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Kirsty Nicole Bocado
The University of Vermont

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Mic Check? Mic Check! Amplifying Our Voices

Kirsty Nicole Bocado

Content Warning: discrimination, suicidal ideation, violence

When I write about mental illness, I use the terms: disability, identity, and relationship. However, no word captures what mental illness means to me. Mental illness is somehow both a part of me and a separate, intangible entity. Every day is an exhausting struggle to live with and understand it, and during my first year of graduate school, I experienced covert ableism. This harm caused a long and tedious recovery process on top of ongoing unlearning and healing. Through recovery, I adopted the practice of “embracing the whole” of emotions, feelings, symptoms, and triggers. I questioned the concept of “professionalism” emphasized in my assistantship, which often included dehumanizing emotions. However, I will not expend additional emotional labor to educate those who committed ableist actions. Instead, I will write in depth about my mental illness experiences to relate to folk who have a mental illness. Through this article, I hope that folk with mental illness can empower themselves to embrace the whole of their emotions and the authenticity of their experiences, honoring their own bravery and vulnerability.

Keywords: activism, community, disability, healing, mental health, mental illness, organizing, recovery, student, support

I will detail my experiences with mental illness as a disability, identity, and relationship through various life stages: as an undergraduate student, community organizer, activist, and graduate student. Based on my synthesization of resources and my diagnosis throughout these years, I personally use “psychiatric disability” and “mental illness” interchangeably.

Kirsty Nicole’s [they/she] life activities (playing piano, violin, trombone, and guitar, freestyle dancing, running and playing tennis) inform their research interests on accessibility, education, involvement, and marginalized identities. Through community organizing and activism, they study systems, student leadership, people power, and the (r)evolution.

Mic Check?: Author's Narrative

I am diagnosed with multiple psychiatric disabilities, but I cannot talk about mental health issues and mental illnesses without addressing the underlying conditions that contribute to our mental states in the first place. One of my rituals includes listing some conditions with the ABCs: ableism, capitalism, feudalism, homophobia, imperialism, racism, sexism, transphobia, xenophobia. In this article, I will not dwell on ableism but rather on the strengths and power of those who have mental illness. Through the conceptual framework of self-authorship, I will reflect on how my identities and experiences shaped my praxis as a student affairs practitioner. I hope to give exposure to topics that may not necessarily fit into a typical academic research journal because such topics emphasize subjectivity and emotions. Being open about my mental illness is so scary, and I have debated whether I wanted to share my story through published writing. However, I have been vulnerable through other avenues in the past. It is necessary to let others know they are not alone and combat the stigma surrounding this topic through any medium. Writing has helped me develop my creativity because it allows me to engage in genuine expression and deep self-reflection throughout the years.

Introduction to Mental Health Advocacy and Executive Board Leadership

I joined Active Minds, a nonprofit organization raising mental health awareness among students, as an undergraduate student (Active Minds, 2020). Through my executive board positions as Public Relations Chair and Webmaster at The Pennsylvania State University (Penn State), I started sharing my story. However, I was ashamed to accept accommodations that were recommended to me, or even follow up on necessary appointments. I did not consider myself to have a disability because it was not as physical or visible as I thought a disability should be. According to a National Alliance on Mental Illness [NAMI] Survey in 2012, when students heard the term “disability,” they only associated the term with physical disabilities (Gruttadaro & Crudo, 2012). In addition, I was a high functioning student able to balance classes, research, internships, teaching, community service, co-curricular activities, jobs, dance, and honor societies. I accepted intense symptoms and debilitating episodes as normal and necessary to be this well-known student leader on campus. I defined my self-worth by awards and recognition. I defined my productivity by the concept of capitalism. I was able to distract myself from addressing repressed trauma by giving my whole self to involvement.

Involvement in Student Activism for Identity Centers and Marginalized Communities

In addition to my exhaustive involvement in various aspects at Penn State, I became a student activist through my work with identity centers. There were many incidents where I took action as an Asian Pacific Islander Desi American (APIIDA)-identified person to be in solidarity with fellow students of color. Throughout college, national events brought increased awareness to police brutality, the Black Lives Matter movement, immigration laws, and gender-based violence. I did not call myself a student activist at the time. I was simply doing what needed to be done for marginalized communities - something I thought every student and person should do. I experienced many triggering moments and expended a lot of emotional labor. I could persevere through the symptoms of my mental illness some days but there were many days when I was completely incapacitated. However, I now realize that my activism manifested in different ways depending on how I could handle situations at die-ins, demonstrations, open mics, and protests. College students with disabilities can engage in multiple forms of activism using their previous self-advocacy skills (Kimball et al., 2016; Vaccaro & Camba-Kelsay, 2018). While some forms of activism were not accessible to me, I persisted through other ways: distributing information at tables, sharing social media campaigns, and dancing for events. I had developed some of these strengths and skills through Active Minds. Other forms of activism can include: doing, role modeling, and teaching self-advocacy, reducing stigma through education and storytelling, and collective action (Kimball et al., 2016; Vaccaro & Camba-Kelsay, 2018).

Duty to Community Organizing in New York City, Tri-State Area, and Abroad

Through student leadership and activism, I entered community organizing with Anakbayan New Jersey, a comprehensive national democratic mass organization of youth and students in the Philippines and the United States. One of the core values I learned as a community organizer is that a community organizer must care for their individual wellbeing, which contributes to the collective wellbeing of the people. In order for Anakbayan New Jersey to serve the people, we must first serve ourselves. However, we do not necessarily call the practice of taking care of ourselves “self-care” because we recognize that the capitalist and professional concept of self-care can be ableist. Not everyone can do conventional self-care and there is more to self-care than the luxurious practice of bubble baths, face masks, and massages. Therefore, other community organizers and I promote radical self-care which can be as simple as resting and not being productive all the time. Many of the organizations I collaborate with emphasize caring about each other as part of a community, which is not very common in a capitalistic system.

Other activists also taught me to embrace my disability identity just as I embrace my race and gender identities. Scott Jaschik interviewed Jay Timothy Dolmage, author of *Academic Ableism*. In the interview, Dolmage insists that disability is never “alone with itself” because it is always influenced by other factors such as race and gender (Jaschik, 2017). I have gained some insight by considering all my marginalized identities. Many of the activists I know identify as having a mental illness in addition to other marginalized identities. We support each other in the community with flexibility and grace, despite pressing deadlines, packed meetings, and time-sensitive tasks.

I attribute much of my foundation as an educator to the community organizers and activists in Anakbayan New Jersey, New York City, the tri-state area, and abroad. Anakbayan formally introduced me to the “Mic Check Mic Check” chant which also informs the title of this article. The practice includes a speaker announcing “Mic Check” to gather the attention of nearby people. When the people respond “Mic Check,” it allows the speaker to move forward with what they will say. In addition, it alerts the surrounding crowds, because of the increased presence of voices. My “Mic Check” is a hopeful call to people to respond and show bravery and vulnerability. The people’s response is a hopeful action to amplify our voices because we can embrace the whole of our emotions and authenticity of our experiences. By recognizing my capacity in how I serve the people, I seek to build educational spaces that also celebrate resistance and validate struggle in students.

Further Identity Development As a Result of Episodes and Relapses

In my first year of graduate school, I experienced significant events: being one of the first employees to be notified of a student suicide, hearing constant news of the MeToo movement, fearing Trump’s rhetoric towards transgender folk, monitoring threats of deportation, and many sudden, personal life tragedies. Having suicidal ideation was already part of my daily routine and it increased, in addition to symptoms becoming more severe and unmanageable. I created suicide plans while somehow experiencing derealization and depersonalization at the same time. I fidgeted in classes and meetings while experiencing mania and emptiness simultaneously. I was angry and confused. Why were my mental illnesses and disabilities manifesting in new and dangerous ways? Some people reach their late teens or early twenties before many major psychiatric illnesses, including bipolar disorder and depression, finally begin to manifest (Kessler et al., 2007; Taub & Thompson, 2013). It was embarrassing, painful, and scary to go from being successful in college to failing in graduate school. I was thankful for my cohort, family members, and hometown friends who pushed me to look for expert intervention. Because I also identify as low-income, it was a harsh reality to complete expensive treatment. However, recovery was vital to my survival not just in graduate school, but in life. Because of my low-income background,

I became more intentional about studying students' class identities. The NAMI survey advocates for administrators to support students with disabilities fairly (Gruttadaro & Crudo, 2012). I became aware of students with disabilities being unfairly penalized or having financial assistance rescinded when they completed intervention and treatment. I was intentional about not exhibiting blaming behavior or performing ableist actions.

It was disappointing and hurtful to work with colleagues who exhibited gaslighting and manipulative behaviors in addition to their ableist actions. According to disability studies, people with disabilities can often be subjected to discrimination and harassment especially because not all disabilities or medical conditions are visible (Davis, 2016). Although it would be tempting to describe the words and actions of others, it has been more productive for me to focus on my self-work and empowering others.

Although it was easy to notice the hypocrisy and toxicity in others, it was healthier to reflect on my own flaws and shortcomings. Through doing research on automatic responses, the nervous system, and other scientific discoveries on trauma, I learned how to manage the more dangerous symptoms, such as my anger, blacking out, and forgetfulness. Through a required class in my program, I learned about disability theories, the relationship between the mind and the body, and supporting students. I became more comfortable with directly relating my mental illness with my psychiatric disability. An example of how my identity development changed is when I suddenly paid more attention to the section of a job application asking applicants to note a disability. When I allowed myself to read it closely, I noticed that five of my diagnoses were on that list. As I continue to research and write on my story, I look forward to gathering more literature on mental illness and psychiatric disability.

Mic Check!: Praxis for Empowering Others through My Narrative

By refining my narrative, I recognized the importance of doing research on mental health issues and mental illness at a macro level. This next section talks about higher education institutions. As an aspiring student affairs practitioner, I want to help students dealing with mental health issues and mental illness in education.

Mental Health Crisis? Mental Health Is Constant

What is the extent of the “campus mental health crisis?” “Campus mental health crisis” is in quotes because to me, mental health is constant. Because of my experiences with mental health crises and mental illness in general, I can relate to students who identify similarly. By tying together my experiences as an undergraduate student, community organizer, and activist, I learned to develop a praxis

as a graduate student in higher education. A praxis is the integration of learning goals with pedagogical processes that encourage reflection and action to create change (Freire, 1970). My praxis includes honoring students' identities and supporting them where they are at. Educators and student affairs professionals cannot assume that all students are [temporarily] able-bodied (Eanes et al., 2015). Second, they should not be reactionary towards students experiencing mental health issues. According to Shahjahan (2015), people should not just “plan for” but “welcome” mental health in situations.

Mental health is constant because it also shows up as physical symptoms and truly affects the body. It was often the reason behind my fatigue, nausea, stomach-aches, and sicknesses. Throughout my recovery, support systems encouraged me to make more time for dancing by cyphering and freestyling at different studios. Mentors and colleagues reminded me that although I cannot go back in time to my high school teams, I could find the joy in running and playing tennis by introducing others to those sports. Returning to the roots of my original passions allowed me to alleviate some of the symptoms. Instead of referring to a “mental health crisis” it is important to see mental health as constant and present in students' every day activities. Reframing mental health helped me find the balance between symptoms and activities.

How Will We Serve Our Students?

As someone who works for an institution of higher education, I must decide which boundaries inform what activism I participate in while representing the institution. I am particularly interested in supporting student activists, who often receive backlash from the institution. I know through personal experience that emotional labor in addition to mental illnesses negatively impacts student leaders and activists. The idea of “resilience” can often be weaponized against marginalized students. When they are suddenly not doing well, professors and administrators may mislabel them as lazy or not as invested. It is when these students are in distress that we must remember to accommodate and support them. In Jaschik's Inside Higher Ed article (2017), the author critiques the lack of depth to accommodations. Bureaucracies sometimes deliver the bare minimum and so students may not receive logical or reasonable accommodations at all. There is also a malpractice of giving the same minimal accommodations repeatedly, forcing students to “ask, over and over again, and prove their disability, over and over again” (Jaschik, 2017). The idea of students having to prove their disability made me reflect on my own experience, where I had to prove I was “mentally sick” since I was not always visibly “physically sick.” Lastly, educators and student affairs administrators should remember other factors contributing to college students' anxiety, depression, and stress (Eagan et al., 2016). Students are trying to do well in academics and make connections. Imagine new students trying to adjust to

college with already existing conditions such as a disability or disorder.

Trust and Vulnerability in Advising and Supporting

One of the NASPA/ACPA competencies for practitioners in our field is Advising and Supporting (Eanes et al., 2015). My ability to honor human emotions and experiences allows me to connect with students so that they do not feel ashamed of their own emotions and experiences.. According to NASPA and ACPA competency guidelines, student affairs practitioners can be any of the following: conflict mediator, mentor, policy interpreter, and team builder (Eanes et al., 2015). Students might seek out student affairs professionals for support regarding their personal development: family or relationship issues, conflicts they are having with other students, and mental health issues (Eanes et al., 2015). By referring to the Advising and Supporting competency, I hone my skills to show that I can understand students' needs and perspectives while challenging them intellectually and emotionally and providing support to address their challenges. I naturally observe students' verbal and nonverbal communication, signs of abuse, distress, and self-harm because I can certainly relate. In a study with diverse student leaders (mostly womxn¹ of color), participants consistently reported that the most powerful aspect of a leadership development course was personal leadership stories told by faculty, teaching assistants, and guest panelists (Vaccaro & Camba-Kelsay, 2016). Hearing advisors, coaches, and mentors share stories of struggle and triumph can be affirming and empowering (Vaccaro & Camba-Kelsay, 2016). Student affairs practitioners have many opportunities to help and offer suggestions to students, often on a daily basis (Pope et al., 2004; Reynolds, 2011). Students view practitioners as more accessible and approachable when they reveal transparency and openness to a wide range of problems and concerns (Pope et al., 2004; Reynolds, 2011).

Humanizing Our Role to Be Our Authentic Selves

Involved and successful people should not be regarded as invincible against struggle. During my undergraduate years, I was involved in classes, research, internships, teaching, community service, co-curricular activities, jobs, dance, and honor societies. I could hide my struggles behind my accolades, accomplishments, and awards but the truth was that I was going to suffer from an episode or relapse eventually. These episodes and relapses occurred in my first year of graduate school, where the scary and unknown surprised me. Some of my symptoms included anxiety attacks, panic attacks, breakdowns, and meltdowns that often occurred with intense emotions. An example of covert ableism I faced was colleagues constantly promoting self-care because my symptoms from mental illness

[1] I use an "x" in womxn to challenge patriarchy in the normative spelling of the word.

were something to simply “get over.” According to Adams (2016), a display of emotion can disrupt traditional assumptions about calm, neutral, and objective dynamics in the classroom or workplace. Instead of getting over the emotions I was having, it was important to access them as another entry point to learn what support I needed. I was also used to this culture of achievement, measurement, and perfection due to my undergrad and postgrad successes. But I could only continue repressing the traumatic incidents and declining stability for so long. According to Shahjahan (2015), one may perceive that admitting that one needs help is not an option. Most students will wait until at least their third year to ask for accommodations because, like me, they would rather struggle and try to persist on their own than ask for help.

Amplifying Our Voices: Validating Various Sources for Healing

Having shared my knowledge about mental illness in the institution and educational environment, I will now share affirmations and suggestions for aspiring student affairs practitioners. I hope these next sections serve as words of encouragement and mindful tools for those who have mental illness. It is a reality that student affairs practitioners want to help students but they may also have to help themselves first.

Being Real with Ourselves and Intercultural Humility

Rather than assign “competence” to intercultural experiences, student affairs practitioners should consider that one cannot be “interculturally competent” but should strive for “intercultural humility” instead. I need to be real with my identities, interactions with others, and how I show up. I need to humble myself. For healing and recovery to occur, it is necessary to recognize my own toxic traits, constantly checking and stopping patterns of fight or flight I have adopted through surviving trauma. The experiences of those with mental illness are not monolithic. Some people have different relationships with their diagnoses and disability identity. Mental health first aid certification exists, and I have taken it because I chose to. Institutions should mandate trainings like these for university faculty and staff.

In addition, institutions should look critically at students and staff through trauma-informed theory. About 79% of students stressed the importance of offering mental health training for faculty and staff and ranked it as the most important awareness activity colleges can provide (Gruttadaro & Crudo, 2012). Specific to my experience, I noticed the lack of trauma-informed theory within departments such as Residential Life. Trauma-informed theory considers the holistic person and recognizes that they may have had traumatic life experiences (Carter, 2015). Although institutions (sometimes) support practitioners through a salary,

supervisor feedback, and professional development, institutions can do more to support the emotional and mental wellbeing of their staff. It can be as simple as using inclusive language (not saying “crazy”) and not making assumptions and misconceptions of one’s state.

Expression and Resistance as Radical Means of Care

Even while writing this article, I was feeling internalized stigma. Receiving feedback from cohort-mates and editors about having the courage to tell this story motivated me to publish this. Throughout this process, I tried to remember that there is more to me than my resume, job performance, and expectations. There is value in being brave and vulnerable about mental illness despite dissonance. Visiting the ways I typically expressed myself helped the publication process move along. I channeled my apathetic and dwindling energy into the instruments I love playing: my piano, violin, trombone, and guitar. Being a musician reminded me that there are outlets for my pain and suffering. I channeled my manic and restless energy into finding a dance studio and getting back into cyphers. Being a freestyle dancer reminded me that there is community and culture. I channeled my nervous energy into playing tennis with my family members. Being back on the court allowed me to build healthy competition with others and strengthen relationships. I channeled my sad energy into running. Although I miss running hurdles, being in open spaces allowed me to be in competition with myself. These methods of expression open me up to criticism and exhaustion. At the same time, I gained more self-love and purpose. I learned to deal with my emotions and mental illnesses not by overworking and overdoing it. If anything, I was practicing resistance because I did not want to work or participate in something extra for my resume. It was crucial for me to take care of myself by engaging in leisure activities, even if they may not be respected in a capitalist system. Slowing down and engaging in these activities is not necessarily “productive” according to capitalism, which makes this practice radical. However, they were essential to my care and part of my mental health days. A mental health day is just as legitimate as a sick day.

Accessible and Inclusive Media and Resources

Instagram has been particularly useful for me to access scientific research on mental illness, psychiatric disorders, trauma-informed theory, and similar stories. Many accounts are run by people with marginalized identities who unfortunately did not have an avenue to share their work. I was also introduced to zines in graduate school, which are accessible and user-friendly. I hope to channel my writing into spoken word and zines that can be accessed by others. Some resources I found were life-changing because they challenged the concepts of capitalism and welcomed being emotional and human in the classroom and workplace. The

resources were accessible and inclusive due to the use of simplified language and readable graphics.

Closing

It should be celebrated and encouraged to disclose our experiences with others, particularly when it comes to our mental health issues and mental illnesses. It is critical to be caring. It is honorable to be honest. Educators and aspiring student affairs practitioners can reflect on their experiences and identities. By helping and understanding themselves, they can learn to better serve students, helping and understanding them. The intent of this article was to tell my narrative and call attention to mental illness with a Mic Check. I hope I can empower those with mental illness, reminding them that they are not alone and that their narrative guides them. I hope they can respond with a Mic Check, embracing the whole of their emotions and authenticity of their experiences, gathering more people to do the same. By embracing the whole, honoring our own bravery and vulnerability, we can amplify our voices.

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