



THE
GAMHAA RAY

WINTER 2020



HEALTH & HEALING

Presidents' Foreword

This issue began as one focused on medication, but as we received submissions, we realized the connective tissue between the work from our contributors was this: health and healing. Health and healing are contested topics. We are constantly reframing what it means to be healthy and how it is that we are supposed to heal (if we can heal). The works in this issue ask what it means to take your own health between your fingertips. They zoom in on unhealthy relationships and spaces. They ask what it means to be medicated while navigating our entangled lives. And they encourage you to embrace help. Health and healing are contested topics, but ones that we're ready to grapple with.

In this issue, we are proud to present featured artwork by Miranda Koffey, which depicts the emotional experience of beginning medication for bipolar disorder and anxiety. In our first piece, "Untitled," an anonymous author shares the struggles they faced in their first year of graduate school navigating different spaces and relationships with professors, ultimately finding their own value. In "Smoking," an anonymous contributor writes about their experience with trying to quit smoking while in graduate school. They give candid advice for smokers who want to quit and for people who want to support their loved ones who smoke. In "Things I Learned in Therapy Or: Why You Should Consider It, Too!" Addison Koneval provides images that correspond with the themes language, self-understanding, and validation. In "Some Musings on Medication," Liz Miller offers an open and honest piece about depression, anxiety, and medication. Miller also encourages graduate students to start their own dialogues about mental health.

Finally, we include our Call for Submissions for our next *GAMHAA Ray* issue.

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The *GAMHAA Ray* is the biannual publication of



Untitled

By Anonymous

Within the first year of graduate school, my married advisor told me that, “if I ever try to kiss you, you need to stop me.” I simply nodded.

Three months ago, I had hit one of the worst depressive slumps of my life and spent a week in the local hospital’s psych unit. Many things about that situation were unfair (and illegal), but I was mostly embarrassed at having to cold-call the Intro to Grad Studies professor I’d had that fall, G., whose number I found in a ratty phonebook by the patient telephones, to beg her to bring me some clothes (including underwear... the horror) and textbooks and to tell my spring professors that I would not be in class for the next few days. Blessedly, G. came to visit with all the essentials, held my hand, and told me that she believed in me, that I just needed to survive the place, and that if they tried to keep me a minute past the 72-hour hold, she’d personally drag me out of there.

I wish I’d trusted G. and her perpetually level head with what happened next.

That fall, I had joined the program alongside a new professor in my field of study—both of us accepted to our roles in the program because the other existed. If I hadn’t accepted, they’d wouldn’t have needed a specialist in my field, and if they didn’t have a specialist in my field, there would have been no reason for me to attend. This professor naturally became my advisor, and once he’d heard I was hospitalized, he came to visit several times, once bringing me a copy of *One Flew Over the Cuckoo’s Nest*. I thought it was funny, anyway.

Once I left the unit, D. started inviting me over to his house every Saturday to have dinner with him and his family; he figured I needed a support system, which was true, and I needed good food, which was also true, as the medication the hospital put me on left me unable to digest most food. Indeed, I lost nearly 25lbs in the following months. He’d considered asking me to move in with them, but instead I simply slept over on their couch most weeks.

The psych unit of that hospital had been overflowing with critical patients, and my ears never stopped hearing the screams that would tear through those halls at night. Alone, I could only fall asleep on my couch in front of Netflix playing at high-volume, so I welcomed any opportunity to sleep somewhere else with other people nearby.

So, when he asked me to stop him from ever kissing me over Easter weekend, I had no response. Certainly I really liked my advisor, and I was really grateful to him and to his family for their generosity and care as I struggled through my first year of graduate study. Did I like him that way? It was inconceivable; he was like an uncle, and his kids had fast become like little sisters and brothers to me, and his wife and I would go to exercise classes together. What the hell, D.?

I still don’t understand how that moment turned into evenings of smoking cigarettes—a new habit I’d acquired from him—on his back porch with his wife, letting him kiss me whenever he wanted in front

“I began to realize that I had value outside of what academia thought of me.”

of her. Those moments morphed into watching him close his office door and then take more kisses from me before he’d engage with my thesis ideas. Turns out that D. spent much more energy trying to convey his attraction than trying to convey the conversations of the field. This went on until the end of the year, finally exploding around Christmas when his wife had enough of it, and I was blamed by D. and by the department for his behavior. Those few days in the psych unit cost me my credibility, and I left the city to finish my Master’s thesis on my smartphone inside a residential psych program where I tried to figure out what I did wrong

during the whole ordeal.

Ultimately, it wasn't the residential program that helped me heal, and it wasn't getting out of that town and accepting an offer of admission from another institution that helped me move on, as D.'s side of the story followed me there. I switched institutions again into a different field, welcomed by a Mama Bear of an advisor who protected all of her graduate students from any of her colleagues' douchebaggery, and it became easier to trust. I began to use marijuana medicinally, which reminded me of the small, beautiful moments that happen when we slow down to breathe. I began exercising, as my body cannot be angry and hold its own weight several feet off the ground at the same time. I began to realize that I had value outside of what academia thought of me. But academia is a small world. I discovered that one of my committee members here at OSU was D.'s advisor. Even here, it turns out, I am still afraid.

SMOKING

By Anonymous

In *The Easy Way to Stop Smoking*, self-professed tobacco cessation guru Allen Carr writes that a smoking addiction is like wearing ill-fitting shoes just to feel the relief of taking them off. A negative pleasure—the alleviation of discomfort, nothing more. For many years, I tried to convince myself this was true. I didn't want to smoke. I only thought I did. The daily cravings, the visions of myself standing in my favorite spot, blowing smoke into the air while calmly ruminating on my day, were alien transmissions jamming my airwaves, lies and propaganda from my nicotine monster. With a handy metaphor and some willpower, I could push them to the fringes of my consciousness and keep moving. After all, Carr, a former smoker, did it. Why couldn't I?

Had I realized I was depressed, I might have stopped smoking long ago. But I was afraid to get help. Shortly before moving to Columbus, I gave in to my mother and saw a doctor. I even let him write me a trial prescription for Chantix. One glance at the side effects, however, was all I needed to talk myself out

of it. No, no, no. Cold turkey was way preferable to “trouble sleeping” or “vivid, unusual, and strange dreams.”

I'd soon learn that the culture of grad school is not exactly conducive to quitting. Binge drinking on college campuses, a problem usually associated with white undergrads, gets coded as “unwinding” in graduate school. I could get away with drinking and smoking on a campus with a bar called The Thirsty Scholar, even while surrounded by signs reminding me that “Buckeyes are tobacco free.” I was simultaneously emboldened to smoke and shamed for it. On Friday nights, I'd chain smoke, giving myself permission to not give a fuck. On weeknights, writing papers and reading for exams, I'd do everything in my power not to imbibe. Most nights I'd fail.

Slightly less than 7% of graduate students smoke cigarettes, according to a national survey of the American College Health Association. We are definitely a minority. While our more responsible colleagues blow off steam with jogging and pilates, we degenerates puff away. It's strange, living in a world where practically every sensible person you know has never lived your struggle; where your problem feels decidedly old-fashioned. For years, my nicotine monster convinced my uber health-conscious were missing out on something. They had to be, right?

Nah.

Therapy helped. My therapist validated my cravings instead of pretending they were delusory. We worked on strategies for channeling my lust for smoking into more constructive outlets. But I kept slipping. And I lied to him about it. Eventually, with the help of a loving, committed partner, I was able to quit.

If you are a smoker and you want to quit, get as much support as you can. Don't isolate yourself. There are many proven strategies, but in general they only work if you also have accountability. If someone you care about smokes, don't shame them. Reach out with empathy. Express your concern for them in honest, compassionate terms. Be vulnerable. Tell them you worry about them.

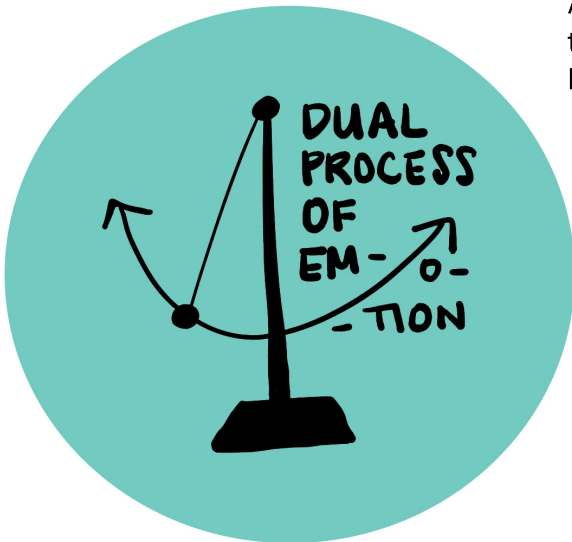
And remember, there is no easy way to stop smoking.

THINGS I LEARNED IN THERAPY OR: WHY YOU SHOULD CONSIDER IT, TOO!



by ADDISON KONEVAL

About a year ago I experienced a loss and returned to therapy. My time in therapy has given me so much; here's just a few valuable nuggets I want to share.

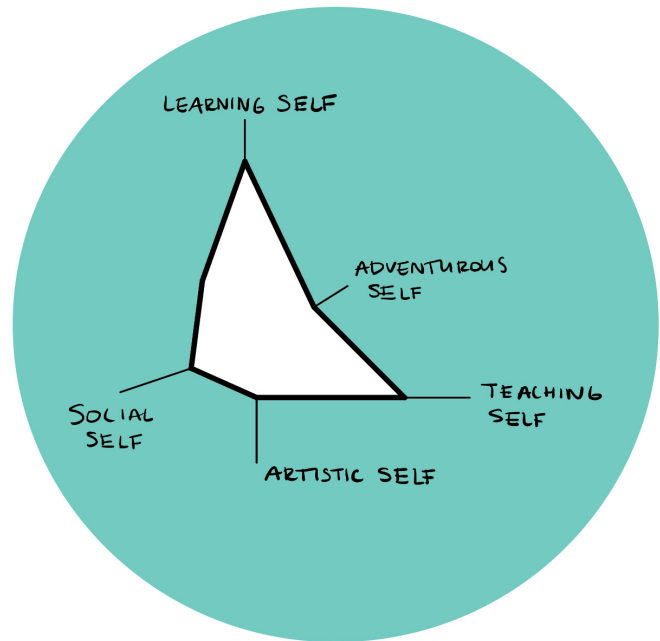


Language

Therapy gave me language to handle my grief, to make it feel more manageable. At times, grief can feel like drowning. Learning about the dual processing model of grief helped me remember that these feelings will pass, and you will come up for air. In other words, giving language to your experiences is a powerful tool to have in hand.

Self-Understanding

Grief and imposter syndrome can really do a number on your sense of self. Therapy helped me re-see my strengths, and understand how identities are in flux. Therapy can help you see the big picture and give yourself grace.



Validation

Therapy helped normalize and validate my experiences. The takeaway: you are not alone in your grief, your anxiety, your depression, your trauma, or your fear. Everything you are feeling is normal, and, eventually, things will feel okay.



PETAL PILLS

Artwork by
Miranda Koffey

“The series Petal Pills was created alongside a collection of short stories focused on the emotions, feelings, and sensation of beginning medication for bipolar disorder and anxiety in my 20s. Throughout these collages are references to those medications, and the pursuance of ‘normalcy,’ something I had not felt since I was young.”



Some Musings on Medication

By Liz Miller

As many of us are well aware, graduate school is no picnic. Our organization exists for this very reason. Obviously, there are wonderful elements about which we can be incredibly passionate, but they don't always—or often don't—outweigh the slog, the burnout, the oppression, the loneliness, the isolation. Just one negative life event can be enough to topple whatever precarious balance we achieve. Grad school can be traumatic, y'all.

I began taking daily antidepressants last summer, less than a year after I had started my PhD program. At first, I experienced nausea, headaches, fatigue, and a general malaise I couldn't quite shake—this, after literal months of doctor's visits and diagnostic testing to finally confirm what I already knew. I was severely anxious and woefully depressed.

In this country, as in my family and within the various academic institutions at which I've studied, people often engage in fraught dialogues about psychiatric medication. (“Oh, you don't need that. You're not really crazy”; “Only the weak and the lazy and the entitled take meds”; “Taking medication means I've failed”; “Just suck it up and go outside.”) Many critiques of antidepressants are, of course, not totally unfounded. For instance, conversations addressing over-medicating and over-diagnosing are important, but these dialogues only work when they acknowledge the reality that many of us who do need medication are not failures for adhering to this regimen.

I wouldn't be in graduate school today if it weren't for my medication. My anxiety manifested in daily pain and a consistently elevated heart rate. Antidepressants are the only treatment capable of alleviating these symptoms. I had already done everything I was “supposed” to do: exercise, yoga, meditation, and a healthy diet. My therapist remarked that I have excellent coping skills—and yet I was still struggling to get out of bed in the morning, and many days I

couldn't at all.

I share my story in case it helps someone who might be fearful of asking for help or starting psychiatric treatment. I know I was. There is no shame in needing medication. It doesn't feel like chemical dependency (for me, anyway), as in I don't feel “high” or withdrawn. I don't feel like a stranger in my own body. Instead, I feel as though I am slowly learning how to be myself again, which is significant in this alienating world of academia. I no longer feel (as) overwhelmed by my workload, and I've gotten better at reaching out for help when I need it. Many of my colleagues share similar experiences, as I've come to learn, and I offer this piece as part of my ongoing commitment to open, honest dialogues about mental health in graduate school.

Call for Submissions

Would you like to contribute to the *GAMHAA Ray*?

In our next issue, we would like to consider care and safety.

We invite you to consider the following questions but encourage you to make your own connections to the theme.

- What does a “culture/community of care” mean to you?
- How do you define safe/unsafe spaces and people?
- Who is called upon to care or create safety?
- How would you like to see academia and those involved cultivate care and safety?
- How do you care for yourself and others around you? How are you cared for?
- How can we navigate the subjective needs of those we care for, especially when they conflict with our own or others?

We encourage contributors to experiment with genre and form. We welcome personal essays, poems, open letters, reviews of film/tv/books/videogames/etc., comics, infographics, photography, and more. Please email submissions to gamhaa.osu@gmail.com or drop off in GAMHAA's mailbox in Denney Hall 421. Feel free to send us questions or to offer commentary on any of the submissions in this issue!