

Scott Magelssen

OUR ACADEMIC DISCIPLINE IS MAKING US SICKER

That's right, sicker. At least insofar as sick is a social construct (more on that later). I'm speaking specifically about declining mental health, and for this short essay I focus on our most emergent of theatre and performance-studies scholars: our graduate students. Few of us would disagree that there has always been a significant amount of depression and anxiety among our masters and doctoral students. Recent studies, however, find that more grad students are reporting significant mental health issues today than in any past generation. Perhaps these higher numbers are simply a matter of different and better diagnosing. More likely, those entering graduate programs today have more stressors outside academia: family responsibilities, financial concerns, and culture-related anxiety (more minorities and other historically disenfranchised groups and international students are entering graduate programs than ever before).¹ Moreover, the increase in treatments in the past decades has enabled more students with a history of mental health issues to make it to higher education.² It's not the purpose of this short piece to suss out the kinds of student in our programs more likely to be mentally and emotionally distressed. Instead, I look at what we should be doing not to make it worse for the students we have in the years ahead, actions that will benefit the field as a whole and all of us individually.

It's true that numbers of reported cases of anxiety and depression are going up all over the Western world. In her provocative 2013 *Chronicle of Higher Education* article "Our Age of Anxiety," Elaine Showalter points out that these problems are especially intense for academics, in particular for those going through graduate school. Citing affect theorist Ann Cvetkovich's *Depression: A Public Feeling* (Duke University Press, 2012), Showalter writes that the "ordeal

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of the dissertation,” the job market, and the “hurdles of publication,” the “key stages of professorial life” of these apprentice “brain workers,” are tremendously fraught with anxiety.³ Nash Turley, a PhD student in evolutionary ecology, argued the same year that “health issues are the biggest barriers to success among graduate students.”⁴ The findings of medical and social science studies bear out Showalter and Turley’s observations. A 2014 report published by the graduate student government at UC Berkeley (a follow-up to a groundbreaking 2006 Berkeley study) found that 47 percent of graduate students surveyed reported significant levels of depression⁵ and that, among these, “the highest rate of apparent depression was in arts and humanities fields—64 percent[—]much higher than the rates found in the biological or physical sciences and engineering (all in the 43–46 percent range), the social sciences (34 percent) and business (28 percent).”⁶ Arts and humanities PhD students, writes Scott Jaschik, are “least likely to say they have the space and resources they need to succeed.”⁷ Further, the Berkeley report found that “lesbian, gay and bisexual grad students report lower well-being as do students of ‘other’ race/ethnicity and older students.”⁸ The 2006 Berkeley study had noted that cultural factors were affecting access to resources: “For example, Asians, African Americans, and Hispanics are less likely than White adults to utilize mental health services.”⁹

BUT GRADUATE SCHOOL IS SUPPOSED TO BE HARD

Indeed. There is a trenchant attitude, however, that those who burn out, flake out, or just quietly disappear are those who weren’t fit to begin with, perpetuating the perception that a kind of natural attrition at the rigorous graduate-school level results in the strongest and healthiest batch of survivors. The reality is more complicated. The students we admit into our programs are nearly always excellent, have aggressive goals for research, and display enormous potential as scholars and educators. That’s why they make the cut. Rewarding the students who present as “healthy” throughout their programs, however, and dismissing (or letting disappear) those who develop problems is not only ableist but also risks limiting the field to scholars judged by the wrong criteria. It’s seductive to think we’re culling the playing field to allow the strongest to compete for the small job market, or that we’re not preparing our students for the harshness of the real world if we coddle them in their coursework and writing. But scholarly promise and rigor and virtuosity are not directly proportional to mental toughness.

In fact, some studies suggest there’s a correlation between anxiety/depression and productivity, pulling the rug out from under the traditional pathologizing of these characteristics as nonnormative health problems.¹⁰ Rebranding low mood and anxiety from an attitude problem to a disease has not lifted the social stigma against those who show it, points out Jonathan Rottenberg. The key to reversing the epidemic is not to label it a defect at all, Rottenberg writes. Instead, he argues that we should understand it as something that is a fundamental component of being human, an adaptive advantage that allows us to be better thinkers and decision makers.¹¹ In addition, expecting degree candidates to succeed based on grit and determination (and, for first-generation

Our Academic Discipline Is Making Us Sicker

grad students, rising above their station) draws upon neoliberal and conservative presumptions about who should and should not succeed.¹² In other words, weeding out the anxious and depressive population stands to lower the overall quality of the field for all the wrong reasons.

Even if some amount of anxiety and depression is good for us, they can kill us—like anything good—in large enough quantities. Academia is plagued by a “culture of acceptance around mental health issues,” writes an anonymous academic in *The Guardian*. If you’re a graduate student and are not skipping meals or a night’s sleep to get everything done, or binge drinking to decompress, “you’re not doing it right.” This culture perpetuates the pattern of PhD students who “work themselves to the point of physical and mental illness in order to complete their studies.” Bright, exceptional students end up quietly leaving their programs without their qualification or, in some cases, suffer self-harm, eating disorders, or alcoholism and/or commit suicide.¹³

As custodians of the field, we often add to the problem. To be sure, our failure to articulate clear expectations, spotty or contradictory feedback, or being absent or hard to track down can have ill effects on the well-being of advisees.¹⁴ However, even the best of us may distance ourselves early from students showing signs of mental health problems out of fear of blemishing our career by association,¹⁵ and graduate programs in general may be loath to degree damaged-goods scholars who may later reflect poorly on the program for flaking out in the field.¹⁶ In some cases professors will avoid advertising health services to their students “for fear that people will use them” and send the implicit message that the department is tainted. Students perceive these attitudes, real or imagined, and avoid coming to their professors for help.¹⁷

WHAT MILLENNIALS ARE TEACHING US ABOUT ACADEMIA AND MENTAL HEALTH

I’ve been teaching in higher education for almost twenty years, and one of the biggest changes I’ve seen in the past three is that the students who are flaming out, crashing, or disappearing from class are no longer just the slackers or disaffected students who never wanted to be in class in the first place. More and more, it’s the straight-A kids who are knocked off course by a nasty episode of depression/anxiety and end up missing exams or the end of a term. These millennial students, though, are much more comfortable sharing their medical history with me than students have ever been before, and they are much more comfortable excusing themselves from class for a “personal care day” in order to keep up with the rigors of coursework. Not only are they taking charge of their own mental health, they are often fierce advocates for their peers, even stepping in to interrupt a formal teaching situation if they sense a classmate is being put into a negative power dynamic with an instructor, or if the course material is taking an unannounced turn toward traumatic or triggering subjects that might put a recovering victim in harm’s way. Yes, I’ve been tempted to whine about “entitlement.” And, yes, my knee-jerk reaction is to say it’s going too far when I have to think

twice about assigning Sarah Kane's *Phaedra's Love* to my theatre history class. But I'm recognizing more and more that our students are calling on us to work with them to create a healthier and safer and more successful learning environment that recognizes the changing demographics of higher education.

We all know—pretty intimately—the stressors that can send our students into mental and emotional nosedives. Nagging imposter syndrome, the terrible job market, mounting student debt, overwhelming course loads and teaching responsibilities, the rising pressure to present and publish (and the accompanying confidence-shattering rejection letters), and the growing need for professional and institutional service entries on the CV before graduation (not to mention practical theatre work for would-be generalists) constitute the baseline of graduate experience. On top of this comes the rush to finish in fewer years because of disappearing funding, qualifying and preliminary examinations (which require cramming because they are scheduled around the academic calendar), short turn-arounds, and sudden-death consequences for failure (or the humiliation of getting a “retake”). Getting enough sleep is key to good mental health, yet most of our graduate students aren't getting the sleep their bodies need. Francis O'Gorman adds feedback culture to the list of stressors—the constant and real perception we are performing for evaluation.¹⁸

The solution to the problem is not, as some suggest, doing a better job of sending our students to health services. We ought to assess fundamentally the structure of our coursework and exams, identifying and mitigating the impact of those particularly treacherous times and areas that threaten to derail promising scholars. I am not in any way suggesting that we should decrease the rigor of our programs; instead, I am suggesting that we should change the formats. To begin, assessment strategies should be scheduled and based on organic measures of readiness, not on academic calendars, or on funding models handed down by upper levels of administration or the state. For instance, instead of insisting on traditional draconian comprehensive exams in which students are presented with questions and given four to forty-eight hours to supply essays—a skill set required nowhere else in the professional world—we might retool exam sequences into long-term compositions of portfolios of professional writing, staggered across the academic year so that neither students nor faculty need to cram. Instead of measuring the success of a twenty-five-page term paper conceived and written over four weeks (conservatively speaking), why not assign a ten-page conference-length version as the final paper, then work with each student to continue to revise into a longer version for a later exam or dissertation chapter (and eventual publication)? Finally, theses and dissertations should be deemed finished when students have brought them to a successful close after a sustained, supported, and efficiently organized process of writing, not because a timeline ordained by funding and teaching structures is nearing an end (or, worse, because advisors passive-aggressively telegraph disapproval at lack of timeliness). To revise an old aphorism: if you hear a student say they can't stand the heat, don't tell them to get out of the kitchen. Open a window.

Our Academic Discipline Is Making Us Sicker

ENDNOTES

1. Jenny K. Hyun et al., "Graduate Student Mental Health: Needs Assessment and Utilization of Counseling Services," *Journal of College Student Development* 47.3 (2006): 247–66, at 247.
2. Cassandra Willyard, "Need to Heal Thyself?" *GradPSYCH* 10.1 (January 2012), 28, www.apa.org/gradpsych/2012/01/heal.aspx, accessed 12 April 2016.
3. Elaine Showalter, "Our Age of Anxiety," *Chronicle of Higher Education*, 8 April 2013, <http://chronicle.com/article/Our-Age-of-Anxiety/138255/>, accessed 12 April 2016.
4. Nash Turley, "Mental Health Issues among Graduate Students," *Inside Higher Ed*, *GradHacker* blog, 7 October 2013, www.insidehighered.com/blogs/gradhacker/mental-health-issues-among-graduate-students, accessed 12 April 2016.
5. The Graduate Assembly, "Summary of Findings," in *Graduate Student Happiness & Well-Being Report*, University of California, Berkeley, 2014, http://ga.berkeley.edu/wp-content/uploads/2015/04/wellbeingreport_2014.pdf, accessed 12 April 2016. The 2006 study (Hyun et al., "Graduate Student Mental Health") found that almost half the graduate students at Berkeley had experienced an emotional or stress-related problem in the past year. A 2007 study by the same investigators found that of 551 "international graduate students, 44% said they had mental health issues that 'significantly affected their well-being or academic performance'"; Turley, quoting the abstract of Jenny K. Hyun et al., "Mental Health Need, Awareness, and Use of Counseling Services among International Graduate Students," *Journal of American College Health* 56.2 (2007): 109–18. And a study of ten universities found that the highest percentage of higher-education students who contemplated suicide was among graduate students; M. M. Silverman, P. M. Meyer, and F. Sloane, "The Big Ten Student Suicide Study: A 10-Year Study of Suicides on Midwestern University Campuses," *Suicide and Life-Threatening Behavior* 27.3 (1997): 285–303, cited in Turley.
6. Scott Jaschik, "The Other Mental Health Crisis," *Inside Higher Ed*, 22 April 2015, www.insidehighered.com/news/2015/04/22/berkeley-study-finds-high-levels-depression-among-graduate-students, accessed 12 April 2016.
7. *Ibid.*
8. Graduate Assembly.
9. Hyun et al., "Graduate Student Mental Health," 249.
10. That depression and anxiety (sadness) are healthy for a full and complete being is the conceit of Disney/Pixar's 2015 film *Inside Out*.
11. Jonathan Rottenberg, "An Evolved View of Depression," *Chronicle of Higher Education*, 27 January 2014, <http://chronicle.com/article/An-Evolved-View-of-Depression/144199/>, accessed 12 April 2016. "Ironically," writes Rottenberg, "our stratospherically high expectations about happiness have made low moods harder to bear," resulting in increased rates of depression, anxiety, and suicide.
12. This is one of Pannill Camp's critiques of the success story epitomized by the eponymous character in the Broadway musical *Hamilton*: as progressive as the show might seem on the face of it, we tend to fetishize the narrative of the hardworking immigrant who pulls him- or herself up by the bootstraps in spite of entrenched systems working against peers in the same demographics. Camp points out that such expectations are informed by neoliberal and conservative perceptions. Pannill Camp, *On TAP: A Theatre and Performance Studies Podcast*, episode 2, 18 March 2016, www.ontappod.com/home/2016/3/18/002, accessed 18 March 2016, at 38:04.
13. Anonymous academic, "There Is a Culture of Acceptance around Mental Health Issues in Academia," *The Guardian*, 1 March 2014, www.theguardian.com/higher-education-network/blog/2014/mar/01/mental-health-issue-phd-research-university, accessed 12 April 2016.
14. "Graduate students are particularly vulnerable to pressures related to conducting research and teaching, publishing, and finding employment, in addition to stress from the often ambiguous expectations of advisors." Not only may advisors not recognize signs of distress, but their dysfunctional relationships with students may also contribute to poor mental health. Hyun et al., "Graduate Student Mental Health," 248.
15. Anonymous academic.

Theatre Survey

16. Cassandra Willyard writes of a graduate student reporting that even some psychology professors, whom we might imagine would know better, have sported these gatekeeping “biases against people with mental illness.”

17. Anonymous academic.

18. Frances O’Gorman, “How Academe Breeds Anxiety,” *Chronicle of Higher Education*, 13 July 2015, <http://chronicle.com/article/How-Academe-Breeds-Anxiety/231441/>, accessed 22 April 2016.