:19 Josie: Leah, on behalf of the Institute on Trauma and Trauma Informed Care, I just really want to thank you for taking the time to speak with us today. To share your story of trauma, but then strength and resiliency. It's really been our pleasure, so thank you!

39:35 Leah: Absolutely. Thank you for the opportunity. So happy to do it!