AN AUTOETHNOGRAPHIC ANALYSIS OF MENTAL HEALTH (PTSD) RECOVERY, EMPOWERMENT AND ACTIVISM THROUGH UNIVERSITY EDUCATION

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Introduction

In this chapter I employ autoethnography to explore my personal journey through academia as I sought to transform the traumatic experiences of my past into meaningful and useful action for the future. Autoethnography is a method through which the author becomes the subject of their own study, and which may assist others in understanding mental health challenges (Burnard, 2007). Although often under-reported, the most common age group of university students, people aged from 18 to 25, are most likely to experience mental illness, with psychological distress and mental illness more prevalent in university students than the wider population (McAuliffe et al., 2012). This chapter initially explores post-traumatic stress disorder (PTSD), including my lived experience of PTSD and my efforts to transcend my trauma by entering tertiary education via a pathways course and continuing through to completing my PhD and beginning to supervise and lecture. The chapter concludes by advocating for encouragement and support of students who disclose disabilities and mental illness through empathy, and by normalising help-seeking through university disability services.

Post-traumatic stress disorder

My unusual path through life led me to university study as a “mature student”. Thirty-five years old, with my son starting school and my daughter starting kindergarten, I enrolled in an online pathways course that would allow me access to tertiary education. As a young teenager, I’d attended psychology lectures given by an older friend and had loved every minute. Despite this, my path to university was delayed by almost two decades after I survived an assault alone on a hike through a state forest just as I was about to begin my final year of high school. PTSD was not new to me. In fact, my mother’s traumatic childhood as a descendent of European Jews had left her with emotional and psychiatric scars that were perpetuated through my own early
years. Having attempted to care for her through her suicidality as a child, I was very familiar with the world of mental ill-health. A caregiver from an early age, I was unable to accept support in the wake of the assault and the trial that followed the capture of my attacker. Similarly, as I entered university study, I didn’t even consider registering with Disability Services, who could have supported and advocated for me. I was determined to succeed in the way that I considered “normal”; without support and alone.

Definitions of PTSD remain controversial (Bryant, 2019). However, the Diagnostic and Statistical Manual of Mental Disorders V includes that a person must have witnessed or experienced a major traumatic event, such as exposure to actual or threatened death, serious injury or sexual violence, with this resulting in re-experiencing symptoms such as intrusive distressing memories, recurrent distressing dreams, dissociative reactions such as flashbacks, distress following reminders of the traumatic experience, or physiological reactions to cues resembling an aspect of the traumatic event (American Psychiatric Association, 2013). Additionally, a person must actively avoid internal reminders of the event, such as thoughts and memories, or external reminders such as situations or conversations that remind them of the event. A person must also experience alterations in cognitions and mood, such as an inability to remember important aspects of the traumatic event, persistent and exaggerated negative thoughts about themselves or the world, or feelings of being detached or estranged from others. Additionally, the person must exhibit at least two arousal symptoms, including irritable behaviour, angry outbursts, reckless or self-destructive behaviour, hypervigilance, exaggerated startle response, problems with concentration, or sleep disturbances. Finally, these symptoms must be present for more than one month following the traumatic event to avoid pathologisation of normal stress reactions to it (American Psychiatric Association, 2013).

Dyspraxia

Dyspraxia, or developmental coordination disorder (DCD) is mainly considered a coordination disorder that today is often identified in early childhood or primary school, with affected children experiencing difficulties with the organisation, planning, and execution of physical movement (Gibbs et al., 2007; Polatajko & Cantin, 2005). Further, these difficulties result from a developmental rather than an acquired origin (Gibbs et al., 2007). Dyspraxia frequently impacts academic performance and often includes poor hand writing (Polatajko & Cantin, 2005). This was my experience, and because I attended school in the 1980s and 1990s, typing was not an option for me. Further, I doubt whether any of my teachers had heard the term “dyspraxia” as part of their training, since my switching between my left and right hand was punished, and my reports each term generally included comments such as “Megan is underachieving”, or “Megan is lazy…”. As a result, learning to touch type in adulthood was life changing for me, and was integral to my success as a mature-aged student at university. Permission to type my exams was the one thing I did register with Disability Services for early in my university journey, and requesting this support made the difference between success and failure for me.

My story

I entered university study just one year after I began therapy to address my PTSD. Following my assault, the boarding school that I was attending referred me to a psychologist. Although I now respect and support all faiths and systems of meaning, at the time I had a strong belief in the Christian faith. However, the psychologist I was referred to said she couldn’t help me unless I accepted there could be no god, and that “what had happened to me proved that”.
17 years later I gave therapy another go. This supported my long-term desire to attend university, although I found that I stumbled over numerous hurdles, most of which arose from inside me. Among the symptoms of PTSD that were relevant to my university journey were persistent and exaggerated negative thoughts about myself, re-experiencing symptoms and physiological reactions to cues resembling an aspect of the traumatic event, and problems with concentration (American Psychiatric Association, 2013). The first of these, persistent and exaggerated negative thoughts about myself, manifested as a type of overwhelming imposter syndrome. This syndrome is a psychological phenomenon that includes intense feelings of intellectual fraudulence, shame, and fear by the sufferer that their lack of ability will be exposed (Wilkinson, 2020; Zeinivand et al., 2015). The role of shame, which includes negative evaluation of the self, is increasingly recognised in the development and course of PTSD (López-Castro et al., 2019). Shame has been posited to have played a role in human evolution where group membership was integral to survival, while social threat and exclusion jeopardised it (Kelly Jr & Lamia, 2018; López-Castro et al., 2019). Today, research indicates that persistent feelings of shame have a negative impact upon physical health as well as mental health. Factors include increasing vulnerability to disease, depression, anxiety, suicidal ideation, avoidance behaviours in relationships, and fear of failure (Dickerson et al., 2004). Thus, the twin phenomena of imposter syndrome and shame almost ended my academic journey before it had really begun.

My subjective experience of imposter syndrome and shame as I approached university study was almost crippling. Although I had desperately wanted to transcend my traumatic experiences by working towards social change, it took me months to approach the subject with my therapist. I battled through shame to meet with her again after finally emailing the words I couldn’t speak, but was supported when she, as a psychologist who had entered university as a mature student, told me: “If I could do you, you can too!”. As I walked through the university doors to orientation for the pathways program that would allow me to access undergraduate courses, it felt to me as if everyone must be able to see that of all the people there with aspirations, I was the one who did not belong. The reactions I had received following the assault included being told that me “choosing to live” was the dishonourable choice before God. I wanted to attend university and study psychology to try and turn those experiences to some good, but the feeling that people may feel contaminated by physical proximity to me remained. Remaining in my seat, right at the back of the hall, changed my life though, and I resolved to push through with as little eye contact as possible.

Pathways courses fall under the umbrella of enabling education in Australia, and provide access to tertiary education to those who would otherwise face significant barriers in support (Johns et al., 2016). Despite my initial anxiety, my experience of the program was overwhelmingly positive, perhaps helped by the fact that it was delivered online and I didn’t need to sit in a class room or make eye contact with others. The academic writing course opened a whole new world to me in terms of research skills, while the math course caused me significant anxiety. Although I’d done well throughout the semester, as the math exam approached everything in me screamed for me to run. The level of terror I experienced was a hypervigilant and out of proportion reaction to exam anxiety, and my therapist helped talk me through it. I realised that if I withdrew it would be the same result as failing the exam, so I resolved to do my best. What’s more, with the support of my therapist who assured me that psychologically healthy people do not react with anger to requests for help, I reached out to the math lecturer who offered to go through an old exam paper with me as preparation. Like resolving to stay in my seat at the back of the hall during orientation, succeeding in approaching her office for this exercise, and then sitting the exam, were watershed moments in my life. Had I not managed
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this – and not had the support offered by my therapist and the math lecturer – I would never have entered tertiary education and the last decade of my life would have been entirely different; it is likely that I would have been far less fulfilled as well. This personal recount highlights the importance of support for people struggling with a mental disability such as PTSD and my experience was congruent with research indicating that social support plays an ongoing role in the course of, and recovery from, PTSD (Herman, 1997c; Laffaye et al., 2008).

Despite the importance of social support for recovery from PTSD, and although I had managed to engage in work with my therapist and to reach out to my math lecturer for a session working through old exam papers, reaching out was still not something that I found easy and felt a deep sense of shame over. Indeed, evidence suggests that shame often leads to social withdrawal and avoidance that isolate trauma survivors from potentially reparative experiences of social connection (López-Castro et al., 2019). I was aware of my university’s Disability Services and engaged with them to request support to type rather than handwrite my exams due to my dyspraxia. However, this physical challenge didn’t invoke the same feelings of shame as my PTSD and in that regard I did my best to succeed “normally”, as I saw it. The irony was that although I was majoring in psychology, and discovered anthropology along the way (which included the anthropology of health), it felt as though any success would be tainted and that I would not have truly earned it had I asked for any mental health support. Throughout my undergraduate years I was able to succeed despite this attitude and experienced great fulfilment from all that I was learning. Through this, my hope of transcending my experiences through work in the mental health field after graduation grew, and I began to slowly transition from online to on campus classes where I was able to engage in peer support with other students.

Although my PTSD had certainly affected my study in terms of concentration, especially when working through difficult experiences in therapy at the same time as working on assignments or preparing for exams, the first truly difficult interpersonal experience I had was during my honours year. Evidence indicates that PTSD symptoms often act to erode interpersonal resources while increasing interpersonal stressors (Laffaye et al., 2008). The psychology honours year in Australia included conducting a research project under the direct guidance of a supervisor, and it is generally understood that achieving a higher distinction for this project is what is most often necessary to progress to post graduate study in that field. My supervisor was someone I had great respect for, and through my increasing sense of empowerment I had successfully advocated to her for me to be one of the two honours students she would be working with that year. She ran a well-structured project with supervision every two weeks, but I found that my avoidance symptoms returned about 48 hours before supervision each fortnight. Nausea expressed my mental distress physiologically, and the perfectionism that my fear drove me to no doubt supported my academic success so that I doubt if my supervisor was ever really aware of my struggles. Although I was genuinely fascinated by my topic and proud of my research, my fear of meeting with my supervisor drained much of the joy from the experience and success. Each two-week supervision cycle became like an ocean tide cycle with fear washing in and relief washing out again as my work met the necessary standard.

I have since learned that these reactions were not unusual, and perhaps to be expected, for a survivor of interpersonal trauma. Indeed, survivors often struggle to feel safe with others and to engage in social strategies such as finding or mobilising support systems (Herman, 1997c). Further, evidence indicates that survivors of trauma that was deliberately inflicted by others rather than experienced through an accident or natural disaster, may find recovery and trust in others especially difficult to build (Herman, 1997c). There is an inherent power differential in academic supervisor–supervisee relationships (Tsotetsi & Omodan, 2020), and I found it
difficult not to be triggered by this. Again, this was probably to be expected given that inter-
personal traumatic experiences include a loss of power and diminished control for victims who
then need to rebuild these in future relationships (Herman, 1997c). Thus, the power differential
that I experienced in the context of the supervisor–supervisee relationship triggered flashbacks
for me, resulting in the supervision that I needed to conduct rigorous research becoming my
greatest obstacle. Thankfully engaging in therapy at the same time as my studies supported
me in navigating this additional stress without overstepping the boundaries of the academic
supervision I was being given. I suspect that if my honours supervisor were to read this today,
she would be surprised to hear just how fraught I had found her professional and efficient
supervision that supported my research efforts to the level necessary to be admitted to post-
graduate study. As I reflect upon this, however, I am also very aware that not all students have
the resources available to engage in intense psychotherapy that can support growth through
trauma in a country where only ten psychology sessions are eligible for a Medicare rebate each
year (with some temporary increases during the Covid-19 pandemic) (de Boer et al., 2021).

Despite the challenges I’d faced, my honours results allowed me to apply to undertake
doctoral research at my home university, and I was able to conduct a study that was meaning-
ful to me in light of my past experiences and that aimed towards advocating for social
justice. Like many survivors of trauma, I felt strongly motivated to engage in work that could
transform my experiences to positive outcomes for others. Herman (1997a) posited that the
restoration of social bonds begins with a survivor’s discovery that they are not alone. She
further theorised that although there is no way to compensate for atrocities, they can be tran-
scended when survivors choose to make them a gift to others through what may be seen as a
survivor’s mission (Herman, 1997b). Such post-traumatic growth is increasingly recognised as
important to recovery, and includes finding a new path in life, an increased ability to relate to
the experiences of others, increased personal strength and appreciation for life, and deepened
spiritual understanding (Peters et al., 2021). My doctoral study was deeply meaningful to me,
although navigating the distress I felt after some participants shared their traumatic experiences
with me was yet another thing to work through in therapy, mindful always of my ethical
responsibility towards participants. However, a decline into a PTSD relapse was exacerbated
by my difficulty in navigating supervisory relationships which were a far larger component
of this work than it had been during my honours year. Having experienced stigma following
the assault when I was a teenager, I was acutely aware that people in positions of power may
engage in discriminatory actions (Mittal et al., 2013), and this made me determined to try
and hide my PTSD at first. And, unlike during my previous years of study, I had no cohort of
peers as such, only monthly meetings with three supervisors, each of whom certainly wanted
to support me but had unique personalities and (at times conflicting) views on my study. As
supervision approached each month, I experienced similar physiological symptoms to those
I had experienced ahead of supervision during my honours year, but now the triggering aspects
of my study compounded these and my ability to function declined. Hoping desperately to
remain grounded while working on a project that was so meaningful to me, I found a PTSD
dog, an 18 month old Labrador who was unsuitable for guide dog work, and working as a
team the two of us passed our state’s Guide, Hearing, and Assistance Dog Public Access Test.
This meant that my dog could accompany me everywhere, help to ground me, and alert me
to the vasovagal fainting episodes that left me temporarily unconscious on the ground at times
in response to the triggers and flashbacks that I was experiencing.

Throughout all of this, I never once considered registering my PTSD with my university’s
disability services, and when my supervisors suggested it hoping to help me salvage my study,
everything in me resisted. Research indicates that my experience in this regard was congruent
with that of many survivors with PTSD who may struggle for decades with various challenges before seeking help, and whose decisions in help-seeking are often contingent upon fear, past help-seeking experiences, past experiences of feeling shamed, and past experiences of rejection (Smith et al., 2020). Each of these was relevant to my lived experience but, above all, I felt as if I would have failed if I didn’t complete my PhD in the way that I conceptualised as “normal”. My self-esteem, which had gradually strengthened as I succeeded in my studies took a painful hit, and I felt deep shame in needing to request help to withdraw without penalty for a semester in order to remain in the program. I worried about other things as well, such as taking disability services resources from students who needed or deserved them more than I did, and all of these things combined meant that I only finally agreed to take this path once my study was on its knees.

When I did finally register, I experienced nothing but kindness and understanding, but my deep shame and distress prevented me from reflecting upon this sufficiently at the time as I worked to regain some mental equilibrium and continue with my research. Gradually, as I began to succeed once again in my research, I began to experience a shift in my feelings. I started to make eye contact more frequently and I stood taller. Joining a postgraduate research group helped to normalise many of my struggles as I realised that many of my peers with no traumatic history struggled with imposter syndrome and to advocate for themselves and their projects in supervisory relationships as well. Additionally, being a part of this group allowed me to share my experiences with others who found them helpful for normalising what they were going through, so that I began to feel like I not only belonged but was able to contribute in a meaningful way for others. The final corner in my journey was turned when the professor who ran the group and nurtured the development of its members joined my supervisory team. Always patient, my new supervisor readily shared memories of challenges during his own time as a student to help normalise all of our experiences. I had read somewhere of a retiring professor addressing his younger colleagues and saying that everyone in academia was smart, but that they should remember to try and distinguish themselves by being kind, and I was struck by how much my new supervisor epitomised these words. The writing I sent in ahead of supervision was replied to with greetings such as

Good morning Meg, and happy Friday to you!

Or, when I needed to improve upon a piece of work, he would give a very gentle

Thank you for your latest chapter revision which I have thoroughly enjoyed reading. A few thoughts for your consideration, please…

What was especially helpful for me was knowing that this kindness was the way that my supervisor spoke to everyone. It was not pity for my PTSD, but simply his way, and in the safety of this, my research and I both flourished.

A week after I submitted my PhD thesis a friend asked me to help her teach a pathways course over the summer semester. This was the first time I had taught, and it seemed so fitting that it should be right back where I started, teaching students who didn’t have access to university study and who were working towards it. Many of these students were anxious and shared that they felt uncertain about whether they belonged at university. Sharing my experience over the previous ten years with them was something that they said really helped them, and I found this immensely rewarding. Although I avoided disclosing my PTSD in case any of my students were distressed by this, I was able to relate to the experiences they were
describing in class, especially as their final oral presentation approached, and use my experiences
to encourage them. This is what I shared:

When [my friend] asked me to speak about my journey here today, I was grateful for
the opportunity to share with you. You see, I began my journey here 10 years ago by
enrolling in the Tertiary Preparation Program (TPP) as an alternative pathway to an
undergraduate degree. But more recently I submitted my PhD thesis for examination.
What I really wanted every student attending this course to know was, if I could do
it, they can too.

I’ll never forget my first day here. Although I had enrolled to do the TPP online,
since my children were still quite young, I attended the orientation on campus.
I clearly remember walking from my car to the building the orientation was being
held in.

You will all remember that we studied imposter syndrome during [Pathways
Course], and I could certainly relate to the course material. Heading towards orien-
tation that day in 2011, I felt as if everyone must be able to see that, amongst all of
these people with great ambitions, I was clearly the one who did not belong here at
university. Although I didn’t, it was tempting to just get back into my car and drive all
the way back home again without even setting foot on campus.

Despite my lack of confidence, I found the TPP a fantastic pathway to university,
and during that course I was taught many of the same academic skills that you have
been taught here. Academic writing – moving from topic sentences, to paragraphs, to
essays. Critical thinking and the analysis of material. Maths. I was most terrified of the
maths course. If anything was going to trip me over on my path to academic study,
I was sure that it was maths. I wanted to study psychology and had seen that there were
four statistics courses in the first four years.

As that first maths exam approached, I seriously considered dropping out, just
because I felt so anxious about it. But then I realised – if I didn’t sit the exam, I would
fail the course anyway. I decided I might as well give it a shot, and reached out to my
maths lecturer who is still with the TPP program for advice. She offered to go through
an old exam paper with me to build my confidence and preparedness.

That single act of patience and support was a watershed moment when my life
could have gone either way. When I spoke to her about this last month, having sub-
mitted my thesis, and said that I would like to share the story here with you today,
she asked me to make sure that all of you were aware of the importance of asking for
help on your journeys. Although as students we are all adults and responsible for our
own learning, she believes that being able to ask for appropriate help can make the
difference between a student succeeding in their studies, or not.

As I moved into the first year of my degree, I purposefully did the first statistics
course as quickly as possible. I wanted to make sure that I tackled it before I could
forget the maths I’d learnt! After all of my fears during the TPP, I’d achieved a dis-
tinction grade for the maths exam. My skills strengthened as I studied, and I did well
in the statistics subject as well. By now I was starting to look at how close I’d come
to quitting due to my own fear of failure. I felt really grateful that I had reached
out for help, and for the support that I had been given. My academic writing was
improving as well, and as each semester passed the course content became increas-
ingly interesting. As the years went by, I completed my bachelor of science, and then
my honours year.
I was accepted into the PhD program with a scholarship, and an increasing belief in my academic skills. My imposter syndrome was fading. One huge challenge remained, however. I literally felt sick for days ahead of needing to do any sort of public speaking.

One of my favourite authors, a neuro-scientist named Louis Cozolino, recommends that people experience the most growth when they set their compasses towards anxiety and expose themselves to the thing that they fear in increasing steps.

So I began looking for every opportunity I could find to present my research at conferences, symposia, and the like. I had made amazing, supportive friends in study groups along the way, and now they sat and listened as I practiced my presentations before taking them to genuine audiences. I made the leap from presenting here at our university, to presenting at conferences all around Australia.

Each time I confronted my terror of standing and speaking before other people, it became just a little easier. And slowly I began to genuinely enjoy the opportunity to speak about the amazing work that the communities partnering in my research were engaged in.

In November 2020 I submitted my thesis for examination, and [my friend] asked me whether I would like to teach this course with her and the rest of the team here. Rather than feeling anxious about standing up and speaking in front of you all, I found myself feeling excited about the journey you were about to undertake, and about being able to say, “If I could do it, you certainly can too!” Education is empowering. It is one of the few things in this life that, once we have earned it, cannot be taken away from us. I hope that each of you feels truly proud of what you have achieved here over the past few weeks.

Education here is a meaningful, life-changing journey that begins with academic teaching, guidance, and support, and is supported by the incredible friends we meet in our classes and other study groups along the way. If I could offer you any advice from my experiences, it would be to take advantage of every opportunity offered to you, and to make the time to give support back to others as well.

In these ways your journey here can go beyond academic education to true personal growth and a sense of mastery over your future. I hope that each person here today will one day be able to engage with the next generation of students to say, “If I could do it, you can too!”

Following this, I have gone on to teach psychology and anthropology undergraduate courses as well, and to supervise honours and doctoral students, and in each situation I have been very purposeful in who I have chosen to emulate when interacting with my students. Despite the challenges that I brought to relationships where power differentials existed, such as those with supervisors, mentors, and even friends who were ahead of me in their studies, overcoming these challenges with their patience and gentleness has allowed me to approach new relationships with new confidence. What is more, I have examples of the behaviour that supported me through mental illness and PTSD in my own studies, and this is just as well since I have had students self-disclose to me in every course that I have taught that they are living and trying to succeed in their own studies with PTSD or other mental health challenges. In each case, the student had not registered with disability services, as I had not only a few short years before, and I discovered that this is in fact not unusual, with many university students reluctant to seek help (McAuliffe et al., 2012). Today mental health challenges are likely to increase in the short term at least, with the COVID-19 pandemic, lockdowns, and isolation having a significant impact on the academic performance and mental health of many university students with increased rates of depression, anxiety, and stress noted in Australia and elsewhere since the
pandemic began (Chaturvedi et al., 2021; Dodd et al., 2021). In my own work with students at a regional Australian university I have witnessed students face and overcome challenges related to lockdowns and isolation, with particular challenges for students engaging in ethnographic research in public spaces. Acknowledging this during tutorials and promoting peer support by inviting students to share and encourage each other through their experiences was a successful strategy that helped to remind each member of the cohort that they were not alone, even when they were only able to attend via Zoom from their homes.

Conclusion

Herman (1997c) proposed that sharing experiences with others is often powerful for survivors of trauma, and can help to address the social alienation that many survivors feel. Following conversations with trusted mentors I have not chosen to disclose my own PTSD to students in case it is not helpful for them, or even causes them distress. However, I have been able to share the experiences of understanding that were given to me in action and words, and to advocate for the importance of registering for the help that is offered by the university, including sharing my belief that they deserve this support just as much as any other student with a disability does. In doing this, I choose my words with purpose to try to reduce their feelings of shame while highlighting the strength and courage that they have already drawn upon by disclosing their challenges to me. Such action is important. Research indicates that academics may feel frightened or unsure of how to respond to students who disclose mental illness, often resulting in inconsistent responses to them (McAuliffe et al., 2012). Further, while academics with lived experience of mental illness are more likely to respond to students in a supportive and empathetic manner, increasing awareness across universities could promote a more consistent positive and supportive approach (McAuliffe et al., 2012).

Interestingly, each of the students who disclosed PTSD or other mental illness to me has expressed the same reasons that I felt years ago when I was so loathe to register with disability services for not doing so until I advocated for it to them. These included that they have wanted to succeed “normally”, that they have felt that other students may need or deserve the service more than they do, and that they experience shame over struggling. It has been interesting for me to observe how similar their words are to my own from years ago, and how different my reactions are to their challenges now than they were to my own in the past. I do not feel that their success is any less worthy for the support they deserve, and I remind them that they should be proud of their courage in learning to advocate for themselves following interpersonal trauma. What a circle this journey has taken me on!

Finally, some of my students have replied to my correspondence and thanked me, saying that not all of their lecturers have responded with understanding. If there is one more message that I would like this chapter to carry, it would be for those in supervisory and teaching positions to remember that, as one of my students phrased it, not everyone’s trying looks the same. Some students may consistently submit excellent assignments very late, or even withdraw from their courses having completed excellent work without submitting it, because they are terrified of submitting something to the lecturer whom they respect that the lecturer may consider less than perfect. This is a direct outcome of power being used against these students in past interpersonal trauma rather than a reflection on their ability, or a reflection on the lecturer or supervisor whose position of power rather than their character creates the hypervigilance and flashbacks. My story demonstrates that such fear can be remedied and overcome with encouragement and patience from those in positions of power. And as the people in such positions, that gift is in our hands.
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