

THE GAMHAA RAY

SPRING 2018

ISSUE 2



ON THE TOPIC OF SELF-CARE

PRESIDENT'S FOREWORD



“Self-care” has entered the public lexicon. No longer merely therapy language, self-care is touted on Pinterest, in TEDTalks, even in Forbes. There’s a certain delight in witnessing the public embrace of things you’ve been hearing for years from your therapist—it’s like watching people getting unplugged from the matrix, seeing reality for the first time. It can be so validating to watch people realize that they don’t need to work themselves to death, that it’s okay to take some time off, to prioritize their own wellbeing. But there’s a certain air of commodification around self-care these days. When “self-care” becomes synonymous with “buy something,” a healthy and necessary practice can be buried in commercial opportunism. Even more pertinent to our concerns at GAMHAA, when “self-care” means that institutions divest themselves of the responsibility to create healthy and egalitarian work and learning environments, the term can be a screen for malfeasance. In this second issue of the GAMHAA Ray, whose release coincides with our “CareCon” event, grad students share their experiences and their thoughts on self-care. We hope that this issue, accompanied by the discussion fostered at CareCon, will help us enact positive change at OSU. And, as always, please consider becoming involved with our organization or sending us your own stories, concerns, and feedback.

Sincerely,
Colleen Morrissey
GAMHAA Founding President

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GRADUATE STUDENT OP-ED

"CAPITALIST PALLIATIVE, MY ASS"

BY KRISTIN FEREBEE

On February 22, 2018, Timothy Morton— something of a celebrity theorist in the field of the environmental humanities— published one of those tweets that is destined for immediate and shame-faced deletion. In it, he declared: “Mark Fisher and I have at least two things in common: Verso and severe depression. (LOL no connection) The difference is, I take anti-depressants and I’m still alive to write my next @VersoBooks book. Capitalist palliative my ass.”

The reference here is to Mark Fisher, the British theorist best known for the work *Capitalist Realism: Is there no alternative?*— a work in which he links the “mental health plague” to the dysfunction of capitalism and calls for a politicization of mental illness, noting that “[c]onsidering mental illness an individual chemico-biological problem has enormous benefits for capitalism,” and that in fact capitalism creates the conditions in which mental “distress” flourishes. Fisher committed suicide in January 2017.

Morton’s tweet met with outrage, and he devoted several blog posts to clarifying that he was a colleague and fan of Fisher’s. Yet he also seemed to defend his position, characterizing depression as a medical disability that needed to be treated with pills. What he seemed unable, in these blog posts, to grasp was a possibility of which Fisher seemed acutely aware: that mental illness could be a chemico-biological problem and yet not indi-

vidual in nature; that the sociocultural (and, inextricably, economic and political) environment of those suffering from it could foster and cultivate it as a sickness and as a disability. This suggests that “being disabled” is not only the function of a society that defines “correct” and “incorrect” bodies and minds and characterizes them as “able” or “disabled” according to their capacity to perform certain mandatory acts, as the social model of disability suggests. It also suggests that the performance of what a society regards as mandatory acts and “correct” minded-ness could actively cause dysfunction in the highly plastic brain.

In this sense, medications for mental illness might be both helpful and necessary at the same time as they are, in many regards, a palliative. They make it possible for those of us suffering from psychosocial disorders to function more comfortably in our daily lives, yet they fail to address the root cause of many such disorders: the system that produces and enables them.

The concept of self-care is in many ways an attempt to address this. Specifically, many models of self-care seem to focus on the de-humanizing tendencies of the modern world, and encourage the practitioner to reclaim their identity as a person. Suggestions as to how this can be achieved may seem absurd to people struggling with more serious issues: lighting scented candles and taking a bubble bath is not going to help me cope with paralyzing anxiety, and various iterations of the

command to “treat yourself” can reinforce the same isolating individualization that contributes to mental suffering. But self-care can also be an act of resistance, a refusal to submit to the policing of behavior or engage in compulsive productivity.

More importantly, self-care emphasizes that psychosocial disorders are not individual chemico-biological problems. Regardless of your opinion on their etiology, they exist in relationship with the world around us, because we exist in relationship

with the world around us. We are not, as Timothy Morton certainly knows, walled fortresses wandering around and only admitting pill-shaped deliveries of chemicals to our brains. We are ecosystems, and we are part of ecosystems, and we are striving towards a balance that can only with difficulty be achieved. Mark Fisher was right to think that we must address the constitution of the ecosystem in which, after all, we live and breathe. But until we can do that, we must acknowledge that it is ourselves that need attention—not merely the architecture of our brains.

DETRIMENTAL HEALTH

INSIGHTS FROM THE GUARDIAN'S 2014 ACADEMIC DATA SET

Assembled and arranged by
LINDSAY HARPER CANNON

On May 8, 2014, *The Guardian* published an article on the prevalence of mental illness in academia. In it, author Claire Shaw explores the takeaways from *The Guardian's* survey of 2,561 members of the academic community.

Taken alone, Shaw's article already does the critical work of addressing an uncomfortable and undertheorized aspect of academic life, but the piece's impact is

amplified by the fact that Shaw gives readers access to the complete data set referenced throughout the article.

The Guardian is based in Britain and, predictably, a majority of the survey's respondents (69%) were living in the UK at the time of this survey. Nevertheless, we firmly believe that the statistics point to a crisis of wellbeing that transcends regional boundaries.

SAMPLE SIZE

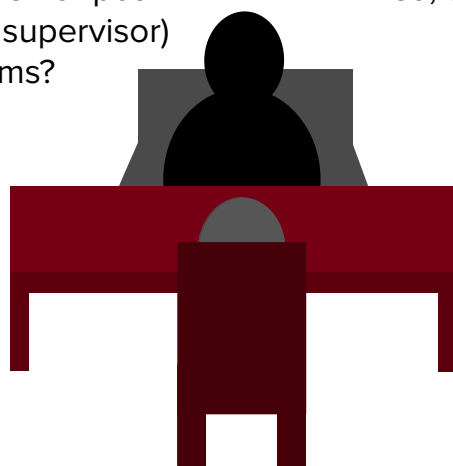
834 DOCTORAL STUDENTS

SELECTED QUESTIONS & ANSWERS

Have you talked to anyone in a senior position (e.g. line manager, research supervisor) about your mental health problems?

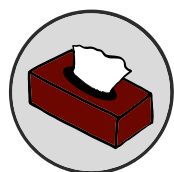
If so, did that person offer any support, either emotionally or practically?

YES **36%**
NO **63%**
PREFER NOT TO SAY **7%**

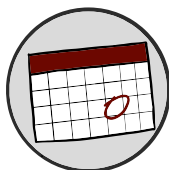


YES **74%**
NO **26%**
PREFER NOT TO SAY **1%**

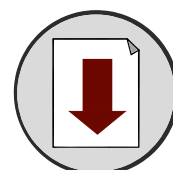
..... If yes, what kind of support did that person offer?



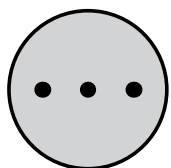
EMOTIONAL
SUPPORT
78%



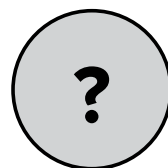
TIME OFF
37%



REDUCED
WORKLOAD
28%



OTHER
20%



PREFER NOT
TO SAY
1%

Are any of your colleagues aware of your mental health problems?

Of those colleagues who are aware of your mental health problems, would you say they're generally sympathetic?

YES **42%** NO **56%** PREFER NOT TO SAY **1%**

YES **87%** NO **11%** PREFER NOT TO SAY **2%**

GRADUATE STUDENT STORIES

THE CRUELLEST MONTH

BY ANONYMOUS

“April is the cruellest month.” T.S. Eliot was not familiar with contemporary graduate student life when he penned those words, yet they ring true for me today, the fourth of April, the last month of my first year as a doctoral student. As I drive to campus, I pass dead trees, muddy sidewalks, a seemingly endless amount of construction. Signs have fallen over, undoubtedly an effect of yesterday’s thunderstorm and tornado warning or even the blustery winds now. Today, snow flurries are falling from the gray sky, and I am not sure if I remember what the sun even looks like.

I tried to prepare for days like today. In addition to my prescribed medications, I take Vitamin D supplements daily. I drink water. I make an effort to exercise. “I will not repeat the mistakes of my past,” I told myself. “I will prioritize self-care. I will be healthy in all aspects of my life. I will... I will... I will.” And I did prioritize self-care, at least at the beginning. During my first week, I called Counseling & Consultation, making sure that I could set myself up with a good therapist in this new town. I made a meeting with the Wellness Center. I met with my advisor. I made goals for myself. I used my planner. I scheduled time for manicures and haircuts.

These steps I took were drastically different than what my life looked like in my undergraduate years and the subsequent first years of non-academic work. I did not take care of myself then, not really. In addition to some diagnosed disorders and some that

were still undiagnosed, this lack of self-care resulted in a case of mono my first year after undergrad. My body was telling me that something needed to change. I was working over 12 hours a day, yet all I wanted to do was sleep. I ended up in the hospital.

“I will not let that happen to me again,” I told myself when I moved to Columbus. Yet, here I am in April, the cruelest month, at the end of my first year as a doctoral student. The weather outside seems to match how I feel on the inside. I look at my work schedule and deadlines for the upcoming month, and my heart races. Sitting in my evening class, I feel tears come to my eyes.

But. But I breathe through it, using strategies I have learned—inhaling slowly with a long exhale. I drive home and notice the sun peeking out even though it is nearly 8 PM. I pass a small body of calming water, with some green grass nearby. I sit at my desk when I get home and prioritize the tasks ahead of me, ensuring that I will be able to get enough sleep each night. My friends text me loving messages of support, and my husband gives me a hug and brings me food in bed.

Regardless of how much I tried to prepare, graduate school is hard and inevitably stressful. I cannot guarantee that I will never end up where I once was, but I do what I can and am grateful for my community and myself. April may be cruel, but summer and sunshine are coming. My now is not my forever, and I just need to get through today.

GRADUATE STUDENT STORIES

THE POLITICS OF SELF-CARE IN GRADUATE SCHOOL

BY LIZ MILLER

I sit down to write this narrative after a difficult week of graduate school. But I'm not talking about all the reading or the presentation or the proposals that were due—although, in a way, I am talking about these things. Rather, what I mean to discuss are those moments, those crises, that don't quite seem to fit within the rigid borders of academia. Life happens, trauma happens, but we often don't seem to want to acknowledge that in a meaningful way here.

This past week, I broke up with my partner of three-and-a-half years with whom I shared a residence. This is life-altering and earth-shattering on its own. Then there was the car accident on the highway that nearly totaled my car and landed me in urgent care and then in bed for a couple of days. Both of these significant events, the breakup and the car accident, require specific labor to care for myself. What might be needed to address one of these traumas conflicts with the demands of the other. For example, conventional wisdom necessitates reaching out to systems of support to cope with recent singledom, but my aching vertebrae tell me I need to remain in bed.

This is all compounded by the simple fact that I frequently don't have the time for significant self-care. I am a PhD student with work and deadlines looming large, classes to attend, semi-mandatory social events for which to prepare. Tomorrow morning, Monday, the start of a new week, I will push my pain into a special place in my mind and get to work. I will succeed, and I will be okay. But I wonder what suffers when I do this, and not for the first time

in my graduate career. How am I neglecting my self-care, and why am I afraid to not be "okay" in graduate school? Who sent this message to me in the first place, and what message am I sending to newer graduate students when I pretend that I am doing just fine when I know I'm not?

This has me thinking about the politics of self-care and why it doesn't always seem possible or even desired within institutions that contradictorily promote wellness events and self-care information at every turn. If I am responsible for my own mental and physical wellbeing, as neoliberal ideologies mandate, why am I not given the time or the flexibility to take care of myself? Hurtling toward finals week, the semester cares not for those who need a break, those who may require or enjoy a slower pace.

The truth is that I will, in fact, be just fine. I am surviving, and I will thrive once again. But I wonder about graduate students facing deep-seated and ever-present trauma. Or those who require lengthier recovery time post-trauma. Or those whose self-care needs, different from my own, entail more than lying in bed for a few days re-watching *Mad Men*. Or those for whom self-care isn't possible or desired—those with caregivers or those for whom socialization is restorative rather than energy-intensive. The more I think about these concerns, the more I ask: what is self-care? Where does it fit? And when the neoliberal politics of "self-care" might actually harm some folks in academia, what can we do to care for one another?