Kate Mohler (PART I)

Transcript

Good morning. My name is Kate Mohler and I've been teaching composition at Mesa Community College since 1995, starting as an adjunct and becoming a full-time faculty member in 2000. I have a bachelor's in English, an MFA in creative writing…and bipolar disorder. Today I'll be talking about the idea that even in the world of higher education, there exist people who are mentally ill. Neurodiversity—which includes but is not limited to ADHD, PTSD, autism, mood disorders, OCD, and learning disabilities—is the concept that those of us with mental and emotional disorders can thrive alongside our peers when we are met with respect, support, and appropriate accommodations. While I will try to keep the focus on students, we should recognize that neurodiversity does not just exist within our student population. It exists within our own community of professors, staff members, and administrators.

My own mental illness, bipolar disorder, is characterized by extreme highs and extreme lows. It used to be called manic-depression, a term that some patients and physicians still prefer because it describes the condition more specifically. However, there is a stigma associated with the word "manic", as if people in mania are lunatics or freaks rather than sick. And the word "depression" fails to convey physical symptoms that can accompany this state, such as fatigue, nerve pain, chest pain, headaches and body aches. "Depression" is also widely used to describe any state of feeling a little low, when for the bipolar person it means feeling so full of emptiness and dread that suicide becomes an option.

No matter what it's called, bipolar disorder is highly destructive and can have devastating consequences. In 2016, I experienced a mania that went unchecked for at least seven months. It was the first and only mania that had occurred up to that point in my life; I had no idea I was bipolar. My mania played out largely and very publicly at my school, putting my job in jeopardy, alienating my colleagues, angering my supervisors, and leaving me mortified by what I had done. People watched me spin out of control, acting foolishly, behaving inappropriately, but—as far as I have determined—no one knew what to do to control me, or get me help. During my mania, I also had a condition called anosognosia,

which means lack of insight into one's disability, especially into one's mental disability. This means that I had no idea I was in mania; I just thought that suddenly, the world had become a better and brighter place with endless opportunities to improve the human condition. My symptoms included delusions of grandeur, euphoria, extremely high energy, days on end with no sleep, sudden outbursts of anger, and making no sense at all when I spoke or wrote. At the end of my mania, I had lost a great deal of weight and had very little hair on my head, as I had cut it all off myself. I was also in a lot of trouble at my school for choosing not to distribute syllabi to my students, deciding that we would wing it all semester, taking the pressure off all of us. This decision and others like it landed me in very hot water at MCC. I am fortunate that I did not get fired. That's what often happens to people with bipolar disorder: we get fired, we go bankrupt, we abuse drugs and alcohol, we ruin relationships. We disrupt classrooms, and we flunk out of school.

Life does not have to be so difficult for those of us with a mental illness. There is much that we can do ourselves to avoid the chaos and destructiveness of mania, the deathly lows of depression, and the fear caused by anxiety. We can have healthy, productive lives with meaningful relationships if we recognize our own illness, take the appropriate medication, and seek counseling. But something else that is absolutely essential to the building of this life is a support system, a safety net.

Family members often learn about the symptoms of mental illness so that they can recognize when their loved one is ill. Friends and partners, to the best of their abilities, steer us towards professional help when we are too sick to do it ourselves. In the world of higher education, though, the issue of recognizing and reacting to a person who is displaying signs of mental distress is not so clear-cut. We hesitate to point out that a student or colleague is acting strangely or out of character, and we might be afraid of repercussions ranging from an angry end to friendships, to being sued. Despite the currently unclear and often feared consequences of confronting mental illness in the workplace, it is critical that all college employees know how to approach and assist someone who is uncharacteristically quiet, or aggressive. Those who suffer from any disorder should be offered assistance and compassion, and given the opportunity to thrive in school and work communities instead of being ignored, or shunned, or shuffled to the side to deal with their troubles alone.

"Crip Time", the title of this presentation and a term that comes from disability culture, refers to the unique time clock that defines the needs or habits of individuals with disabilities. Crip time can include anything from chronic lateness, poor attendance, the need for extra sleep, the tendency to procrastinate, or the extra time anyone with a disability might require to navigate—either mentally or physically—a new space or situation. Crip Time also refers to the accommodations that might be offered to those of us with a disability, whether that be a mood disorder, anxiety, schizophrenia, personality disorders, or any physical disability. For our students, that might mean being given more time to take tests or complete tasks, the opportunity to take self-paced online courses, and fewer penalties for late work. Students are not alone in their potential need for flexibility; faculty members, staff members and administrators also might benefit from the opportunity to work from home, or the option of calling in to group meetings.

There are other accommodations that fall under the category of Crip Time. Dr. Margaret Price, an expert in the field of disability studies and author of the book *Mad at School*, suggests providing quiet spaces on campus where students and employees can recharge and collect their thoughts. Price also suggests offering virtual spaces where conference attendees who struggle with social anxiety or the absorption of information can meet one another to discuss presentations and exchange ideas. The availability of informative pamphlets, campus tours that include counseling and disability centers, classroom visits by mental health advocates and department retreats are all options we could employ to increase student and faculty awareness of neurodiversity. Students also need patient, open-minded instructors; clear directions for coursework and campus procedures; and an institutional appreciation of neurodiversity so that an even more inclusive environment can be established on our campuses. Instead of ignoring or punishing students who behave inappropriately or appear disinterested—or who somehow do not meet our expectations—we should listen to our students and observe them without judgement to make sure their needs are met. Our students learn from the behavior and attitude we model, which necessitates our demonstration of empathy and compassion. Training for faculty, staff and administrators could be required to help us recognize students who might benefit from counseling or another type of intervention, and then to guide students towards the appropriate resources.

Many of my own assignments attempt to accommodate students who suffer from mental, emotional, or physical disorders. For instance, in my online English 101 class, we keep Journals of Place that require students to write regularly about one particular environment. Journals of Place help students to become more aware of interdependence, more invested in their communities, and to develop solutions to real-world problems. While many students choose a park or a coffee shop to study, others choose their own homes because they are more comfortable and productive in familiar surroundings, or because they have physical disabilities that hinder movement. My grading process is also non-traditional. I start all students out with an A and work to help them keep it during the semester. When students start falling behind or turning in unedited, unfocused assignments, I direct them towards the Writing Center or Brainfuse, our online tutoring service. I require multiple revisions of homework and essays if needed, and if students don't complete them, their overall grade goes down. Students can always raise their grade back up if they submit missing assignments or revise to improve the quality of their work. Most often, students are very interested in maintaining their A and readily comply with my requests. They know exactly why their grade goes down, and almost always work to raise it back up. I also have a lenient late-work policy, but high expectations for final drafts. This method, which emphasizes achievement rather than penalty, works well for students who need extra encouragement, time, and assistance.

Most likely, we have all encountered students—and colleagues—who appear to exist on the spectrum of neurodiversity. In my three decades of teaching college-level English, I've met a number of students who presented me with unique challenges in face to face classrooms and online. I remember one young man who could not stay seated in class. He was always very busy in and around his desk, shifting positions, pacing, touching the floor, and using the pencil sharpener. This student was somewhat of a disruption in that class, and he often struggled to write focused responses to prompts—and I will say that the other students were not always understanding—but with the help of the Writing Center and a lot of study sessions during my office hours, he passed. I remember another student in an online course with whom I thought I had a personality conflict. It seemed that every suggestion I made was met with resistance and anger. Having run out of ideas regarding how to interact with this student, I referred her to the dean. After counseling with the student, the dean called me in to convey that on a behavioral scale from one to ten, my

student existed as a nine, while—at the time—I was more like a four. When my student and I understood that we had this difference, we were better able to meet in the middle. She earned a high grade in my course, and we remain friends years later.

Instead of punishing students who act out in the classroom, who can't seem to stay quiet, who get angry, or who demonstrate anti-social behavior, we might consider stepping up instead of stepping back. It could mean the difference between their staying in school or dropping out, reaching their professional goals or remaining in dead-end jobs, or even the difference between life and death. We can be better-prepared to react to and assist students—and faculty, and staff, and administrators—if they show signs of mental or emotional distress. We wouldn't hesitate to help someone who tripped and fell; why do we hesitate to help someone who is suddenly withdrawn, or repeatedly absent, or hostile? We should not have to fear serious workplace consequences if we try to help our students or colleagues.

Not everyone will agree that employees and students with mental disabilities should be supported and accommodated in any college setting. Why should we have to deal with someone else's problems? One answer is that it might be someone you value and respect who needs help one day. It might be you, just as it was me. We must also avoid pointing fingers at individuals who happen to have very outgoing personalities, or who are introverts, or who are going through a particularly hard time. Reaching out to anyone regarding his or her mental fitness is risky. But if we are all educated about the signs of mental illness and the resources available for support, perhaps individuals who are suffering will recognize themselves, and seek professional help. If we are all prepared to identify and react to symptoms of mental distress in our workplace, we can build a more complete culture of caring.

You might be sitting there thinking, "Why should we listen to this woman? She admits to being mentally ill. She shouldn't even be working for us." I understand that point of view. The stigma that mental illness carries with it is pervasive throughout our culture. We have seen in the news many examples of those we call nuts, psycho, or deranged commit horrible, violent crimes. We have dealt with chaos in our own families because our loved ones are out of control, or seem unwilling to participate in life. However, mental illness is not always destructive, nor does it mean that a disabled person is doomed to

failure. The list of celebrities and historical figures on the spectrum of neurodiversity is long. It includes Winston Churchill, who called his depression his “black dog”. Abraham Lincoln suffered from debilitating depression, as did Sylvia Plath and Ernest Hemingway. Richard Dreyfus, Brian Wilson, Kanye West, Demi Lovato, Catherine Zeta Jones, Patrick Kennedy and Sherman Alexie all freely speak of their bipolar disorder; Patti Duke and Carrie Fisher both wrote memoirs about having the condition. There is also Dr. John Nash, who won the Nobel Prize in economics and whose struggle with schizophrenia was featured in the movie, *A Beautiful Mind*. These are all intelligent, creative, successful individuals who might have been institutionalized in another era.

My own mania was the worst thing that ever happened to me. It is not easy to look back at seven months of your life and realize that you were not in charge of yourself, that you made a public spectacle of yourself. I don’t want anyone else to have to tell that story, especially a student who relies on us for safety and support. Thank you so much for listening to these concerns and suggestions. I look forward to more discussion.