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When We Cannot Be Healthy: Chronic Illness and Self-Care for Student Affairs

Carly Rose Bidner

Professionals in student affairs have created a dominant narrative of self-care that often emulates a mindset designed for practitioners who are able-bodied. This article explores the ways the field of student affairs conceptualizes self-care in connection to being a field that idealizes being overworked. The paradox of self-care and overworking often privileges able-bodied individuals and does not encompass a universal definition of self-care. This article highlights the ways in which individuals with chronic illnesses complicate the narrative of self-care in student affairs. This piece of scholarship explores my experiences with Crohn's Disease as a new student affairs professional and problematizes the ways I was taught to understand self-care. My hope is to create a new perspective, one that embodies holistic ways of being, for our field to engage when discussing self-care.

As a new graduate student and paraprofessional in student affairs, missing meetings is not on my list of ways to effectively do my job. I spent the night before an important meeting preparing my notes, emailing members the meeting agenda, and checking in with my supervisor. Although I completed all the tasks I was given, I missed my meeting. I woke up at six o'clock the next morning with my head in the toilet and a body full of shame and disappointment. I do not often miss committee meetings; however, this morning was not unlike many I have on a regular basis. I have many mornings like this, filled with nerves and anxiety as I sit in the bathroom praying my sickness will pass in time for my meetings. During these moments, I consider the doctors that encouraged me to take stress-free jobs, the countless conversations of worry with my mother, and whether my body can handle the water I keep next to the bed.

Carly Rose Bidner is a first-year graduate student in the Higher Education and Student Affairs Administration (HESA) program at The University of Vermont. She received a Bachelor's of Arts in Gender and Women's Studies along with a minor in Education from Mount Holyoke College in South Hadley, Massachusetts. Carly's practice and scholarly interests include LGBTQIA student development, Women's Colleges and student success, as well as social justice education within predominantly white institutions. She wishes to dedicate this scholarship to all her mentors at Mount Holyoke College for their constant support and guidance throughout her journey to student affairs.

These experiences and thoughts are one of many that I endure living with Crohn's Disease. Crohn's Disease is a chronic inflammatory bowel disease that causes severe inflammation of the gastrointestinal tract. The embarrassing symptoms caused by this disease include persistent diarrhea, rectal bleeding, chronic fevers, abdominal cramps and pain, prolonged and uncontrollable vomiting, and fatigue. Aside from the more clinical symptoms, my Crohn's Disease affects my ability to engage in exercise, alcohol consumption, late nights out with friends, travel, and general spontaneity. My constant need to plan for my unpredictable body often prohibits me from engaging with my life in the ways I knew before getting sick. Under this backdrop, starting a career in student affairs poses many challenges.

The symptoms of my disease make it nearly impossible for me to feel competitive within our field. In student affairs, we often compete for recognition of who is most overworked. For example, recognition for who worked the most overtime at Spring Weekend or who had the latest evening duty call. As a result, student affairs privileges overachievers and busyness. In a field rooted in this hectic culture, it is easy to feel as though I have fallen short. Despite the phenomenon of being overtly occupied, student affair professionals simultaneously construct a rhetoric of self-care and work life balance. Our field often functions under the notion that if we are not doing everything, we are doing nothing. Simultaneously, student affairs professionals are expected to role model self-care through our engagement with our students and ourselves. When introducing wellness within student affairs, Beeler (1988) writes, "The paramount goals of self-care promotion are to teach that we have an obligation to live judiciously and to foster health-enhancing environments" (p. 7). This definition centers wellness and self-care as not only an individual act for professionals, but as a goal to promote and encourage for students.

With self-care at the core of how student affairs professionals are encouraged to engage students, we often romanticize self-care and create a work environment that does not acknowledge the time and space needed for self-care to take place. Student affairs has created a paradox of self-care. By exploring the conflicting narratives that the field offers about self-care, I hope to uncover how this dominant narrative of self-care is unattainable for some. This article will also reveal how self-care within the field of student affairs is approached from a position of privilege. Rendón's (2014) *Sentipensante Pedagogy* offers the idea that wholeness within self-care will provide a new framework for engagement and highlights the importance of disability and other marginalized identities.

Sentipensante and Self-Care

Dominant narratives of self-care constructed within student affairs are often focused on a separation between our work and selves (Miller, 2016). Self-care

is the time and attention we are meant to give ourselves and our bodies away from our work. Miller (2016) asserts, that as professionals, we constantly decide between the work we strive to do and the time we require for ourselves. Through Miller's interpretation, self-care is seen and understood as a binary; either you work or you practice self-care. This duality perpetuates the notion that to practice care and compassion for ourselves, we must disconnect from our work and disconnect our work from ourselves. In doing so, we separate who we are from what we do.

Living with Crohn's is not something I can turn off or disconnect from. I do not like to think of Crohn's as something I have or hold, but rather as a part of me. I am unable to bring my whole self to my work and with students without bringing my Crohn's. I engage with both self-care and work because I cannot leave one at home and the other at the office. Rendón (2014) would refer to Miller's (2016) method of self-care and it is widely accepted practice in student affairs as an "agreement" for the profession. Agreements function as the unspoken laws or values that certain groups and institutions subscribe to as their dominant narrative. In the case of self-care within student affairs, some agreements include the agreement to privilege overachieving and busyness, and the agreement to separate self-care from the work we do.

I am unable to subscribe to these agreements. Separating work and self-care requires that I abandon the physical aspects of my disease while I engage in my work. Therefore, I am a less holistic professional and person. At the core of student affairs rests the hope of developing holistic students (Dolton & Crosby, 2011). Wholeness refers to the self being fully present within all aspects of the work as we engage students and our campus communities (Dolton & Crosby, 2011). I believe this understanding of wholeness applies to the students we work with and for ourselves as well. Miller's (2016) identification choice of self-care, having to either engage in work or engage in self-care, emphasizes the challenge of being holistic in our work and personhood.

Rendón (2014) defines "Sentipensante Pedagogy" as the "acknowledgement that two seemingly opposing concepts are actually two sides of a larger reality" (p.135). In thinking about self-care within student affairs engaging in work and engaging in self-care are treated as opposing factors. Rather than seeing both as an equal sum of what makes us thrive, we separate who we are from what we do. Seeing both acts as a larger part of what makes us whole as professionals can help to create a new framework for understanding self-care within the field.

When We Cannot Stay Healthy

When I missed my important committee meeting, I was met by colleagues with

messages to stay home and take care of myself. Although not exclusive to student affairs, notions of staying happy and healthy are common encouragements I hear from colleagues and classmates. This narrative promotes the notion that we must come to work healthy to properly engage and that we must take care of ourselves first and foremost. Although keeping ourselves healthy is crucial to do the work that we set out to do as professionals, this narrative is both frustrating and privileged. This construct of health privileges those with bodies that can be managed under general circumstances and bodies that respond to rest and wellness in the dominant ways they are imagined. Being told by colleagues and classmates to take care of myself and be well places a pressure on me to feel and be in ways that I am unable.

As a profession, we treat self-care as the act of doing and giving ourselves what we need to feel and be okay as we navigate the world. A colleague once told me that self-care is like taking care of a puppy: A puppy needs sleep, exercise, social interaction, rest, and healthy food to grow and thrive. This notion of self-care does not account for me or other colleagues who have marginalized identities prohibiting us from experiencing self-care in this way. The agreement to be happy and healthy in our work ultimately asks professionals suffering with chronic illnesses to find health and wholeness in ways that are unfair, taxing, and sometimes impossible. Because of Crohn's, I am unable to stay healthy regardless of my efforts and it becomes exhausting to reassure my colleagues as they desire for me to achieve a health status out of my control.

This opposition extends beyond just those with disabilities, but for any professional facing systematic oppression due to their race, gender, sexuality, religion, socioeconomic status, and other marginalized identities. The idea of taking a break from work or asking a supervisor for more time on a project to practice self-care comes with social markers and privilege that not all in the field benefit from. I acknowledge my White privilege in navigating my disability, as I have the power and privilege to be sick and not have my inability to perform conflated with my racial identity in a racist society.

Living with a chronic illness means that my body is out of my own control. I can take my recommended medications, sleep nine hours each night, eat the proper foods, socialize with friends, and still miss a meeting the next morning. Self-care is, in many ways, not possible for me because the act of taking care of myself means nothing to my Crohn's disease. The paradox of self-care within our field does not account for professionals like me who are unable to experience normative narratives around self-care and work life balance. Student affairs professionals must begin to construct a new narrative of self-care that no longer envisions work and life as a balance, but rather as two aspects of what makes us whole (Rendón, 2014). This culture shift can come from demystifying self-care

and moving away from creating a story of self-care that is always positive. Self-care can mean the engagement of giving into the self in its entirety.

Within my experience with Crohn's Disease, a day of self-care can mean detaching from trying to take care of myself. My body is unpredictable and will often not respond to breathing exercises I attempt or herbal teas I pump through my body. Constructing self-care for me means letting my body and flare-ups of sickness run their course as I withdraw from the pressure to always be at my personal best. Learning and accepting that some days I cannot function as my best self because of my illness is both welcoming and liberating. To me, this is how I can engage in self-care.

How Do We Go On?

If the current agreement of self-care within student affairs does not account for true wholeness to those with differently abled bodies, the question becomes: how do those with chronic illness take care of themselves within our field? One way to simplify this dichotomy is to avoid generalizations regarding practicing self-care. For example, being told to take care of myself is often more exhausting than encouraging. My body is its own vehicle and my practice of self-care has little to no control over how and where it will go. When models practicing self-care (as in the example of taking care of a puppy) fall short, it is easy to feel as though I have failed to take care of myself as opposed to acknowledging that self-care does not always equal a desired outcome. In many ways, self-care for the sake of trying can be a positive enough outcome.

Every day with Crohn's is a battle against my disease, and refusing to engage with self-care when my body will most likely not respond in the ways I want is in many ways an act of defiance. Every day I come to work and every day I am sick, I resist the idea that self-care creates a healthy and whole person. For me, self-care can mean taking a day to let my Crohn's win rather than a fight to keep my body healthy. By refusing to engage the agreement our field has constructed surrounding self-care, I often take not only days, but also moments of each day to let my Crohn's take over. Because of Crohn's, seeing self-care and work as equal parts of what makes me whole not only makes me act and feel more holistic, but liberated. This empowers me to see my disease as an aspect of how I engage in my work. Viewing self-care in this light helps me engage with my students in a way that is more honest, authentic, and more importantly, inclusive.

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