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"Breaking the silence": A feminist geography call to action

Mental health and wellness are issues of growing concern on campuses across North America.

While feminist geographers have done important work over the years to organize, mentor, gather, and publish collectively on issues related to wellness, much more remains to be done. In this article, we - a collection of scholars who identify as feminist geographers - comment on our experiences of mental wellness in the academy, and engage in a collective self-analysis to better understand the silences, invisibilities, and hesitancies surrounding these issues on the campuses where we work. We argue that not only does more attention need to be brought to bear on this topic, but also that it needs to be more broadly understood. We find that there are cultural, institutional, political, and intersectional factors that impede active engagement with mental health and wellness in the academy, and we discuss strategies for deeper engagement with such important issues for our students, colleagues, research participants, and ourselves.

Keywords: mental wellness, mental health, feminist geography, higher education

Key messages:

- Mental health and wellness are issues of growing concern on North American campuses.
- A feminist geography perspective reveals that there are cultural, institutional, political, and intersectional factors that impede active engagement with mental health and wellness in the academy.
- We encourage geographers to consider mental health and wellness as professional development issues of concern to us all.

Introduction

Mental wellness is an issue of growing concern on campuses across North America, and various studies have reported alarmingly high figures of mental and emotional distress. A Canadian sample of the American College Health Association's National Campus Health Assessment found that 56.5% of student respondents had experienced overwhelming anxiety in the previous year, 37.5% felt so depressed that it was difficult to function, and 9.5% had seriously considered suicide (ACHA 2013a). Among undergraduate students in the U.S., 46.3% reported that their academic studies had been traumatic or very difficult to handle in the previous year, and 21.1% had been diagnosed or treated by a professional for a mental health concern in the previous year (ACHA 2013b). Mental wellness is not only a concern for students in academic environments; Reevy and Deason (2014) have documented workplace stressors that contribute to depression, anxiety, and stress among contingent faculty, and Canale et al. (2013) discuss the "mid-career malaise" commonly experienced by academics (and particularly women and faculty of colour). Despite recent attention to mental wellness on campus (such as the 2012 establishment of a mental health working group of university presidents convened through the Association of Universities and Colleges of Canada), many of our academic institutions do not adequately foster working and learning environments that support wellness. It is important that we as faculty members take professional responsibility for engaging with mental wellness on campus, especially considering the pervasiveness of this issue among our students, our faculty and staff colleagues, and ourselves (see Mullings and Peake, submitted).

As feminist geographers interested in better understanding the silences around mental health and mental wellness in the academy, we began the task of writing this article by sharing our own experiences verbally and in written form through responding to guiding questions in a

shared online document; these prompts were written by the first author to reflect on our experiences of mental health and wellness. This conversation has also included others over a listservⁱⁱ devoted to the topic, attendees at sessions at the Feminist Geography Unconference in 2013ⁱⁱⁱ and in various conference settings in 2014: the annual meetings of the American Association of Geographers and the Canadian Association of Geographers (CAG), the 2014 Feminist Geography conference in Nebraska, and CAGONT, the CAG's Ontario divisional meeting for graduate students. The main themes from these collective discussions are explored here, interwoven with scholarship on these issues, in order to analyze the cultural, political, institutional, and interpersonal dynamics that enable and maintain the invisibility of mental wellness issues in the universities and colleges where we work. We also highlight strategies that can promote mental wellness and mediate mental health crises in the academy.

We are a mix of women faculty of different ages, career stages, and contractual relations to our employers, who identify as straight, queer, lesbian, and as women of color and white women. We work at a mix of private and public institutions located on both sides of the Canada-US border; most of us have worked and/or attended graduate school in more than one national context. While we believe there are similarities in academic culture across Western educational systems, further place-based analyses of particular institutional contexts will have much to contribute to the discussion of mental wellness and the academy. What follows is both an intellectual and experiential appeal to feminist geographers (and geographers more broadly) to consider mental health and wellness as issues of relevance to our professional and personal lives in academic settings.

In this article, we draw on the Mental Health Commission of Canada's definitions of mental health and related terms:

“Mental health is integral to our overall health. It is a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community. Mental health is different from the absence of mental health problems and illnesses... The phrase ‘mental health problems and illnesses’ represents the range of behaviours, thoughts and emotions that can result in some level of distress or impairment in areas such as school, work, social and family interactions and the ability to live independently.” (Mental Health Commission of Canada 2013, 3-4)

Influenced by this definition, we have chosen to use the term “mental wellness” to draw attention to the fact that an active state of mental healthiness entails more than the absence of medically recognized mental health problems or illnesses. While this is one framing of the ways mental health and wellness are defined, it is not the only way it is understood. In the process of collectively writing this article, we vigorously debated our use of these terms and agreed to recognize the differences between us in our preferences for terminology.^{iv} Because dominant discourses of mental health are not only medicalized and racialized (Suite et al. 2007), but also heavily feminized, replete with historical misdiagnoses of ‘hysterical’ women,^v we considered whether we as authors of this article might all be perceived as having mental health issues or that our concern with mental health might be narrowly categorized as concern with only clinical/medical issues of mental illness. An important barrier to becoming a champion for mental health issues in the academy involves a sense of pressure to disclose the state of our own mental wellbeing or our reasons for wanting to raise issues related to mental wellness at all. And yet discussing personal experiences of mental wellness may delegitimize a faculty member’s

authority in a context where women and feminists need to work harder to be taken seriously in the first place.^{vi}

In our discussions, many of us also cited our lack of formal expertise with mental health issues as a reason for our hesitancy to advocate for institutional change. Indeed, faculty receive little training on many interpersonal dimensions of teaching and research. We also discussed the diversity of our personal experiences with the dominant ways mental health is often understood, and the medicalization of wellness issues that we do not consider psychiatric in nature. The medicalization of mental health issues creates the perception that professional knowledge is needed to support individuals with mental health concerns, and that only those with formalized training or knowledge are equipped to suggest policies and practices to address such concerns in the academy. There are real professional risks to challenging such discourses. But they are risks we need to take on to open discussions on the pervasiveness of mental health concerns in the academy and the very real need to address them. Despite such barriers, a number of us have had personal experiences that have heightened our awareness of the relationship between universities and mental wellness, including our own challenges, those of our peers and family members, and those of our colleagues, students, and research respondents. It is our view that we all have a stake in the ways that mental health and wellness are represented and addressed in the academy.

We find resonance between feminist geography and attention to mental health and wellness issues in the academy, not least because feminist geographers believe that the personal is political: our many identities intersect with structural and institutional powers; topics of embodied knowing, emotional wellness, caring, and affect are central to feminist geographical work (Davidson and Bondi 2004; Sharp 2009); and feminist geographic research is more likely to explore the personal aspects of social life, which can both reveal mental health issues in our

respondents, and also provoke mental health stress in ourselves as researchers. We recognize and underscore the importance of acknowledging the many intersectional ways in which we experience and understand mental wellness in different contexts. Furthermore, non-hierarchical teaching styles, collegial relationships, and the reproduction of gendered roles of caring may encourage students and co-workers to see feminist academics as approachable, caring practitioners who are concerned with the whole person. We, as feminist geographers, may therefore become key supports for people struggling with issues related to their mental health (whether by design or inadvertently), although supporting others in crisis can present mental health stressors for us as well.

Despite the seeming relevance of mental health in the academy to feminist geographers (and indeed, all geographers), until recently little work has found its way into academic writings and presentations (for recent exceptions see: Bondi 2014; Hawkins et al. 2014; Horton and Tucker 2014; Mullings and Peake, submitted). However, we do find discussion of work-life balance and mental wellness issues in informal and private spaces, such as campus mentoring programs and publications, Supporting Women in Geography (SWIG) groups, feminist geography workshops and reading circles, and hallway conversations between colleagues. Such conversations are also increasingly taking place in social media, especially blogs--the majority of which in the academy are written by women^{vii}--Twitter, Facebook groups, and alternative and campus media (e.g. Fullick 2012; Power and Mullings 2015). In addition to social media, mental health and wellness issues in the academy are also appearing in popular news media (e.g. Lunau 2012),^{viii} and increasingly being taken up by university administrations. It is our hope that this article will help to break the silence in academic writings on a topic of utmost importance to our

discipline and our workplaces, particularly in a context of colonial legacies of discrimination and racism that permeate our academic cultures.

We proceed with a discussion of the themes that arose in our collective discussions of mental wellness in the academy: academic subjectivities and mental wellness, institutional and academic cultures, precarious bodies and the academy, and the construction of “safe” places and people within the academy. We end the thematic commentary with a discussion of next steps that can be taken individually and collectively in order to support mental wellness in the academy.

Academic subjectivities and mental wellness

The fear that the stigma of mental illness could marginalize individuals who self-identify connects closely to predominant framings of the academy as incompatible with mental health challenges. Rogers and Pilgrim (2005) explore the sociological context of mental health, detailing three recurring themes embedded in stereotypes of mental health problems that are particularly incongruous with the culture of higher education institutions: “intelligibility; social competence and credibility; and violence” (26). Evidence challenges the empirical validity of each of these stereotypes, and yet they persist in Western cultures. In universities, we expect intelligibility: we formally and informally assess and reward students’ ability to effectively and appropriately communicate their thoughts, emotions, and justifications for their actions and behaviours. Social competence is central to teaching and collegial relationships, and credibility is an essential basis for the types of truth-claims that faculty are expected to model and students meant to emulate. Associations of mental illness with social incompetence and vulnerability result from both the social construction of difference and Otherness as deviant, as well as the stress and disadvantage caused by discrimination and social exclusion. The stereotype of mental

illness is associated with violence; few recognize that those with mental health challenges are more likely to be victims of violence than perpetrators.

In her powerful book *Mad at School: Rhetorics of Mental Disability and Academic Life*, rhetoric scholar Margaret Price (2011) draws on the insights of Disability Studies to investigate the ways that higher education institutions perpetuate rhetorics of academic belonging that are particularly problematic for what she terms “mental disability.” She details rhetorics of rationality, criticality, productivity, collegiality, security, coherence, truth, and independence, noting that presence, participation, and resistance are also important elements of less formal spaces of the academy, and that mental disability is often framed in contrast to, or as incompatible with, such rhetorics. She concludes, “Academic discourse operates not just to omit, but to abhor mental disability - to reject it, to stifle and expel it” (2011, 8). Price pushes back against the marginality of madness in the university system, arguing that mental disabilities have their place in academia, and noting that those with mental disabilities contribute to teaching, research, and service, often in creative and innovative ways (see Jamison 1995 for an autobiographical take on this issue).

We too observe and feel the privileges and exclusions of certain ways of working and being in the academy that may serve to silence mental health concerns. The academy venerates particular masculinist performances of self that are competitive, confident, authoritative, vocal, combative, angry, etc., paying little attention to other ways of being: e.g. introverted, slow, deliberative, unsure, and tentative. A particular performance of mental wellness is thus central to traditional notions of what it means to be a healthy academic subject. Some of us have had experiences where mental health concerns are explicitly marginalized in our academic environments. We have experienced faculty representatives who resist mental health training

because it is “not our job to deal with students’ mental problems,” work environments where the words “mental” or “emotional” are perceived as weakness, and colleagues who make disparaging remarks about individuals with mental health concerns behind closed doors and during committee meetings. As Price notes: “The instruments of exclusion are not visible or dramatic - men in white coats dragging people away - but quiet, insidious: We flunk out and drop out. We fail to get tenure. We take jobs as adjuncts rather than tenure-track faculty. We transfer schools; we find a way to get a job or a degree elsewhere. Or not.” (Price 2011, 6).

The centrality of mental wellness to academic subjectivities thus marginalizes mental health issues (and those who experience them) within the academy. Such rhetorical framings further contribute to diverse visibilities and invisibilities around mental health. In particular, the most visible framing of mental health issues involves “crisis” events requiring emergency intervention on the part of specialized service providers (within or outside the university). Mental health is therefore most visible as a short-term, medicalized problem--one that often requires students, faculty, or staff to take time off from their work and studies in university settings. Less visible are the experiences of those who function with mental health concerns: those who are coping and excelling at academic pursuits while also managing their own wellness. The focus on crisis can further stigmatize mental health concerns, creating a culture that is less willing to accept the presence of “mental disability”(Price 2011) in the academy, to effect institutional change to reduce mental health stressors, and to facilitate functionality among those who live with chronic mental health concerns. The silence around mental health issues may be compounded for those experiencing trauma, or who otherwise find it painful to articulate their condition. It is therefore important that we create inclusive framings of mental wellness

initiatives that do not rely on individual disclosure, but rather create institutional cultures of well-being.

Kadison and DiGeronimo (2004), among others, have described the trends of increasing mental illness among students in US higher education institutions. They attribute these issues to both routine life stage concerns (such as developmental issues that many students face as they enter higher education, including identity development, sexuality, and socialization issues), as well as recent shifts in the broader contexts of higher education: increasing pressures for academic and extracurricular performance and increasing financial pressures associated with pursuing higher education with no guarantee of degree-related employment or ability to pay down debts afterwards (particularly in the current climate of economic crisis; see also Lunau 2012). We note that the stress our students experience is sometimes contagious for us as faculty, and for others with regular student contact as well. There can also be feelings of guilt on the part of professors. Beyond assigning the papers and exams that produce stress in students, there is the stress involved in making decisions about whether to give extensions, being sensitive to different student situations, and still being fair to the class as a whole. This is particularly difficult in large classes in which professors are not able to become well acquainted with the majority of students and can feel overwhelmed by voluminous e-mail requests. Especially around exam times, course drop dates, and financial deadlines, students increasingly come to their professors and support staff for assistance and emotional support, compounding the care-giving work and emotional labor that is not accounted for in any valuation of academic merit or official institutional service. In this sense, mental health care for others may be another example of unpaid and under-appreciated care work that is unevenly distributed in academic environments (Pyke 2011;

Gutiérrez et al. 2012). Some of us also feel constrained by the perception of feminists and/or women as natural caregivers, and so resist engaging in this type of care-giving work.

Attention to how mental wellness intersects with academic subjectivities, professional and institutional cultures and specific bodies are areas where feminist geographic insights are useful. Beyond investigating the relationships between femininities, masculinities, and mental health and wellness, a feminist geographic approach also has the potential to politicize the structural and intersectional power dynamics at play in particular spaces. These include, for example, how stigma or particular caring duties are associated with different raced, classed and sexed bodies, and how notions of ‘home’ and ‘work’ spaces, professionalism and ‘rationality’ play into the commonly held notion of work-life balance as a means of improving mental wellness.

Institutional and Academic Cultures

The academy is a site where mental, physical and emotional struggles and illnesses proliferate. The culture of the professoriate and mounting institutional expectations create mental health stressors in our work environments: we experience in particular the continued dominance of masculinist cultures of competition, the increasing neoliberalization of universities, and the ubiquity of certain technologies as key mental health stressors. Scholars have written extensively about the neoliberalization of universities and the creation of neoliberal academic subjects (see, for example, Gill 2009; Dowling 2008; Petersen and Davies 2010; Lynch et al. 2012). However, few have considered the links between the expectations of (neoliberal) academic labour, stress, and mental health and wellness (but see Mountz et al. 2015; Mullings and Peake, submitted). Increasingly, there are tensions between expectations from faculty and administration of how

time should be spent, and what outcomes indicate academic “success.” For example, the increased metrics of an audit culture^{ix} (Berg 2012) have generated a structure of reward and recognition that excludes faculty who seek to study unpopular or less-publishable topics, or who do not win competitive research grants, generating feelings of powerlessness and inadequacy. It is a winner-take-all academy in which the audit culture has led to the pervasiveness of overwork, multiple deadlines, unrealistic expectations, and cultures of competition.

We experience academic cultures and practices that valorize overwork, including expressions of martyrdom, talking about not sleeping or eating and about working all of the time, an expectation of always being available for work purposes, and discussions of having children as a problem for work. Some of us have experienced toxic workplaces that do not always manifest themselves in visible, quantifiable or written forms, but through regular, routine or everyday micropolitics and microaggressions^x that are often difficult for those experiencing them to name and where competition, insularity, and insecurity can escalate to bullying, sabotage, backstabbing and character assassination (Sue 2010). Continuous microaggressions, engendered by a host of intersectional issues such as race, gender, class, sexuality, seniority, nationality, religion, and so on, can easily become everyday sources of stress and isolation (Domosh 2015). In contemporary political climes, it is imperative that we acknowledge that Islamophobia imposes strains of stress, fear, and panic on Muslim and Arab faculty, staff, and students on North American campuses. The racism apparent in recent campus reactions to Black Lives Matter activities and those fighting back against Islamophobia and anti-Muslim speech also highlight the additional stressors that interpolate the subjectivities of people of colour in spaces of higher education. The failure to acknowledge this broader social canvas on which academic

life operates, but which is rarely spoken about, speaks to the epistemic violence of the erasure of the concerns of people of colour and their sense of being.

In addition to the more competitive professoriate culture, faculty also experience increased workloads. Dwindling resources and increasing pressures to do more with less have given rise to mounting bureaucratic expectations and downloading of responsibilities to faculty members (see Mountz et al. 2015). Tasks that seem small (e.g. filing expense claims, advertising degree materials, committee meetings) can sometimes take enormous amounts of energy and time, and leave little time for other work that we (want to) do, such as research and teaching. When confronting the constraints that prevent us from more actively engaging with our own and others' mental wellness in our work environments, we have all encountered insufficient time and energy to prioritize mental and overall wellbeing, despite our ethical and intellectual commitments to them.

A large part of faculty workload now involves email. While a seemingly small task, communication with students, other faculty, administration, and others is now done primarily through escalating numbers of email messages, and can take a number of hours daily, with an expectation that answers will be received in a short period of time. On top of email, however, there are other 'technology' expectations, linked to the above-discussed cultures of competition. These include expectations to not only produce academic publications, but promote them online. Maintaining a cyber-presence through updated faculty pages, Twitter, Facebook, blogs, and professional networking sites (e.g. academia.edu, researchgate.net) have become a key way for academics (especially junior and contract faculty) to make themselves known; a task that involves vast amounts of time and implicit competition to obtain followers. Such profiles moreover are almost always individual and not collective. The expectation of self-promotion and

public engagement through technologies like these, often as a route to permanent employment or tenure, adds to cultures of competition and everyday workloads.

In North American institutions, neoliberalization is also manifest in the increasing reliance on contingent faculty to teach classes. The American Association of University Professors (AAUP) reports a 278% increase in contingent faculty in the US between 1975-2011, compared to a 23% increase in tenured and tenure-track faculty during this time. Notably, contingent faculty are disproportionately female and/or non-white (Curtis 2014). While data in the Canadian system are more difficult to compile (Charbonneau 2013), similar trends of increasing reliance on contingent faculty are apparent. Importantly, there are clear links between contingent faculty members and mental health stress (documented by Reevy and Deason 2014). We have observed and experienced that contract positions are increasingly offered on a course-by-course basis, with institutions requiring that contingent faculty reapply for their positions on an annual basis. The stress of maintaining a research program in addition to contract teaching in order to be eligible for tenure-track positions can be compounded by the economic and professional instability inherent to contingent faculty positions, the annual rigours of job applications and the constant focus on finding stable work. In our written reflections, one of us posed the question: “How can I have work-life balance if I do not have ‘real’ work?” In some cases, contract faculty must teach numerous courses at numerous institutions to make ends meet. In many institutions, contract faculty are also marginalised within their departments: they are not included in departmental events or meetings, they may be spatially marginalised with offices located in other buildings of the university, and their research work is often underappreciated. These exclusions can lead contingent faculty to feel as if they do not belong, contributing to feelings of inadequacy. Finally, health services (including mental wellness resources) may only

be available to full-time employees in some institutions. The social construction of precarity through the casualization of faculty work is thus an important structural issue affecting both student and faculty mental health and wellness in academic settings.

Precarious bodies and the academy

Academia has a long tradition of excluding bodies that are racialized, differently-abled, or read as Other due to gender, sexuality, age, ability, migrant status, and other power dimensions.

Scholars have commented on the diverse ways that such exclusions are embodied in university settings. For example, Gutiérrez et al.'s (2012) edited collection details the ways that racialized, gendered, and classed academics are often “presumed incompetent” in their workplaces, and Mahtani (2014) comments on the “toxic geographies” that persist within our discipline for geographers of colour. Valentine (1998) has documented geographies of homophobic harassment that moved between her personal life and academic workplace, while Chouinard (2010) has detailed struggles to secure legally-protected rights to accommodation and freedom from discrimination on the basis of ability in a Canadian university setting. Graduate students Nguyen and Catania (2014) write about feeling out of place in the academy and how this is intimately connected to everyday oppressive acts by other graduate students and faculty. They discuss nuanced performances of ‘how to be an academic,’ calling attention to the ways in which ideal performances privilege the white, male and able body; to be Other in the academy and to perform in alternative ways often falls outside the bounds of what is considered mental wellness. Scholars have also noted difficulties in discussing and addressing issues of masculine privilege, white privilege and other dominant characteristics of academia (e.g. DiAngelo 2011).

These issues resonate with us and have clear implications for mental wellness, demonstrating the various ways that differently embodied subjects face challenges, particularly those already marginalized within the academy. For instance, for scholars of colour, being able to talk about racism is to risk being dismissed as either an angry person or someone who is oversensitive. These typical responses are indicative of the enduring faith that many have in the colour-blind equality of the liberal university. Yet, as we contend, these responses also speak to the enormous toll that everyday microaggressions place on the overall wellbeing, health and productivity of racialized bodies in academic space. The challenge is to not only identify microaggressions that work to delegitimize faculty of colour, but also interrupt these subtle forms of sabotage and prevent their perpetuation.

The gendered nature of having or not having children is another way in which stress is unevenly constructed and perpetuated in the academy. The decision to have or not have children is difficult, complex and generates considerable stress in the lives of many female academics (much more so than their male counterparts), especially given the coincidence between the amount of time it takes to obtain a PhD, find a tenure-track position, and then secure tenure with declining levels of fertility. The stresses associated with managing fertility, child-bearing, and parenting within academic contexts are often borne differentially according to gender, age, and career stage. Studies that address fertility and family life in the academy (e.g. Mason and Goulden 2004; Leathwood and Read 2008) are necessary to call attention to the ways in which gendered bodies experience these issues unevenly, not least because so many women in universities experience but rarely discuss issues of (in)fertility. The relationship between stress, fertility, and the precariousness of female bodies in the academy merits further attention.

For some, mental and emotional distress is embodied in ways that are invisible; for others, this embodiment is hyper-visible. The disappearance of distressed bodies from academia is yet another manifestation of precariousness. We conclude these reflections by emphasizing that the embodiment of precariousness in academic settings is closely related to dominant perceptions of white, male, healthy bodies as the norm in such places.

Construction of “safe” places and people within the academy

Many of us have had the experience of seeking or creating “safe” spaces in the academy for ourselves and others in order to promote mental wellness. It is our observation that certain individuals are more likely to be perceived as safe when it comes to discussions and revelations about mental health. Students tend to share their mental health struggles with us because we have raised mental wellness issues in class, because they identify with us (e.g. faculty of colour approached by students of colour), or because our positionality makes us seem “approachable” (e.g. female faculty being told we seem “nice,” “friendly,” and “unintimidating”; see also Green 2015). Those of us who teach about emotion, Otherness, oppression, or feminist approaches more broadly find that these academic topics invite conversations about personal wellness with students and colleagues. At times, our own disclosures of health problems or mental wellness issues allow others to recognize us as potential allies and supporters.

When it comes to addressing student revelations of mental health issues, we may feel confident about the proper procedures to follow when they occur (e.g. which services to refer students to, appropriate accommodations to make, etc.). However, individual situations sometimes fall outside of these guidelines, as in former students who are no longer eligible for university services, international students with health coverage constraints, and students

struggling with mental health concerns of others, such as family members or close friends. In these situations, students often approach us for emotional support in addition to logistical support. In other situations, guidelines and procedures may be unclear, and they often differ from one institution to another. This can be difficult for faculty who move between institutions, and particularly contract faculty who are not well supported in learning institutional protocols. On many campuses, mental health resources are also reserved for students only, and faculty and staff are unable to access services, despite the relationship between their work and their mental wellness. Most universities (especially in the USA) do not have basic infrastructure, policy, or wellness programs to support full or part-time faculty. In our collective discussions we found better institutional support and awareness for mental health and wellness in Canadian universities. Although there is diversity in our institution-specific experiences of addressing mental health protocols, many of us identified opportunities for increased administrative and procedural support. We believe that safe places for discussing and strategizing for mental wellness are needed in the university, while embodying the tension that is caused when individuals bear disproportionate responsibility for this care work in university settings. It is therefore important to advocate for the expansion of ‘safe’ people, places, and services on campus in order to both de-stigmatize mental health issues in the academy, and to acknowledge the extensive care work needed to support mental wellness on campus.

Moving forward: Supporting mental wellness in the academy

In surveying our own work environments, we observed diverse approaches to supporting mental wellness on campus, as well as differing levels of support and struggle for different members of the campus community. Many institutions have websites and counselling services, and some also

have additional stress-relief programs (such as stress management workshops, lunchtime yoga classes, and animal therapy for students at exam times). In some cases, counselling services are limited to a certain number of sessions; increasing budgets for such services in order to raise visit limits would improve campus access to mental wellness resources. Some institutions have developed extensive protocols to support mental health accommodations. However, many such programs function at the university level, and not the department or faculty level, resulting in a discretionary set of interventions at the day-to-day scale of departments and individual professors. Furthermore, many of us have observed no attempt to link mental wellness to the deterioration of the general academic work environment, nor to the increasing numbers of students who fail to graduate. Additionally, we must also challenge the changes ushered in with the neoliberalization of the academy (including the speeding up of work schedules, the devolution of work to individual faculty members, increased pressure to apply for grant monies, etc.) that impact upon mental wellness, advocating for more full-time positions and more stable contractual working conditions within the university. Collective action is also needed to reduce tuition fees, thereby lessening the financial burden on students and their families, and to reduce class sizes or increase teaching assistant support so that students in need of accommodation can easily be identified and supported.

As feminist geographers, we believe that mental wellness should be seen as a professional development issue that is of intellectual and practical relevance to our work. Mental wellness is also vital to the long-term overall success and flourishing of disciplines and departments, individuals and communities. It is thus imperative that senior administrators and faculty members (including departmental chairs) recognize the importance of engaging with this issue in systematic, collective, and supportive ways. Raising awareness and sharing knowledge is

perhaps the first step. However, as one of us notes, this task of speaking up about or challenging structural inequalities and problems is not easy: “I am vocal about all sorts of problems, thus not helping myself be popular. But I’d rather be conscientious and ethical, and vocal amidst a deafening silence, than be popular, even if it makes my own life far more difficult.” We therefore advocate for a host of institutional and individual-level interventions to better support mental wellness through our teaching, research, and service activities.

With respect to teaching, we believe that discussions of mental health and wellness belong in the classroom. There may be opportunities when mental health is of relevance to the topics we teach (e.g. discussions of neoliberalism, feminism, social justice, decolonial practices, and marginalization). Even when mental wellness may not be germane to the content of a given class, mental wellness is of foundational importance in creating welcoming and inclusive learning environments. We encourage faculty to explicitly address mental wellness with the undergraduate and graduate students with whom we work closely (e.g. mentioning counselling services in syllabi and in our classroom), and to encourage and model self-care as a strategy for personal and academic success. We also encourage faculty to advocate for policies to explicitly address post-hoc accommodations for students with mental health issues. We have observed that the stigma around mental health disclosures may prevent students from seeking classroom accommodations until they are in a crisis situation, having already missed opportunities for extensions and other procedurally-defined accommodations. Clearer institutional policies would create a more predictable learning environment for students, and may prevent their reliance on the good-will of individual faculty members (which then compounds the uneven distribution of mental health care work that we have observed in our institutions). A second step is developing orientation sessions and resources on mental wellness for faculty members.

Our role as researchers is also implicated in creating safe spaces for mental wellness. Although few of us explicitly research topics of mental health and wellness, many of us assume responsibility for conducting research in a way that does not produce mental stressors for our research participants, and attempt to be conscious of mental health triggers that may arise in the course of our research. We suggest that there is potential to further explore the ways that our research processes can create safe spaces for the mental health of research respondents and researchers themselves. These efforts could take the form of professional development initiatives (e.g. conferences or workshops that focus on methods or professional training courses on Mental Health First Aid), or as a topic of research (e.g. an extension of the academic writing on the emotional geographies of research; see Bondi 2005, Coles et al. 2014). In addition, we can advocate for metrics that acknowledge the quality and impact of scholarship, rather than its sheer quantity. We can accomplish this by building a culture of slow scholarship that rejects many of the demands on our time and focuses instead on engaged and fulfilling research projects, often in collaboration with others (Mountz et al. 2015). In short, we must acknowledge what sort of scholars flourish in the current academic environment and advocate for institutional and discipline-level changes that will allow for more diversity of scholarship and change the way that we measure academic success.

Service work can also support mental wellness in the academy. Some of us have leveraged service and administrative positions to educate campus members about mental wellness, to create safe spaces in departments and centres, and to advocate for changes that promote mental wellness and redress toxicity in the workplace. One such example is the creation of a Task Force on Mental Health in Geography within the AAG that commenced work in 2015. Another excellent example of advocacy through academic service can be found in Mona

Domosh's AAG President's Columns, such as "Toward A More Healthy Discipline" (2014) and "How We Hurt Each Other Every Day, and What We Might Do About It" (2015). Service appointments may allow us to politicize mental wellness as an issue of intrinsic importance to the academy through the collegial co-governance of the university. As one example, faculty who sit on hiring, funding/awards and graduate admissions committees are in a position to push back against neoliberal pressures and audit cultures by evaluating applications or research profiles based on quality that is not reducible to quantitative measures. Faculty unions also have a role to play in resisting audit culture and creating an institutional response to increasing administrative demands on faculty time.

We also believe that we have a responsibility to support our own mental wellness in academic environments, in order to care for ourselves and model self-care as an element of academic work for students and others. Some of the ways that we engage in self-care include cultivating positivity and creativity, exercise, nutrition, sleep, finding calmness and peace, therapy, laughing, socializing, taking time for our families, not over-extending ourselves, setting boundaries around work time, prioritizing work activities, and having a life outside of academia. Some of us note the importance of minimizing exposure to negative and toxic energy, ideologies, behaviours, and people in our work environments. For many of us, atmospheres of collegiality and friendship in our workplace contribute to our wellness, and we have had success in establishing support groups (e.g. for pre-tenure faculty members) that create a collaborative environment of mutual support. In particular, fostering safe environments where mental stressors can openly be discussed (whether through workshops, coffee dates, or virtual meetings with allies) has helped many of us move from thinking of mental wellness as a personal issue, to

understanding it as a political one that requires collective action. We acknowledge that supporting our own mental wellness is an on-going learning process for many of us.

Closing thoughts

We have identified a number of mental health and wellness issues of relevance to academic settings that would benefit from further consideration, including the production of academic subjectivities, the interaction between physical and mental health issues, identity politics and microaggressions, the neoliberalization of the academy, family desires and fertility struggles, and the recognition of mental health and wellness as professional development issues. We believe that these topics merit further attention, and that feminist geographers are well-positioned to explore them. Our discussion has unearthed a number of silences and invisibilities surrounding personal and shared experiences of mental wellness in the academy, and has explored some of the hesitations that we ourselves have experienced in addressing mental health and wellness in our workplaces, including apprehensions about being stigmatized and marginalized, as well as concerns about our lack of authority in addressing what is still predominantly framed as a medical/psychiatric issue in the academy. Despite these hesitations, we agree that the stakes of continuing to ignore mental health and wellness, thereby reproducing the silences surrounding these issues, are too high. Too many are suffering, and there is too much isolation. For some of us, our political commitments as feminist geographers create an ethical responsibility to keep mental health and wellness on the agenda. Some of us are more able to be vulnerable in discussing mental health due to identity-based or career-stage privilege, and so feel a duty to engage in this difficult topic of discussion. Whatever the reason, we believe it is time to actively engage with the cultural, institutional, political, and interpersonal factors that detract from the

mental health of the academy, and to encourage our fellow geographers to consider mental wellness as an issue of professional importance to us all.

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ⁱ With this title, we allude to Rosalind Gill’s ground breaking intervention on mental wellness in the contemporary academic settings: “Breaking the silence: The hidden injuries of neo-liberal academia.”

ⁱⁱ Mental Health and the Academy (MHGEOG-L@LISTS.QUEENSU.CA).

ⁱⁱⁱ From which the Great Lakes Feminist Geography Collective emerged.

^{iv} Although these are the definitions we use in this article, we do not all subscribe to them entirely. In our individual experiences we have different strategies around usage of terms. Some of us do not use the term mental disorders; others understand mental wellness as a broader term than mental health, defining the latter solely in relation to mental illness. Price (2011) provides insightful reflections on uses of terminology that better reflect the diversity of communities and issues pertaining to mental health and wellness.

^v There is a long history of association between gender and mental health in Western societies. For example, Ussher (2011) argues that the social construction of madness has long been associated with femininity (e.g. associations between madness and female reproductive systems, the association of femininity with “disordered minds,” and socio-cultural theories that associate madness with the social environments more often associated with women, including poverty, inequality, and abuse). Women also face higher rates of diagnosis and treatment of mental illness, in the past and present. Similarly, mental health issues have long been racialized, corresponding whiteness with sanity.

^{vi} See Kershbaum (2014) for a discussion of the potential opportunities and challenges associated with disclosing “disabilities” in academic settings. We acknowledge that the term “disabilities” does not resonate for all who experience mental health concerns.

^{vii} Some examples of blogs on mental wellness and the academy include:

<http://tenureshewrote.wordpress.com>, <http://www.nadinemuller.org.uk/>,
<http://thehistorywoman.com/tag/academia-work-life-balance-stress-mental-health/>,
<http://prosedoctor.blogspot.com/2013/01/reasons-why-academic-life-is-stressful.html>

^{viii} Issues of mental health in the academy have been of particular concern in the UK. *The Guardian* newspaper began a series in 2012 entitled ‘Mental health: a university crisis’ (<http://www.theguardian.com/education/series/mental-health-a-university-crisis>).

^{ix} In the North American context, this audit culture is becoming apparent in the practice of annual reviews of faculty performance, program prioritization processes, and the move toward strategic mandate agreements with government (e.g. in Ontario).

^x “...microaggressions are brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership.” (Sue 2010, p.xvi).