

# STL Ep 11: Kate Mohler Part 2

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people, mental illness, mania, bipolar disorder, support, students, accommodations, campus, episode, serious mental illness, disability, colleagues, life, mental disorder, behavior, bipolar, symptoms, kate, transcript, mental distress

## SPEAKERS

Kate Mohler, Amanda Reavey



Amanda Reavey 00:05

Hello, my name is Amanda Reavey. Welcome to the Stereotype Life where we talk about mental health, disability, and access in higher education. We release new episodes every other Wednesday at 12pm Central, so please subscribe on iTunes, or wherever you get your podcasts, and visit [www.stereotype.life](http://www.stereotype.life) for this episode's transcript and additional resources. We're here again with Kate Mohlar. Kate earned a BA in English from Bemidji State University in Minnesota in 1989 and an MFA in Creative Writing from Arizona State University in 1994. She has taught composition for Mesa Community College since 1995, and she was diagnosed with bipolar disorder in 2016. If you haven't yet already, please listen to Episode Two where Kate gave a fantastic speech about how neurodiverse people are everywhere, including higher education. she explores her own experience with bipolar disorder as a professor, what college employees can do to support, the notion of crip time and accommodations, and the kinds of assignment we can give to support neurodiversity. Welcome back, Kate.



Kate Mohler 01:14

Thanks, Amanda!



Amanda Reavey 01:15

Yeah. Having a manic episode at work in front of students must have been difficult. Unfortunately, having bipolar disorder myself, I can absolutely imagine that. How have you reintegrated yourself into the campus community?



Kate Mohler 01:33

Having a manic episode at work in front of colleagues and students was the absolute worst experience of my life. It was humiliating and mortifying. I had very little self-control, no filter on what I was saying, and little control over my behavior. Still to this day, five years later, I can hardly bring myself to look at old emails and documents I wrote and shared during that time. I was over-the-top, very inappropriate, very disruptive. I'll take this opportunity to apologize to anyone I haven't been able to apologize to yet for my behavior during that episode. I know I made a lot of people's lives miserable. I have tried to reintegrate into my campus community, but it's been very difficult. First of all, I needed to get well. I had been in full mania for so long—about seven months—that it was incredibly hard to come down from it. I had never had a manic episode before and didn't know I was bipolar. So I didn't know I needed to see a doctor. When I finally did, I didn't go in for bipolar disorder. I went in because I thought maybe I had a brain tumor. It was the only thing I could imagine that might be causing me so much trouble. My doctor took one look at me and handed me a sheet of paper with a list of bipolar symptoms; delusions of grandeur, euphoria, hyperactivity, pressured speech, trouble sleeping, trouble at work. Then I recognized myself and I knew what was wrong. I was shocked. My doctor sent me to a psychiatrist who started me on meds right away—an antidepressant, an antipsychotic, a mood stabiliser, and medication for sleep. As it turns out, I have a severe case of bipolar that is largely medication resistant. It took a very long time, many months, for my mania to wear off. But at the very least I had become self-aware, I finally realized that I had been very sick for a long time. With that realization came the understanding that I had been behaving very inappropriately and making a spectacle of myself all semester long in front of my students and co-workers, and I can't even convey how mortifying that knowledge was and still is. Despite all of that, if I wanted to keep my job, I had to somehow reintegrate into campus life. I was given the disability accommodation of teaching online only, which was and still is great for me, but I continued to attend department meetings on campus. In the beginning, I was very shy and quiet because I was so embarrassed. It was brutal to show up and be seen. And to be honest, it's still really hard to be on campus, to attend meetings and graduation. I always wonder what people are thinking. But I do go to campus. I've given a writing workshop on neurodiversity and two local conference presentations on mental illness in higher education. I'm also involved with diversity, equity, and inclusion committees. For the most part, people have been very

kind and patient with me. And I really appreciate that.



Amanda Reavey 05:23

Yeah, that's really great that people have been really kind and patient. I know, like, apologies can be really—it can be really hard to apologize, and especially hard when we don't know how people are going to react to those apologies, I know that I've apologized to people, and not everyone is willing to accept it, which can be hard. So, I'm just kind of wondering, how can we reconcile our actions?



Kate Mohler 05:54

Well, that apology has to be there, you know? I tried to make sure to apologize to the key figures and the close people in my life at that time. And—but after the time, you know, you don't know if you want to bring it up again, you know. People say, "Oh, it happened so long ago. You know, people aren't thinking about that anymore, Kate." And—so then it becomes a little bit awkward to approach someone and apologize out of the blue for something you did five years ago. So you have to kind of trust that people are, you know, can have that goodwill and good nature about them. But also, you know, education goes a long way to help people understand that you weren't attacking them or you weren't misbehaving on purpose, you know, you were really out of your own control. You're out of your own control when you're in a bipolar mania, especially if you have anosognosia, which is lack of insight into what's wrong with you.



Amanda Reavey 07:04

Yes, so it sounds like there's kind of a balance between, you know, being apologetic, some, like, education about what it's like to have an episode, and then just letting it go at some point, like, you can apologize, and then you just have to let it go.



Kate Mohler 07:20

Sometimes you do. That's right. So how can we—how do we recognize signs of a mental illness both in students and in colleagues? How do we approach them? How can we—how can we be more supportive? To recognize signs of mental illness, we need to be educated about mental disorders and personality disorders. Otherwise, we just look at people who seem different, or disruptive, or aggressive, as irritating, and we expect them to take care of themselves and their behavior on their own. I think all educators and administrators need to receive training on how to recognize signs of mental illness and how to assist

others who show signs of mental distress. All campus communities should be taught what serious mental illness looks like. A mental illness awareness campaign could also help people become more self-aware of their own symptoms and possible disorders. I went through my entire life unaware that I was bipolar, even though I clearly displayed bipolar behavior and symptoms. I really didn't know what bipolar disorder was. I think it's important to give people like me the opportunity to recognize ourselves and learn how to care for ourselves. You can only do that through education. We need to be able to talk about mental illness without fear of repercussions. If we see someone at work who's showing signs of mental distress and is probably in need of help, we need to be able to approach that person without fear of getting sued or in trouble ourselves. Towards the end of my mania, when I was really getting into a lot of trouble at school, I hired a lawyer, because, again, I didn't understand why I was being so persecuted. I thought maybe a lawyer could somehow protect me from disciplinary measures that cost me income and restricted me. But I didn't really need a lawyer. I needed to be medicated I needed to get well. I think there should be some kind of form we sign right away when we start classes or get hired that gives supervisors permission to intervene in case of mental emergencies. I have a number listed at work to call in case of emergency, but no one used it when I was in mania, which was in retrospect obviously an emergency. I'm not sure it would have done any good because that number is my elderly mother's phone number in Minnesota. I don't know that I would have listened to my mom telling me that the school called to say I was in trouble. People who are mentally ill will deny it, even when it's obvious to everyone else. We often suffer from anosognosia, complete lack of insight into our disorder. How do you support someone who denies or can't even imagine that they have a mental disorder? I don't have an answer to that. I support involuntary commitment in extreme cases, and I've often said that I should have probably been hospitalized myself in my mania. But getting me to the hospital would have been very difficult because in my own reality, there was nothing wrong. So, no easy answers.



Amanda Reavey 11:03

Yeah, I think it's so important to have some kind of care number like you talked about. Actually, I just put together a self-care plan with my own therapist, in case I have an episode, which was helpful. But at the end of the day, colleagues aren't therapists. So how do we promote buy-in for getting them to educate themselves?



Kate Mohler 11:26

Well, I think, you know, that a lot of people see signs of addiction and mental disorder in their own families, so it's not like people are unfamiliar with the behavior. They, you know, people live with it every day in their homes, you know, and mental illness runs in families,

so some of us have more to deal with than others. But it's—I think, you know, together with an educational campaign and then an open mind and understanding attitude about mental illness, you know, we can kind of meet in the middle. Everybody has their work to do on this.



Amanda Reavey 12:10

Yeah, I like that. It needs to be a team effort. We're interdependent whether people like to think of us as that way or not. So, what can supporters do for their own self-care when supporting colleagues going through depression, mania, or aggression?



Kate Mohler 12:30

You know, I hadn't thought very much about this issue before you raised that question. But I'm glad you did. I know that in my mania, I pushed colleagues and supervisors to their absolute limits in patience and understanding. I probably used up every bit of goodwill I had ever earned in my two decades of work at my school and in my district. I don't think anyone was prepared to deal with me or my behavior. I'm sure my mania caused a great deal of anxiety, anger, and distress for my students and colleagues. And I apologize again for that. Instructors and administrators need to know who to turn to and where to seek support at times like that when they're called upon to help colleagues in depression, or mania, or a particularly aggressive state. There should be a support system in place and protocols to follow. It should be okay to call Disability Resources or counseling services to request help with an employee or colleague or for yourself. Maybe there should be a campus doctor or psychiatrist on staff. As many people know—because, again, um, their own mentally-ill family members—dealing with us can be very draining and very upsetting. And being able to talk about that stress is important.



Amanda Reavey 14:07

I like that—being able to have an open conversation, I think that's important. That'll help with a stigma, too, like, if we actually talk about what's going on, and people see that we're actually real people. You know, we have loved ones, and we have, you know—we get sad we get happy. And sometimes it has nothing to do with mental illness because we're human.



Kate Mohler 14:32

[sic] Right.



Amanda Reavey 14:33

So what about those with, like, actual mental illness? What can they do for self-care? How can they avoid an episode or at least avoid it interfering with work? I'm wondering, actually, if that's even possible.



Kate Mohler 14:49

Well, first off, people with a mental disorder, or a personality disorder, or an addiction, need to admit they have a problem. For some, that might simply mean getting educated. Hopefully, through learning about these types of illnesses, knowing what the symptoms look like, and how they play out, people can self-identify and then become motivated to seek help. There's so much we can do to help ourselves. We can take the appropriate meds, we can get counseling, join support groups, seek out work accommodations, create healthy schedules, and make better choices. But that's often not the case. Many people with mental illness either deny it or they have anosognosia and can't see it. Only when a person is completely aware and accepting of their diagnosis can they be expected to do something about it. Some people avoid acute episodes of mental illness by staying on meds, which can be hard because medications can dull your creativity and interest in life. For me, sticking to a schedule is very important. My day-to-day routine always stays pretty much the same, so that if I enter a depression and don't want to do anything, I still know what I should be doing. And that helps me move forward. I know that if I'm resistant to my everyday routine, something is probably wrong. I have good friends who keep an eye on me, and my moods and behaviors. I've given them permission to tell me if I start acting erratically or out-of-character. I have told my current supervisor at work to feel free to ask me questions, and I would hope that he does if he ever becomes concerned by my actions for communication again. It really goes back to having that support network in place, hopefully one made up of family and friends and colleagues who know what to look for and how to help.



Amanda Reavey 17:04

I love that notion of creating a network, and I also—I also really, really like that you talk about acceptance and how it's crucial to getting help. How did you—how did you accept it for yourself so that you were able to get help?



Kate Mohler 17:24

Well, I couldn't deny the truth when it was staring at me in the face. You know, I was in a medical setting, I was in my doctor's office, and I was you know, beside myself really

because I had gotten in so much trouble. And I wasn't there very long before she took out that sheet of paper and asked me to read. And once I started looking at those symptoms, I had no problem self-identifying. I knew immediately that that's what was wrong with me. And, you know, to be—and, of course, that led me to reflect back on my entire life, you know. And, you know, I had looked—so I looked back at my behaviors, and I saw alcohol addiction. I saw hypersexuality. I saw that, you know, that I was very sensitive, I had very sensitive feelings, you know, and my reactions were always either—they were always strong, you know. I never had a little reaction, I was always very, very happy or very, very upset. And I had a hard time putting things behind me moving forward. So really, once I started researching into the disorder, into bipolar disorder, I could not deny any more than it was me. But a lot of people aren't like that, you know. I know a lot of people who display a number of symptoms of either personality disorders or mental disorders, and you cannot talk to them about, you know, the idea that something might be wrong with them. They don't want to hear anything about that, you know, and they will deny it, and that's their prerogative. That is their prerogative. We are not here to diagnose people. I'm only here to help those who want help. And in, you know, really help some people who are struggling to understand what's happening with their family members, you know, their children, and especially here in higher education with our students and our colleagues. You know, it—we just need to be able to talk about it, and I would hope that people would more read—would be more readily accepting of their own diagnoses.



Amanda Reavey 20:00

Yeah, I have a similar story. I actually showed up to my psychiatrist's office manic. But it still took me, like, a year to really, really accept it. Because I did a lot of research about bipolar disorder, and I was like, "But this doesn't fit, and this doesn't fit." And they're like, "Yeah, Amanda, kind of fits." I'm like, "Oh okay." As we know, anyone can become disabled at any time, but accommodations can be put in place in order to anticipate mental health issues. I'm also wondering, how 'cause you mentioned, you're here to help students who are struggling with mental illness. How do we do that? How do we help them get through class?



Kate Mohler 20:48

Well, I think the most important accommodation to put in place across the board in any work environment or classroom is an accommodation in attitude. People need to learn about and know about mental illness and how it presents in order to help those in need. The stigma has to be removed so that we don't continue to judge others who behave differently and so that we are more inclined as individuals to step up to help rather than stepping back in fear. Mental illness awareness has to become more a part of our culture

so that we can more readily talk about it and deal with it. Educational and awareness campaigns are critical. Workplace and classroom accommodations are also very important as well, and everyone has their own personal needs. For me, my mania resulted in an acute sensitivity to noise. Even the sound of videos and news clips can bother me. I don't have a TV anymore. I'd much prefer reading transcripts rather than watching videos, and luckily, transcripts are often available. I have a lot of social anxiety as well, so being able to attend online meetings without turning on my video or microphone has been comforting to me, although I know I have—I have some work to do in this area because I can't always hide. Most certainly being able to teach online only has benefited me, and that's an accommodation my school has given me. I think instructors should always be prepared to offer flexible deadlines and alternative assignments. And we should also be prepared to interact with students who come across as a little different. Maybe they're louder or really quiet or they consistently challenge us. We can all be better at anticipating mental health issues when we learn more about them.



Amanda Reavey 22:55

What might an awareness campaign look like?



Kate Mohler 23:01

Well, you know, we see mental—we see mental health being talked about. "Mental health campaigns." But mental health is different than mental illness. "Mental health" is understood as, you know, being in a more positive place in life, you'd be getting some exercise and eating well, getting your sleep, you know. All those great things that we should all do to maintain our mental health. But "mental illness" is a different thing. You know, serious mental illness, like schizophrenia and bipolar disorder. Those are life-threatening illnesses, and if—they happen all the time. And people we know, again, in our families, we see homeless people, you know, waving their hands and talking to seemingly no one on the streets. And that can be scary. So, you know, I think that, you know, we should be pretty loud and proud about mental illness on campus. We should not—we shouldn't hesitate to hold gatherings, you know, and educational activities. I think mental health representatives and advocates should be coming to our classrooms to talk. It should just—it should be a more accepted part of our daily conversation. You know?



Amanda Reavey 24:43

Yeah, yeah. I like that like actually having an actual advocate come to the classroom, either from, like, the Accessibility Resource Center, Disability Center, or the, like, the

Counseling Center, having a counselor come in and talk about self-care. I think that's—taking the time to do that it's really, really good. What about putting some kind of notice in the syllabus? What should it say?

K

Kate Mohler 25:12

At my school, we have a standard statement that should appear in all syllabi that explains all the services available for students with disabilities. But like anything on the syllabus, that statement can get overlooked. So it might not make much of a difference for students. I'm sure that some instructors take the time to draw students' attention to the statement, and that's great. However, I'd still like to see a larger and more public educational campaign in our district and at our college regarding what serious mental illness looks like, how to recognize it in others, and how to seek help for others, and ourselves.



Amanda Reavey 25:59

Cool, yeah, I like that. We also at my school have a standard accommodations thing in there. But it's so—the language is so sterile that it doesn't seem welcoming. And so one of the things that I do is I put it in there because I have to, but also, then I try and in my own words, say like, "This is what that means for you as a student," like, "If you need an extension ask me." You know, stuff like that. Do you have any last advice that you'd like to give our listeners?

K

Kate Mohler 26:37

Yes. I'd like to emphasize how important it is to check in with other people who might be suffering from some kind of mental distress. It's not enough to put a Disability Resources announcement in your syllabus and go over it in class. It's not enough to hold a kindness campaign on campus and give out flowers and stickers. It's not enough to offer workshops on how to combat stress. These are all steps in the right direction, but they really don't address serious mental illnesses like a bipolar mania, or suicidal depression, or a drug addiction that has become life-threatening. If we could talk about it and teach about these issues more, and invite more mentally-ill people to share their stories, we would all become better informed and better able to support one another.



Amanda Reavey 27:38

Yeah, I think—I love that. Like, finding support, and, you know, just being a good human

being.



Kate Mohler 27:44

Just being a good human being.



Amanda Reavey 27:48

So thank you so much, Kate, for being here again. I really appreciate it. And thank you listeners for listening to this week's episode of Stereotype Life. If you enjoyed this episode, please leave a review on iTunes and consider supporting us at [www.stereotype.life/donate](http://www.stereotype.life/donate). This episode of transcript was created by Frankie Martinez and the music titled "Fresh Fallen Snow" was created by Chris Hogan. We are always looking for more team members, so if you're interested, please contact us via our website. See you in two weeks. Have a good one!