Mental Health in a Disabling Landscape: Forging Networks of Care in Graduate School

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Introduction

It likely comes as no surprise to those reading this, many of us students ourselves, that graduate students across the disciplines now face what popular media refers to as a "mental health crisis." A cursory Google search reveals the following headlines, all published in 2018: the *Atlantic*'s "Graduate School Can Have Terrible Effects on People's Mental Health" (Wong, 2018); *Science Magazine*'s "Graduate Students Need More Mental Health Support, Study Highlights" (Pain, 2018); and *Inside Higher Ed*'s "Mental Health Crisis for Grad Students" (Flaherty, 2018). These sources, along with a recent study published in *Nature* (Woolston, 2019), point to the detrimental effects of overwork, economic and career instability, and isolation, amongst other factors, upon our mental health—all compounded by a relative lack of adequate psychological resources on many campuses. This, of course, is not new information to many of us, but this recent spate of publications, combined with my own experiences and those of my friends and colleagues, has inspired me to apply a critical rhetorical lens to an issue so central to my daily life.

Thus, the practical exigency exists on a very basic level of survival for many folks in the academy. As part of my work in Disability Studies, I examine possibilities for facilitating the emergence of communal rhetorics of care in graduate school spaces. As graduate students navigate power differentials, both neoliberal and legitimate notions of self-care, work strain, oft problematic accommodations procedures, and mystifying academic conventions, we can find ourselves quickly isolated, unsure of where to turn or whom to trust. These factors are exponentially compounded by disability, trauma, and illness—all of which can further isolate us from one another. It is therefore a scholarly goal of mine to explore options for thinking and feeling and caring otherwise, for working through what a rhetoric of care in graduate school might be, wherein folks care for one another as we navigate difficult experiences. What might graduate school look like with a rhetoric of care founded upon interdependence—where possible and desired—and a commitment to negotiating bodily contingencies together?

Answers to this question emerge in conversation and interaction with other graduate students. We disclose mental health diagnoses to one another during teaching workshops; we check in with folks via text or email; we rage against the machine during Friday night happy hours; and we form (inter)national exchanges of critique and advice while chatting on Twitter. This list, of course, is not exhaustive and requires more nuance in order to more critically account for the

range of bodyminds (Price, 2015) that do not participate in such encounters, as well as those for whom mental illness is compounded by issues of queerness, race, histories of colonization, socioeconomic class, citizenship, and the exploitation that comes with being a multiply marginalized person working in the academy. These concerns remain ones I intend to address in the future, but for now I want to talk through the issues I'm currently working through—beginning with my pilot study on the stressors faced in graduate school, the hierarchies encountered throughout academia, the unclear expectations navigated by all, and the degree of care offered (or not) to and by graduate students.

Caring Methodologies

Some background: I solicited graduate students at The Ohio State University (OSU) to participate in my study, and thus far I have only interviewed two individuals within my own department, the English department. I wanted to know how students perceive the institutional hierarchies we daily navigate as well as levels of support provided by departments, faculty, and peers. I asked how participants feel about "mandatory" social events and the times in which graduate education threatens to overwhelm. Not surprisingly, my interviewees had much to say on these topics and held no qualms about venting their frustrations; and though I did not inquire after diagnoses, all those interviewed disclosed mental health diagnoses, therapy experiences, and medication prescriptions, when applicable, to me. Again, none of what I heard was necessarily unexpected, being a grad student myself who regularly participates in similar conversations with my colleagues, but I appreciated the opportunity to more formally engage these issues with some of the people most affected by them. Significantly, my interview protocol requested that participants identify what has been working well for them in terms of mental health and networks of care as well as potential solutions to the "mental health crisis" on a programmatic and institutional level.

However, because this project is still ongoing, I don't want to make any concrete claims about the accessible future of graduate education, though I gesture nonetheless toward emerging themes that I've begun noticing as part of my engagement with notions of self-care and communal care in grad school. For one, graduate students often don't feel heard on a level that actually moves the bureaucratic gears. In fact, many of our conversations regarding mental health don't take place on campus, don't feel like they *can* take place on campus. This makes sense, given the analytical project of one of my theoretical touchpoints for this study: Dolmage (2017) argues that academia was established to be—and remains today—an inherently disabling institution. Among many tools at the university's employ, rhetorics of health, wellness, and productivity explicitly construct a hyper-capitalist, neoliberal environment that is increasingly competitive with seemingly less and less regard for individuals as people in need of care and support. We see this in mental hygiene mandates and campus wellness discourses; we are responsible for taking care of ourselves, lest we fail

to produce exploitable labor. We can be successful in academia insofar as we remain relatively "healthy."

Dolmage usefully defines rhetoric as "the circulation of discourse through the body," noting that the rhetorical power of institutions "shapes the bodies within these spaces" (p. 8). As already touched upon, we see instantiations of this rhetorical power in discourses of hyper-productivity and enforced wellness, often to the detriment of our community relationships and the connections we forge and maintain with friends and family. Importantly, too, these two strands of discourse, productivity and wellness, remain at odds: the workload of graduate school necessitates the privileging of one over the other, making it difficult to maintain a viable balance. Academic institutional discourses, therefore, don't support equitable or ethical care, despite the positive tone with which these discourses are offered. And as much as our field of Rhetoric and Composition (Rhet-Comp) purports to support social justice goals (and in many senses, it indeed does so remarkably well), the truth is that our discipline remains firmly entrenched within normative institutions and discourses.

But graduate students *do* care. We care about one another quite a lot. The preliminary findings of my pilot study evidence that, as do my lived experiences interacting with people I now hold very dear. We troubleshoot solutions to frustrating situations together, and, indeed, my interview participants felt compelled to devote multiple sections of our discussions to doing just that—not just for themselves but for the collective access and wellbeing of their peers. I therefore ask: what rhetorics of care, other than those pertaining to self-care (such as when we talk about yoga, exercise, diet, etc.), can we collectively employ to subvert or even dismantle some of the more damaging practices we see happening at university settings? To quote Piepzna-Samarasinha (2018):

> What does it mean to shift our ideas of access and care (whether it's disability, childcare, economic access, or many more) from an individual chore, an unfortunate cost of having an unfortunate body, to a collective responsibility that's maybe even deeply joyful? (p. 33)

This collective responsibility becomes essential not only in ensuring the mental wellbeing of our fellow grad students, but also in literally navigating the workload upon us and the differential identities we claim. Another foundation for this project lies in Price's (2011) articulation of "kairotic spaces": "the less formal, often unnoticed, areas of academe where knowledge is produced and power is exchanged," particularly considering the power relations that inhere in these spaces and the "recognition that different participants in kairotic spaces will perceive those relations differently" (pp. 60-61). How do graduate students navigate kairotic spaces communally and collectively? Just as power differentials exist between faculty and student, they likewise exist amongst graduate students, something with which we must contend as we move forward, particularly considering the feminized and racialized nature of emotional labor.

Though we support one another via underground care networks, so to speak, I am inspired by the coalitions and collaborations I am beginning to see happening on an institutional level. This very collection of essays features critical race theory counter-storytelling (González, 2020), the development of actionable practices to support single female mothers in graduate school (Hanson et al., 2020), and a discussion of the grad student advocacy work enacted via the nextGEN listserv (Kumari et al., 2020). Angela Carter et al. (2017) represents a crucial critique of the institution via a significant bastion of that very same institution: academic publishing. At my own institution there exists the Graduate Association of Mental Health Action and Advocacy (n.d.), a graduate-student-led organization created

> for the purpose of providing support and advocating for the needs of OSU grad students' mental health and wellness. The association provides the opportunity for students to join together to make the university a healthier, more egalitarian place by spreading awareness, enacting anti-stigma initiatives, and advocating for positive grassroots change in the way graduate study is conducted at OSU.

Combining care with action, these two elements—publishing and research of graduate mental disability alongside grassroots organizing and community partnership—feel like powerful interventions into academic discourses mandating "wellness" and constructing kairotic spaces. Graduate student unions, not currently in existence at OSU (though not for lack of trying; graduate students sadly possess no bargaining rights in the state of Ohio), potentially work toward similar goals, though I remain unfortunately unfamiliar with their operation.

Conclusion

To end, I reflect upon the avenue my future work might take. As always, I have more questions than answers. How can I expand this research outward and make it truly interdisciplinary and polyvocal? What might it look like, for example, to open up the networks of care under consideration to include medical professionals and counselors in meaningful ways? Importantly, *care* encompasses medical encounters and relationships as well. For instance, I'm open about my need to take antidepressant medication in order to function as a graduate student, which means that my psychiatrist occupies some sort of positioning in my care network that I have not yet theorized. Several of my colleagues report similar mental health care experiences, and, indeed, therapy remains a frequent topic of conversation amongst peers. The constellation of care support thus extends ever outward and inward, becoming part of the mental and physical labor required of us in graduate school—on top of the power differentials and strenuous workloads we must already navigate. Future work will examine the weight of this "baggage," so to speak, particularly when considering many of us are severely underpaid and also have to balance the emotional labor of teaching. Fundamentally, though, I aim to celebrate our successes in caring

for one another, in imagining accessible and equitable futures, and in knowing when to take a break (and trying not to feel guilty for so doing). My hope is that we can craft new disciplinary practices that refuse to embody the rigid, normative, and violent rules of neoliberal bureaucracies, and I call upon my fellow colleagues in Rhet-Comp to take up this issue alongside me.

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