

Transcript of CC Conversation on Mental Health During this Disembodied Year

This webinar was held on March 18, 2021.

Kristi Erdal: Good afternoon, everyone. Welcome to this installment of CC Conversations where we are going to discuss mental health in this disembodied year. I am Kristi Erdal. I'm a professor of psychology at Colorado College and one of the moderators of today's panel. I will be introducing our panelists starting with myself and setting the stage for this conversation.

My co-moderator, Heather Horton will be following up with each panelist with questions from us and from you. In fact, the Q&A function is enabled in this webinar. We will try to get to some of the questions throughout the webinar. But most likely, we'll get to them at the end after everyone's made their presentations.

Now, as a self-introduction, I am somehow in my 25th year of teaching at Colorado College after getting my degree in clinical psychology from Arizona State University. Among my research interests pertinent to this conversation are people's conceptualizations of depression particularly cross-culturally. But in setting the stage for this conversation, I will be channeling other's work on mental health in this pandemic year, particularly on college and university campuses. Although wherever you work, you will see threads that are pertinent to your experience for sure.

In this pandemic year, virus mitigation and safety precautions have been important for all institutions to tackle, but they are not the only variables that have affected college students and faculty. And we are here on this panel to attempt to steal some of the spotlight from the focus on testing and quarantines and dashboards, and threat levels. All of us on the panel today are hoping to elevate and shine a light on the mental health consequences of this pandemic along with the concomitant crises in our political and social spheres, but to focus on the ripple effects from social isolation from the disembodiment of online learning that we've all been doing as well as from the language institution's use to communicate including ours as it reveals assumptions and priorities that affect students and faculty's well-being.

I and my colleagues, Professor of Psychology Tomi-Ann Roberts, Assistant Professor of Sociology Chantal Figueroa, and Wellness Director Clinical Psychologist Heather Horton are here to share research and pedagogies and applied strategies happening at Colorado College that focus on these ripple effects into mental health from pandemic-dictated changes and from pandemic-related decisions.

Kristi Erdal:

To set this stage, I will share mental health data from national and international sources including The Center For Collegiate Mental Health, Hanover Research, The Active Mind And Healthy Minds Surveys, and Student Voice Projects in addition to surveys from Kaplan and Chegg. All of these sources, unfortunately, point to the same self-reported suffering in the mental health of approximately 75% of college students nationally and around the world.

This includes elevations in loneliness, isolation, stress, and anxiety in three quarters of students surveyed, and positive depression screenings in over half. Three-quarters of students report that these mental health challenges have impacted their academics. And one-quarter have contemplated suicide. These numbers are even more tragic for LGBTQ students and students of color in this year.

There are significantly fewer projects surveying faculty and staff, but those that have, have found similar findings, elevated stress and depression, and anxiety symptoms, and similar patterns of who is affected the most, with female faculty more likely to shoulder more of the pandemic burdens at home while also under stress at work.

In the first month of the pandemic, publication submissions by female scholars dropped precipitously across disciplines. And those issues have only intensified over the year. For students, while one might think that campus counseling centers are overrun, they are, they are not overrun enough. And what I mean by that is that only about half of those reporting mental health problems are seeking help even via telehealth.

This is where the disembodiment of online learning and online everything ripples out. If students feel disconnected from their campuses, termed by some the proximity problem, they are less likely to connect to campus services available to them. And of course, if they're at home, there might not be private spaces or support for counseling or even ability to get services across state lines.

This disconnection from physical campuses and reliance on solely Zoom connection to faculty have shifted to whom students will reach out. And that is now the faculty. The Student Voice Project recently reported students will more so seek out professors to help them with problems and to feel heard. Faculty are now sometimes the only touch point for the students to the college. And the job description has grown from teaching to, oftentimes, mental health triage to now also attempting to foster a sense of belonging to the college all over Zoom.

This brings us to our first distinguished panelist, Dr. Tomi-Ann Roberts, Professor and Chair of Psychology at Colorado College. She received her PhD in Social Psychology from Stanford University. And while always focusing her research on the objectification of women and girls, she in recent years has been exploring self-objectification and self-conscious emotions and eye gaze, and then, boom, COVID provides the rare silver lining of deep research opportunities. Professor Roberts, would you please share with this audience your work in recent months as it fits into the context of your research career in this area?

Tomi-Ann Roberts: I'm happy to. I'm happy to, and I want to first shout out to all of the students that I have had in Zoom classes this year because they have helped me fine tune exactly what I'm going to say to you today. And in fact, my current class of CC 120 students first years, five of whom are Zooming in from a very far away country, China, have been especially helpful as we've been thinking and talking in our writing intensive class about emotions.

So, I want to tell you what I think about four disembodiment problems with online learning in Zoom class, and I think we tend to pick on Zoom. It's not the only platform out there, but it certainly has been the most popular one. And thanks to Zoom for responding as readily as they did when we needed to do this, right?

Now, we know that there are some problems, and I want to share four particular problems. Problem number one, I think for teachers and learners on Zoom, is the microphone mute on and off feature. This requires turn-taking and turn-taking stunts verbal and non-verbal communication. This may be fine for lecture-style classes. And so, I think in some larger university settings where lecturing is more common, this isn't as nearly as much of a problem.

The thing about conversation is if talking were just about content, we wouldn't need to interact, right? Conversation is rapid fire. It's cooperative, and it's multi-modal. In Zoom, however, when anyone speaks, it turns off other people's capacity to speak. That is the way the microphone function works.

And so, we engage in chronic repair. My students are chronically apologizing to one another for jumping in, and therefore, turning off another student's capacity to speak. In real life, conversation partners overlap. We are constantly speaking over and under, and with one another. And this is especially true according to communication scholars for women and low power holders. Women and low power holders in conversation tend to use what is known as rapport talk. The talking is a way of maintaining rapport.

Power holders and men generally are more apt to use what we call report talk which is much more turn-taking. When we're in Zoom class and we're forced to do this kind of report talk, when we're not speaking, we're kind of dead, and we're on hold. It's as if we're on hold on the telephone. And our usual inclination to go, "Oh, yes. Yes. Let's build on that," doesn't work. There's no verbal overlap. And then, we tend to hold our faces very still and expressionless. So, now, we have no non-verbal overlap as well.

And research shows that feedback from our facial muscles impacts our autonomic nervous system. When we smile and nod, we experience a heart rate deceleration, for example. So, now, we've got all this facial flatness, and that means we are not benefiting from our own facial feedback that we would typically get when we were engaged in collaborative rapport-style conversation, and this is very likely at least in part contributing to far fewer felt positive emotions per day because we are not receiving that autonomic feedback. It's as if we've all gotten injections of botox. Studies show flattened affect in people with botox. Okay. So, that was number one.

Tomi-Ann Roberts: Number two, it's difficult to clearly see the facial muscle movements on Zoom class. I see my dear colleagues in their small square, but many of us have different available lighting, and many of us even opt to go for a sort of soft focus to touch up our appearance, and it turns out, hey, it turns out research on facial actions, and I'm trained in a facial action coding system, research on facial actions shows that we understand people's facial expressions of emotion by looking at the wrinkling of the skin that happens when the muscles move, okay.

And as it turns out, the upper facial muscles carry a lot more information about the genuineness and the nature of an expression than the lower face muscles which we're far more used to using voluntarily, right? So, without our ability to see this muscle here, the corrugator, and these muscles here the orbicularis oculi, we're just getting a lot less information about the genuineness of people's facial expressions.

Now, I want to shout out here. People have thought that mask wearing was going to be catastrophic for understanding expression, and I think especially with small children. We are already getting lots of studies showing very young children benefit from in-person learning even when their teacher wears a mask. Why? Because they know, and they work with all the information that their teacher's upper face muscles are expressing, and that they are in the in-person presence of. Okay. You get the eye area, the forehead, the eyebrows even with a mask.

Third problem, eye gaze but no eye contact. When we think we're looking in someone's eyes, we're not. Right now, I think I'm looking in Heather's eyes, right? She does not experience that to be the case. So, the way the camera works, it's quite difficult. When we think we're looking in someone's eyes, we're not, and this can create a feeling of uncanniness in us.

AI research shows that when we have to judge whether a face is human or not, we spend most of our time exploring the eye area. And to the extent that we can make any kind of eye contact with an artificial face, we will judge it as warmer. We will feel better about it. If we cannot make that eye contact, we will call it uncanny, and we will find it disquieting, to say the least.

Now, research shows that eye contact triggers mirror neurons in our sensory motor cortexes, and this essentially creates an embodied simulation of us inside our brains and bodies of the expressions or movements that our conversation partner is engaging with. And it enables us to understand their expression because it's triggering a kind of subtle mimicry. Eye contact between moms and babies, eye contact between conversation partners allows for a synchronizing of brain activity in the sensory motor cortices, and we're not getting that.

So, I said, when I don't move my own facial muscles, I don't get autonomic feedback, guess what? When I don't move my own facial muscles, I don't understand your expression. So, not making eye contact with my conversation partner means I don't get to engage in that synchrony.

Tomi-Ann Roberts: And then, finally, the fourth problem is self-objectification. Zoom's default is a chronic mirror image. It's a chronic mirror image. And an interesting side discussion might be to hypothesize why Zoom would want the surveillance culture to include self-surveillance. I don't know. We're all a little like narcissus. That's just the facts. We're captivated by our own appearance. We look, and we check. But for folks whose appearance makes an enormous difference for the outcomes of their lives, women, BIPOC individuals, this can be very problematic.

And over 20 years of research in my area of study has shown that, particularly for female identifying folks, self-objectification carries a host of negative consequences. But the most primary one is fragmenting consciousness. Chronically being aware of how you look when you're doing a thing leaves you fewer cognitive resources to do the thing. It can engender in less power-holding individuals, stereotype threat to be reminded how you look, how you look to others, et cetera, et cetera.

I want to clarify the difference between camera off and self-view off. Many people out here in the audience may not realize that you can turn your self-view off. And by that, I mean you are witnessing all the people you're having a conversation with, but you're not accompanied by your own image of yourself.

Many individuals are unaware of this. I did a study. I've been doing a study here at Colorado College. And early this summer, we compared students learning with the self-view on, with students learning with their self-view off. And our early data were very promising. They were showing indeed that self-view on predicted fewer lower ratings of feeling like the discussion really flowed, and lower ratings of retention of the material.

And this was especially true for individuals who score higher intending to self-objectify in the first place, BIPOC and female-identifying individuals. And then our studies started to degenerate. Students protested turning their self-view off. Several asked the following question. How will my professor know if I have a question? What? Are we becoming cyborg narcissists? I will leave my comments there.

Heather Horton: Thank you so much Dr. Roberts. Your work on self-objectification has always been fascinating to me. So, I really appreciate the opportunity to hear from you today. There are so many questions jostling actually in my mind at this moment. But let's start with what might be your recommendations for faculty on how they might change their interaction with Zoom within the classroom setting to improve the experience and outcomes of our students, and staff and faculty.

Tomi-Ann Roberts: Many, many teachers, K through 12 all the way to higher ed, have sung the praises of breakout rooms, and I'm going to join in that praise, right? So, breakout rooms, I think, are phenomenally impactful for a couple of reasons, and I'm just going to tie them to what I was saying.

Tomi-Ann Roberts: One of the great things about a breakout room is with fewer faces on the screen at a time, we are more likely to make something like eye contact. It's kind of a little bit more likely. It's a little bit more easily done. And with fewer people on the screen, the rapid-fire non-turn-taking overlapping conversation can occur a lot more naturally, right? And we don't see students apologizing to each other in their breakout room, the way they tend to apologize to their professor, right?

So, I would say breakout rooms. I also want to argue that synchronous class is worth it, right? Synchronous class is worth it despite everything I've just said. Here's what you want to try to do. Drop thinking that you are going to be able to cover as much content as you would otherwise. So, I would argue that assigning low stakes daily quizzes, low stakes writing assignments for the kids to test their content retention is important. And devote the hour or so of class discussion to enabling as much conversation as you can possibly squeeze out. So, those are two ideas.

Heather Horton: I think we have time, Tomi-Ann, for the a question that just came in which is how does your research on facial indicators of affect, body language, eye contact, et cetera account for neurodivergent experiences like ADHD and autism spectrum?

Tomi-Ann Roberts: Yes. Well, here's the thing. Many of the scholars in my field who study facial expression have come up with some absolutely fantastic interventions for individuals who are neuro-atypical. And one of the things that can be really toxic for an individual on the autism spectrum, for example, is eye contact, right?

So, here I was talking about how important eye contact is. The eye region is a place that people on the spectrum really find difficult to engage with, right? And so, one of the things that facts researchers who study these movements can do is to help train up neuro-atypical folks to look at muscles as opposed to making eye contact. Take a look. Learn how to identify. And some of these individuals are trained and our wonderfully capable of taking the face apart a brick at a time and learning how to recognize those movements by the associated wrinkles on the face.

So, yeah. Again, the lighting and all this kind of thing is still going to be a problem for neuro-atypical folks who are accustomed to using other indices but that are still on the face. So, yeah.

Kristi Erdal: Okay. That is so interesting. I share Heather Horton's love of the self-objectification research and, of course, all the things that Tomi-Ann has been doing in this past year, of course, taking the opportunity as she always does for collecting data in these unusual circumstances. So, we'll definitely get back to this. Hopefully, we'll have time at the end because I definitely want to ask why the default is self-view, but we'll get back there.

So, now, okay, next, the ripple effects from the pandemic extend also to the question of the ethic of care of students. Colleges and universities have wrestled with issues of contact tracing and discipline, test proctoring amid honor codes, and ideas about surveilling students as has been mentioned. Some colleges entertaining mandatory use of Bio-Buttons to trace student contacts.

Kristi Erdal:

In this climate, what gets lost is an ethic of trust and care of students and faculty and staff as well in college communities and an overlooking of potential ripple effects from these choices. For instance, when many institutions eliminated spring break in order to control student behavior, faculty and staff lost preparation time and downtime. And many have had compounded scheduling problems at home disproportionately again affecting certain populations.

When we scrutinize our approaches as institutions even in or especially in emergent situations, we can reveal how students and faculty and staff perceive our institutional responses to crises. And this may reveal messages we don't always think we are sending. This brings us to our next distinguished panelist, Assistant Professor of Sociology, Chantal Figueroa, who I've had the pleasure of sharing a panel stage with before when we were live in our common interests and cross-cultural mental health research.

Dr. Figueroa received her PhD in comparative and international development education from the University of Minnesota and conducts research in global mental health policy. She recently scored the ultimate honor of a faculty member when a student wrote an article in our Catalyst newspaper praising one of Dr. Figueroa's global health course assignments that used critical discourse analysis. So, Professor Figueroa, can you share with this audience a bit about what critical discourse analysis is and how you used it to analyze communications during this pandemic?

Chantal Figueroa:

Thank you so much, and thank you, everyone, for being here today in such a sunny day. I really appreciate it. So, yeah. Just let me tell you a little bit about my work on mental health because, really, my research is focused on how do we define, and what are the values that constitute our definition of mental health.

And so, I come from a place or my theoretical underpinnings of mental health understand mental health in the relational and in the historical. So, instead of understanding mental health as an individual state, something that only one individual has, I really think about mental health in the relationships. What is the relationship I have with my own self, with my family, but also my institutions, my history, my ancestrality, my mother tongue, the land where in which I am?

And so, because of that, I always explore the things that make us be in relationship. And in this case for this class, it was language, right? So, language to me, it's a social practice. Language really reveals power dynamics. It reveals the time we're in and how we're using language. And so, in this class and in many of my classes, I use critical discourse analysis which really looks at language critically and how it's being used to really ask what power dynamics are at play in this text, right?

And so, I do that in mental health policy, but for this class, we took on the emails from the communication about COVID. And I do this in different classes. It's really interesting to see what are the values attached to health and, in this case, maybe mental health, in this communication. So, what we found was that there was no words like community. There was no words like care. And the words that were really actually prolific were things related to one's own responsibility, and that's not new, right?

Chantal Figueroa: Neoliberalism has this particularity of making systemic issues a personal responsibility. So, similarly, what we see in these communications or in the way language is used is that health is understood at an individual level that is individual responsibility, but it's also conceptualized within the understanding of safety. So, instead of thinking about care, we're thinking about surveillance or safety or understanding pandemics in general as an issue of safety is again not new, but it's what neoliberalism does to continue to control.

So, that is how I use critical discourse analysis to understand what are the values behind what we understand about mental health. And that is maybe a question that I have for the panel or for us, is what are the values, and what is the operationalized if that's the word definition of mental health that we are producing at Colorado College, right?

And as much as I find like it makes sense what Tomi-Ann was sharing with us about Zoom meetings and what that does for human interaction, I want to a little bit push back against this idea of this embodiment coming only out of Zoom or out of this virtuality. And I'm not saying that is what we're being said, but really for us to question why is it that we're having to go to class during a pandemic? Why is it that we have to continue to be productive? What is it to have mental health in this particular issue, but also to highlight that for people of color, for queer people to go into predominantly white spaces such as academia is an exercise of this embodiment already.

So, we've already had the experience or have the experience of having to disembodiment ourselves in order to be in specific spaces, in specific industries. So, for example, for me, as a queer Guatemalan scholar to have things via Zoom is actually bringing me mental health in the sense that it's providing boundaries. I feel like the interactions are more honest. They end at the particular time we said. I don't have to have these hallway conversations that could be sometimes violent or have a lot of micro-aggressions. I don't have to deal with those things.

So, my question to us or to understand really what this embodiment means and to take away the exceptionality of this moment, I think like what COVID-19 has shown us, is that we can no longer think of health... or to conceptualize health as an individual issue is a fallacy. Really, now in our faces, we cannot understand health as an individual issue alone. That is not enough to understand how health works actually and COVID has given us that example, but yeah.

So, just pushing back against this idea of disembodiment because of Zoom when actually I feel like what is disembodied is that we have to continue to be productive when we are dealing with grief, when we are dealing with having to be like home teachers for... and I don't have children, but for you that do, oh my god. How do you cope with that, right? And what are we invisibilizing in those definitions of mental health or those values of mental health.

Chantal Figueroa: And so, I think it's a great opportunity. I think what COVID has highlighted is that mental health is an issue that we must be intentional about, and I think that it's a great opportunity if we are intentional and clear about how we define mental health to use mental health as a frame to imagine a more sustainable future to innovate. If we really think of mental health as a lens for innovation, I think we have a great opportunity to create something different, but we have to ask ourselves why are we having to produce as much as if a pandemic is not happening, right? So, I'll leave with that, and thank you again for the space to talk about this.

Heather Horton: Thank you, Dr. Figueroa. Again, questions jostling, but I would love to start with since you talked about the analysis of the communications here in the pandemic, what guidance you might have for institutions as they approach official communications, maybe particularly around crisis moments and things like that?

Chantal Figueroa: Yeah. I think that institutions, I would urge institutions to have clarity as to what is the definition of mental health that they are operationalizing and to see what are the discrepancies between the discourse of mental health and the actual everyday experience and to try to align those two as much as possible because I think that that's what I see a lot at CC specifically. It's like this just gap between what we're saying and the realities of being in this institution, and what they demand of us and the labor we have to produce. And so, having clarity on those values on that definition, yeah, I think that is a really crucial first step.

Heather Horton: And to follow that up, a lot of times after crises, institutions like ours do something like a debrief where we might sit around and talk about how things went. What could we learn to carry forward? And again, I wonder if you have guidance for institutions around how to incorporate that kind of discourse analysis into that process because I think, typically, people are looking at decision points and things like that rather than that more cultural piece of how we create that community? So, I'm really curious about your thoughts on that.

Chantal Figueroa: Sorry. Could you repeat the question? I didn't-

Heather Horton: No, no. That's fine. I was very long-winded. So, as institutions stop to say debrief a crisis, how could they incorporate discourse analysis into that kind of process so that as they move forward, hopefully, they handle things better the next crisis around.

Chantal Figueroa: Yeah. So, I think critical discourse analysis is a very useful tool to get to those values if we don't know what they are. You can employ it to really highlight what those values are and to have a conversation. I do think that mental health shouldn't be understood only in the realm of crisis intervention. I think that's what happens most of the time, but we have to think about incorporating mental health as a thread of the culture of the institution. It's a thread that goes through everything that we do because thinking about it just as crisis or just as very punctual issues, I think will always make institutions have too little for the demand.

Chantal Figueroa: So, if we think about incorporating mental health and prevention and so, at CC, what I see, for example, is really modeling for example a culture of rest most of all. I think of rest. I think CC suffers from commodifying overwhelmed like being too busy and too overworked. That's something that is used as currency, I think.

And so, to actually model rest, to actually model care, to actually have conversations about what actually is happening during this pandemic which is grief, we have lost people we love. We are grieving, and we are being asked to be productive as productive or more productive. I feel like work has just gone 1.5 times faster. And that's going to be a debt that we will have to pay at some point. Our body is going to ask us to slow down and grieve and feel the loss if it's not right now at some point.

So, I think modeling institutionally what rest looks like, what actually taking care of grief, what it means to be a stay-at-home parent who has children to take care of, and think about their education. Well, so working less, less much because I think that is what I see happening. We just have to keep going, keep going, keep going, but why? There is a global pandemic. There is so much loss that is happening. How do we learn to grieve in this moment? How do we learn to care? How do we value? How do we take this as an opportunity to value the care work that is done mostly by femme labor or women of color and value that who is doing that care right now as we are able to, for example, have this discussion, right? And so, yeah I'm going to stop there.

Kristi Erdal: That is so fantastic, Chantal. I'm teaching intro to psych right now. Today, health psychology day. And the punch line is your body pays you back. And at some point, we are going to have to come to terms with all of the elevated cortisol levels, all the elevated adrenaline, all of the elevated telomere diminution that we're experiencing right now in our bodies, and that's exactly what I just came from. I just came from teaching about that 30 minutes ago. So, very, very timely, and I love the connection between what Tomi-Ann was talking about before about the self-view and the self-objectification, and thinking about of course what Chantal's talking about with students of color and LGBTQ students, having that self-view has been, that's life. That's life in the hallways. That's life as well, and that's nothing new.

Maybe, the rest of us are now experiencing similar things as well. And I'd love to get back too also to the values in mental health because I think that's going to be very fluid from what Heather's going to talk about next in terms of what we're trying to do on the ground for students at this moment in time. And as Chantal is mentioning, we're moving ahead. We're pushing forward so that people can maintain their graduation rites and get through the block and do all those things.

And, of course, Chantal is saying, "Should we be doing any of this?" So, I think that's a great question to circle back around to. I love, of course, the work on critical discourse analysis. I really think that looking at what institutions intend to say versus what they are saying is one of those lie detector tests that we all like in psychology, for sure. So, let's get to Heather, and then circle back on some of these questions as well.

Kristi Erdal: So, our final speaker, and then we'll keep talking, of course, in this conversation is Dr. Heather Horton, Colorado College's Director of Wellness to say that she has had the world on her shoulders in the past year would be an understatement given all of the things we were talking about, the testing, the quarantines, and everything. She's in charge of almost all of those things, but she is here because, as a clinical psychologist, mental health remains her home field.

Dr. Horton received her PhD in clinical psychology from Kent State University. And as a clinician and director of wellness at CC, she's going to talk about what we at CC and other colleges and universities have and can still do to support students and faculty and staff during this time. Heather.

Heather Horton: Yeah. Thank you. Well, at CC a year ago, and I think it might even be I think Felix told me a year ago today, when we moved to a virtual distribution of our product as an institution, health, and well-being, and mental health services and programming pivoted to the virtual realm. But we did so maintaining our focus on sort of the components of what helps us to promote mental health and to do things like prevent suicide.

And so, I'm going to very briefly share an image so that folks know what are the things that we do as an institution to try to promote mental health and prevent suicide, and this is pulled from the Jed Foundation which is a national organization focused on promoting mental health among students and particularly among college students.

And so, the things that you see around this circle are incredibly important which already Kristi and Tomi-Ann and Chantal already talked about, the need for social connectedness. We are primates. We need to be connected to one another. And so, the things that we do as an institution around social connectedness.

Identifying students at risk is a really important component which I'll talk a little bit more about. Dr. Figueroa was talking about that cultural piece. We can't say mental health is your thing. Chantal, you have your mental health, and it lives in a vacuum outside of the community's mental health. When we think about things like increasing help seeking behavior, that is founded in a culture of well-being, a culture in which we do say, "I need to rest. I need to take care of myself in this way. I need to be paying attention to myself and responsive. And I also don't need to be perfect."

And when we can set aside perfection, we can say, "I need help in this moment." Certainly providing quality mental health and substance abuse services which again I'll talk about a little bit more, following our crisis management procedures, and I think the work that Chantal has been doing around how can we really think about how we communicate what we're doing in a crisis, what we value and care about in a crisis as we follow, say, some lists and check boxes that we have identified.

Heather Horton: Restricting access to potentially lethal means are really important part of suicide prevention and developing life skills. I think I just turned 52. And so, I'm a 52-year-old woman, and I am still working every day to develop my life skills to help me be as healthy and well as I can be. And promoting that development of skills in students is a really key component of promoting mental health on a college campus.

And so, some of the things that we have done since the pandemic started are things that we were perhaps already moving toward in some respects. The counseling center though pivoted to start providing services to students in a virtual format similar to Zoom and doing consultation. Some of the things that Kristi talked about in terms of crossing state lines and things like that create barriers.

But we already had a program in place called Protocol which is an after-hours service that students can access, and that crosses state lines and even international lines. That's a service that students can always access. We had already just started making sure that there were on that day appointments. We called them walk-in appointments when we were in the counseling center.

And now, you can access an appointment pretty quickly via Zoom. We started in March an embedded counselor program. So, embedding counselors in programs like international student programs and orientation, Bridge scholars, first year or first generation programs so that students have access to someone and can become familiar with someone who provides mental health services. It takes some barriers down not having to make that sort of cold call to an office or a person that feels like, "I don't know who you are. How can I bear my soul to you?" If we have some familiarity, that can help with that.

In the wellness resource center, we pivoted, started trying to do both live programs. We do some live streaming, Facebook live, those kinds of things. We also were really hearing from our students that they were all over the world. And so, to have a program at 3:00 PM Mountain Time might be really difficult for students. And so, we started creating more resources that students could access in their own time. And that included creating a YouTube channel and resources there, expanding our other online resources.

And this January, we were able to roll out a partnership with a company called GRIT for the you.coloradocollege.edu. If you haven't made your account, you should go to you.coloradocollege.edu and make an account. It's an online wellness platform that has tons of information and tools and activities and resources that again students can access on their own time. And staff and faculty, you can create yours too, and you can access those resources also.

Heather Horton: Thinking about that identifying students at risk category on the JED Campus, one of the things that we have been trying to do consistently over the last number of years is what we call Gatekeeper Training, and that's trying to get everybody in our campus community to have essentially literacy around mental health, mental illness, mental health challenge and crisis so that people can identify the signs and symptoms that might indicate that someone is struggling, and that level of comfort creating that culture that Chantal was talking about where I can say, "Hey, Kristi, I've noticed this about you, and I have some concern for you. I care for you. Can we talk about that," and connecting people to the resources that might be useful for them.

The chaplain's office has been doing tons of stuff online offering meditation, contemplative practices, doing to-go kits for things like high holidays and other sort of important parts of a religious tradition's calendar, doing pastoral care in a virtual context. And as we move more toward more things in person, the chapel is now open on a reservation basis so students can go into that space which has often been for many students a place of quiet and calm that even in social distance time, we might not be feeling like we can readily find.

And then collaboration is a really key part of this. And again, everyone else has already talked about, takes a village to create a culture of well-being and offices like campus activities have been doing phenomenal work on trying to provide that social connectedness piece.

The campus activities office has offered a couple of times now speed friending. So, it's like speed dating, but you don't actually have to date the person that you're talking to. And the response to that has been phenomenal because that's what students are needing, is making those kinds of connections. And there's, of course, lots more work that we need to be doing. And that social connectedness piece is happening in the residence halls, but perhaps looking different and feeling different for our students for many of the reasons that Tomi-Ann was talking about, how we actually feel connected to people. So, that's a snapshot of some of the things that we have been doing and can be doing on campus.

Kristi Erdal: That's terrific. That's a lot of work, and I know you've been putting a lot of work into that. There are some really delicious questions coming up in the Q&A, but one that we'll just do a follow up for Heather, and then we can open up some of those other ones. But somebody asked in the in the Q&A, and this is you as a clinical psychologist and a person on a college and university campus, "Do you think that maybe finally that we're talking about mental health during this pandemic that it might actually move the needle on the stigma of mental health as we approach it post-pandemic?"

Most people are understanding that folks are struggling during this time. And do you think that's going to move the needle or are we just going to go back like, "Oh, now, there's no pandemic. Pick yourself up by your bootstraps." What's your sense in this past year as that has changed?

Heather Horton: Yeah. That's a great question because I think at the very beginning a year ago, I thought, "Oh, my gosh. People are giving each other so much more grace and space. And I feel like some of that has dissipated over the last 12 months.

And so, I would like to be incredibly hopeful that, yes, this is going to make that kind of change and that we'll continue to see our mental health, our community's mental health as foundational. If we're not doing well, we can't do all the other stuff that we really want to be doing. We can't be fully participating in that classroom experience or our relationships or whatever that might be.

I'm also really keenly aware of the fact that all of you talked about the way that gender and marginalized identities, race religion, et cetera, have... These were issues for folks before the pandemic. And sometimes, I worry that now that people are sort of saying, "Oh, it's a universal concern that we lose sight a little bit of how things play out differently for different groups of people, and how we might be able to really tie together the things that have come up during the pandemic."

Race in the United States has been an open conversation in a way that perhaps it hadn't been in a long time. And so, I would be really curious to turn that back to you all in thinking about how we might be able to carry forward. Maybe, some of that stigma-busting momentum that we have in ways that could serve all members of our community.

Kristi Erdal: Yeah. I think that's the next test ultimately of our critical discourse analysis of how do we move forward when things are looking brighter in general as we move forward to the fall. How can we take the things? And this is, of course, why we went through a round of recommendations with our panelists. What would you suggest for the future hoping that we can take some momentum of the things that we've learned during this past year and move them forward? That's, of course, the goal. Ultimately, we have to do that.

So, I don't know if my fellow panelists have also been looking in the chat. I'm going to throw out one of the questions that I actually think speaks to all of us, and then, I'll recede, and you all can pick maybe your favorite question if you have one as well. But one of my favorite questions was definitely speaking to Chantal's point and certainly to the rest of us as well.

But given that people are having what we would call mental health issues, and I think we can talk to Chantal about the values of what we call mental health and individuating and all of that, but depression, anxiety elevating in a pandemic, one of our distinguished alums is saying, "Well, isn't that normal?" Shouldn't that be normal to be to think, as what Chantal was saying, we're grieving as a planet.

Maybe, many of us know people who have been sick and killed by this virus. We certainly have experienced the political and social unrest. This moment in time has been enormous for so many people. Why are we calling this mental health problems? Shouldn't this be just how humans experience death, mourning, racism?

Kristi Erdal: And so, I think that's a really interesting question. And, of course, I agree with that totally that drawing a line and saying this is now a mental illness or you're having a mental health problem, or are you just being human is a gray area that my and Heather's field, of course, wrestles with all the time. When is it okay to feel sad and anxious and not label it as a problem that you need professional assistance with?

Tomi-Ann Roberts: Maybe, I'll just jump in. I loved Chantal's discussion of the sort of neoliberal way in which we say that if you are having a problem, of course, it's your own individual problem. You're failing to stick with the program of the chronic work culture, right? And so, I think that I am so moved by what you're saying there, Chantal, and it's been increasingly evident to me in my teaching and I hope I carry this. When we're not doing it this way that there are work demands that we make of one another that put us as almost like a cog in a wheel that we never bother to question from on high.

So, in other words, what is it that I want my students in CC 120 to learn, right? And how much of that learning can actually be bolstered by the fact that we can all... Five of us are in China. One of us is involved. How much of that can actually be improved by the fact that we can bring ourselves if we have decent broadband. We can bring ourselves to this question.

And then, I've learned that I'm trying to let go of some sense that they need to show me how hard they are working that will somehow be evidence that I'm delivering the proper education. And instead, we're working on much more lower stakes assignments that allow students to make choices for themselves. What will I be able to get out of choosing one of these low stakes assignments, et cetera, et cetera? And then spending our time together, together.

Kristi Erdal: Yeah. I think what's interesting is consistent with some of the other questions that are coming in too about isn't this really a natural human reaction to everything that's gone on, not just the pandemic and loss of life in that regard, but also the political strife of the country, the social issues that are not new, but elevating themselves to public discourse.

And in contrast with another Q&A individual wrote, but work still needs to be done, and that's the mantra of if we're fighting against falling behind or something like that, we still need to keep moving forward. And I think those two questions represent exactly what everybody is dealing with right now. We feel like we need to move forward why as Tomi-Ann is saying, "Why I'm not really sure?"

We're not taking a break. We're not necessarily doing the healing like some of the other questioners have mentioned as well, and Chantal had mentioned before. So, I was thinking about the courses that I've taught this year, and I've had the advantage to teach most of my courses in-person this year, and it was taxing. It's quite taxing for students to wear the masks and do the distancing and filter in and filter out in different ways and not necessarily have the same experience, but a valuable experience.

Kristi Erdal: And at the end of the class, I know that we were all more exhausted than usual on a Block Plan class which is usually quite exhausted. And I have been definitely in a place where I have been rethinking all of my assignments, all of the push, push, push, forward, forward forward, revise, revise, do this, submit, red pens, the whole thing.

I've absolutely been rethinking that certainly for this moment in time, hopefully, for forward-looking about how the care, the care of people who are clearly undergoing an international event, a national event, and for certain of our students, layers of history events that are coming to the surface.

And so, it's been a good moment in time for me to reevaluate even the just the tenor of the pedagogies I use which has been revealing.

Heather Horton: And I think that question about isn't this normal, we're having a human reaction to a situation, and it just reminds me of how we often think about, for instance, trauma and trauma reactions. People don't talk about just a trauma response in normal community nomenclature. People are like, "Oh, PTSD." We've pathologized something that is a normal. In the first four weeks after a trauma, we all tend to have the same responses. And it's the pathology of our culture actually that tends to contribute to those problems, those responses becoming maladaptive for us.

And so, when we think about the pathologization, am I saying that word right, of different kind of gendered ways of communication. Tomi-Ann was talking about the rapport style of communication versus the report, the expression of emotion. As a woman in a work setting, I find that I'm frequently sort of told, and I'm a pretty expressive person. I'm frequently told that I need to get myself controlled. Why? That's my natural human response.

And it is natural for us, but we have it paired with the pathology of our communities that tell us we have our stuff together. We should be working productively. We should be whatever which stops us from being responsive to how we're feeling, and what we're experiencing. And if we could normalize the being responsive to ourselves, then, we move toward healing so much more quickly. That's my thoughts about that.

Chantal Figueroa: I think, for me, this question of understanding if something is like my human reaction or it's a systemic issue is an important one because I think that feeling the stress, feeling anxiety, depression can be I want to say, red flag, but that's not the word, like something to pay attention to that is telling you, like your instinct telling you that something outside of the system you're in is not working for your own wellness.

And so, that's why I think we have to understand mental health is a political issue, and it's a political issue tied very intrinsically to oppression because trauma has been used and continues to be used as a tool of oppression. People of color are disproportionately affected by trauma on purpose. And so, what is it about my feelings of anxiety or depression? What is it telling me about the system that I'm in? And do I have to self-modulate or do I have to have social justice.

Chantal Figueroa: And so, that politicization of mental health to think about what are the systemic issues that bring forward suffering, and I think for me what this year has taught me or has revealed itself is that capitalism and specifically racial capitalism thrives on suffering. It thrives on people of color mostly, black people, indigenous folks suffering, queer folk suffering.

And so, I tell my students like, “We are in a very specific moment in history where we have the most inequality in history like the pandemic has produced a trillionaire. So, capitalism is alive and well. And what about our mental health and our wellness? Are we sacrificing to keep that system running?”

And when I look at how CC has adapted to the pandemic, what I see is more work, more blocks. Now, we’re teaching nine blocks. What is that correlation? That’s what I’m saying. What is the definition? What are the values that are attached to being mentally healthy at CC? What is it that the institution is producing in us, and who is not here, because they weren’t able to cope so that they could be here to tell us?

So, I think that again we need to politicize, understand that mental health is political, and that it goes hand in hand with social justice because trauma is a tool of oppression. And so, that’s why I don’t like the conceptualization of stigma because that, again, individualizes an issue.

And I think for people of color, a big of the issue is that the resources that we require are not available. It’s like there’s literally a lack of therapists of color or therapists that understand systemic oppression to actually help the intersections of people who are living multiple oppressions at the same time.

So, I think we have to be very critical and have an anti-racist lens also into what we define to be mental health in this moment that has highlighted how abusive capitalism is and how we are still here sustaining it. It didn’t go away. It continued and now, we’re all working 180%, it feels like.

Kristi Erdal: Yeah. I heard a metaphor whether or not you said it or I just made it up. I’m not sure, but about pain. Physical pain is a warning shot. It’s a message to us that something is wrong in the body that needs to be paid attention to. And the whole no pain no gain, that’s all, of course, BS. So, it’s an indication that something is wrong and what is wrong, and let’s attend to it.

And so, psychological pain is absolutely the same thing. Something wrong, what is it? Is it at the individual level? Is that the mourning of a particular person? Is it looking at our systemic world and seeing all the inequities. Is it the loss of half a million people in the United States?

Depression and anxiety are messages and are messages to tell us that you’re experiencing. As a human, you’re experiencing something that needs to be paid attention to. And I know what Heather was talking about for with all the resources and things like that, is at the end state of that, we want to, of course, prevent the worst case scenario which is a loss of life due to a psychological problem, and there’s professionalization, and things like that in place.

Kristi Erdal: But I think if we wrap this all the way around, is everything that we're experiencing, college students, faculty, staff, everybody else listening is a shot across the bow of something, and what it might be personal mourning. It might be revealing as Chantal said before, revealing something that was always there, reminding us of things that are always there as well.

So, I think that kind of metaphor of pain is it needs to be attended to. We're not feeling this out of any sort of uniqueness or misunderstanding of what's going on. Tomi-Ann, I'm not sure if I jumped on you before. I'm sorry if I did. Oh okay. I thought I saw you getting in on it. Was there other questions? I don't want to certainly manhandle this Q&A. Other questions that rose to the surface for any of the panelists that you'd like to address? Heather, did you see one?

Heather Horton: Looks like Tomi-Ann unmuted. So, I'll let-

Kristi Erdal: Oh, okay. Go ahead.

Tomi-Ann Roberts: I am muted only because I think as somebody said in the Q&A, there's work to be done, right? So, Chantal, here we are, a small liberal arts college. People often call colleges like Colorado College Elite. And in order for me to keep doing my job, we need students and their parents to keep paying tuition. So, what are we going to do? Well, we're going to add some blocks to enable us to be able to collect that tuition and to be able to allow students to create the schedule that's going to work best for themselves especially given that some of it might be delivered remotely.

And so, away, we go. Here we go. We become trapped in a system that requires money to carry on. And what would happen if we stopped for a moment and said, "We're going to rest. We're going to rest."

Kristi Erdal: Yeah. I mean, of course, just the very small example of let's take away break, let's take away spring break in order to accomplish one goal making another goal unaccomplishable. So, yeah. I think what Chantal had mentioned before and we've all kind of touched on is the values. What, of course, is the operational definition of mental health as an individual, as a community? And are we all defining it the same way? No, I don't think so.

And, of course, what are the behaviors that come out of different peoples or institutions or powerful people in institution's definitions of mental health, and what are the consequences of those for others who don't share that same definition. So, I think those are some really interesting questions moving forward, for sure.

Heather Horton: And if I can piggyback off what Tomi-Ann said around what would happen if we were to say we're going to rest now, we're going to do things, it relates to a couple of questions in the Q&A. And someone had asked about as someone who's experienced a lot of grief, it's hard especially in these times perhaps to find space or create space for grieving.

Heather Horton: And so, I wanted to give a shout out to Kate Holbrook in the chaplain's office who does offer a grief group for folks to join and to be in a space together with other people who are grieving. And I think that's important, and I know there's a ritual that is planned. I believe it's going to be happening next week that Kate and our elder in residence, Debbie Howell, will be facilitating marking the enormous losses of life that the pandemic has brought and creating some space for folks.

And I think it is important for us to think about things like rest, things like how human cultures have had ritual to manage things like grief for all of time. And we have lost connection with that. A lot of folks who lost people in the pandemic weren't able to go home for a funeral or to participate in a big memorial service for someone.

And so, the pandemic has challenged us in terms of our engagement with ritual so that we can grieve and recognizing that is a process that does this. So often in our society, we're so linear in our thinking, like, "Yup, I'm grieving now," but at some point and, hopefully, it's tomorrow, I'll just be better whereas mental health well-being, grieving, healing are all these often sometimes cyclical. How do we learn how to help each other ride those waves and to try to spend more time if we were to think about a continuum of well-being, how to spend more time on the side that feels healthy for us and allows us to be as engaged in our life in our world as we can be and less time on the crisis and in that?

Kristi Erdal: Yeah. I was thinking when you were saying that about grieving, we all know if you've lost someone, grieving is not linear. We think it's going to be, and then realize not at all, it never is. And it's two steps up, one step back, and things like that. And there are people grieving in, of course, for loved ones and many loved ones and families, and there's people grieving in smaller but meaningful ways, like, the loss of their senior year and the loss of their expectations of what this place and any place, a college, university would have provided them in their year.

And so, from the small to the big, there's grieving in very many different ways that is absolutely not linear, and I think it was Heather that said before, "If we come out of this with a bit more empathy," one of my dear colleagues in psychology taught me years ago everybody's got something. Everybody bears a cross of something, and you might not see it. You might not know what it is, but everybody's got something. And I think if this connects to that other question that you were asked about the culture stigmatizing mental illness, and things like that, if help seeking and psychological what we call the [inaudible 01:14:25] symptoms are elevated as a bit more understandable and normal would that be a small silver lining to come out of the pandemic.

I think we have a few more minutes. I want to tell the audience, of course, we're to go to 2:30. So, we're certainly not going over right now, but I do want to make sure that the panelists are able to address questions that might have seen in the Q&A or certainly make some points as we go around.

Tomi-Ann Roberts: I wanted to contribute one thought as we're thinking of things we can do, right? Obviously, it's very important for us to take a critical look at things like messaging and the work forever and all of that is important. And one of the things I've been trying to encourage my students to do is to find ways to get back with the friends you'd hardly know.

A lot of us are missing the people we don't know well. And I think we have a lot to learn from sociological research that shows that weak ties are some of the most profound contributors to our well-being, and we don't know it. And so, for some of us, this pandemic has reminded us that what we miss is passing a gentleman named Don who is responsible for the custodial service of our building, and I very much miss passing Don in the early, early morning hours and having a short exchange with a weak tie.

And so, to the extent that you are safe and able to do so, I would encourage you to wear your mask or your double mask and go and enjoy those weak ties that so many of us have not been able to interact with because, yeah, studies show that our connections with weak ties are very... They contribute a great deal more than we anticipate to our well-being.

Kristi Erdal: And there's many people talking about that in the Q&A not necessarily using the word weak ties, but how are we recreating or how any colleges and universities are recreating the ability for students to have social spaces in passing not necessarily because they're in their pods, and they're in their houses, and they're in their areas where they might have very consistent, maybe too consistent to be with this people all the time, but how are we, if at all, able to provide these casual meetups in a library. It's been very, very trying to do that.

I know that student life has attempted many different programs new this year to try to encourage that, but that's a lot a lot of what people are talking about in the Q&A, are these recreating social spaces. What about introverts? What about transfer students? Obviously, some very specific questions, but they all come to the same place of what can a college, any college or university do to help promote that, and while maintaining all the rules and regs that we've come to understand are somewhat necessary.

Heather Horton: Yeah. What Tomi-Ann was talking about really connected to me for a question from a parent of an introvert, and what are some easy on-ramps and some places that would be easier because if you're an introverted person showing up at that student org, online virtual meeting might sound incredibly overwhelming. And so, things like maybe that speed friending event or really digging into those looser ties, those weaker ties, students go to get a meal a few times a day. And, historically, our students have told us how important the folks who swipe their card at Bon Appetit that they know them, and they care for them, and they say, "Hey, how are you doing?"

The digging into those kinds of connections might be really important for an introvert so that they're feeling some connections that gives them some energy to go into those harder spaces too.

Kristi Erdal:

I'm sorry. I'm distracted by the by the Q&A at the moment. One of our wonderful alumni, Ryan, what he wrote was one of the quotes from abnormal psychology which I teach, of course, which is on mental illness, and we are not hardwired to doubt the veracity of our own experience, and that has always been true. Our brains are not set to take our experience and set it aside and automatically try to understand something in a different way or see something in a different way. We have to work and work and work at that. We can't necessarily do that automatically.

And so, I was thrilled, thrilled to see Tito. That's awesome. Okay. As we end up, what kind of closing remarks? I will say that this was such an honor to moderate this group. I hope all the listeners, I know that we've lost a few in the last half hour, but all the listeners came away with maybe a deeper sense of the issues in pandemic-related mental health. We were not talking necessarily about depression and anxiety this whole time or suicidal ideation even though that certainly is something in the back of our minds, but we had, I think, a bit more deep conversation about the research going on at this time, pedagogies, of course, that we're using on the ground work that's happening with Heather.

And even though the focus was on higher education, we hope that anyone who was listening was able to take away something for their own work or their home life and consider the issues that ripple from the virus mitigation strategies, of course, that we've all been subjected to. So, before I give a final thanks, would any of the panelists like to make a final remark?

Chantal Figueroa:

I just wanted to highlight as we rush towards coming back to campus and being in person and a little bit pretending like this has not changed us forever always. I just wanted to highlight the possibilities that Zoom, for example, has provided for access, accessibility for as I said, I think boundary settings especially in cultural spaces where your identity is your productivity, to me, the ability that at 2:30, I can leave, and then is about boundaries, and I think a lot [inaudible 01:21:59] about mental health strategies specifically at CC from the research that I've done is how to successfully have boundaries and how to successfully say, "This is work, and this is as much of myself that I'm going to give or not."

So, I think it's a great moment in history, I think, to really be critical about mental health and also about how do we put boundaries in our work setting, and naming it. We shouldn't look for everything in CC because it's only one part of who we are. It's just a professional part. Even as a student, your work is to study is to learn, but actually college is for you to find out who you are. It's not only what happens as a professor it's all of those other 21 hours away that you're mourning right now probably.

But I think I want to leave this conversation so that we think about healthy boundaries and how to articulate those in a system that what it wants is to extract labor from us as much as it can, and it's not just you see it's just everywhere. So, that is, what, yeah [crosstalk 01:23:08]

Kristi Erdal: I'm already going to say, Chantal, that's the next CC conversation that [crosstalk 01:23:15]. Absolutely [crosstalk 01:23:17] issues work life balance. That is a whole hour and a half at least that we could talk about that from sociology and psychology. I'm right there with you. Speaking of boundaries, we're going to have some time. We want to make sure that everybody has their time. I want to make sure that I thank Felix and Naomi and Erica and Don and Jeff and all the folks in CC communications who frankly wanted to tackle this topic. We were asked to do it, and we're really proud that our own group wants to be critically evaluating how Colorado College does things, and I think that says volumes.

Kristi Erdal: Tomi-Ann, did I step on you?

Tomi-Ann Roberts: I wanted to just build a tiny bit off when Chantal said and to say that one of the things that I also hope we do is to recognize one of the things I know that I miss, I miss the people I don't know very well. And another thing I miss very much is the transitions that happen when I bring my body from a location to another location.

Tomi-Ann Roberts: And so, I think I hope when we come back, we recognize how valuable those transitions are of bringing our bodies from our home to a place where we're working, bringing it back home, bringing our body into the classroom, bringing it into our office, et cetera. And I am looking forward to being more mindful about the ways in which I can enhance my sense of my boundaries by recognizing how important those transition moments are, those times when I'm moving from one space to another because, right now, it feels like it's all work all the time in my own home.

Kristi Erdal: Yeah. So, we're all going to be on that next panel about boundaries and transitions. Just stay tuned, everybody. [crosstalk 01:25:14] Thank you, everybody. [crosstalk 01:25:16]

Heather Horton: Thank you so much.

Chantal Figueroa: Thank you.

Heather Horton: Thank you [crosstalk 01:25:21]

Chantal Figueroa: Thank you, Tomi-Ann. Thank you, Kristi.

Kristi Erdal: Thank you.