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BREATHE

Helping Students with Mental Disabilities- and Helping Yourself

By Miranda Cundick

Abstract: 1 in 5 people in the United States suffer from some sort of mental illness; it follows that *at least* 1 in 5 students that we tutor would as well. College can be stressful, and as tutors we can help alleviate some of this stress by being mindful of and informed about the many mental health problems USU students can face- and by learning how to help.

Key words: Mental health, Anxiety, Mental Illness, Stress

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Breathe

Helping Students with Mental Disabilities- and Helping Yourself

I tried to smile at the girl next to me at my desk, but I couldn't. My hands were shaking. My head was pounding. I felt numb, yet the hollow in the pit of my stomach was hurting me.

All of these symptoms are regularly used to describe distress in the books I like to read. And for good reason- they are all authentic indicators. However, in this instance my own particular little demon was acting up at the same time as all of my other symptoms- it isn't unique, but neither is it a *normal* response.

My breathing was quickening. It was shallow at first, then moved rapidly into deep, panicky gasps of air. The nerves weren't going away. My mind was playing over and over in my head all the terrible ways I could fail at this. And all the while, I tried to keep talking.

"That's- that's great! We'll-" *gasp*- "we'll look at that, and, um-" *gasp*- "we'll fix..." I paused, clapping my hand compulsively to my nose and beginning to rub the bridge of it raw. "Would you- uh- would you mind telling me again what the name of the assignment is?"

I began to fan myself with my free hand.

I felt a deep sense of shame as I tried desperately to compose myself in front of a student who I could tell was unimpressed with her tutor's inability to get a grip. The familiar feeling of my fingers against my nose and the rush of air from my makeshift fan was calming me- my head

wasn't spinning anymore. However, I knew that my coping mechanisms were making me look incredibly stupid.

And there wasn't anything I could do.

The American Psychiatric Association describes mental illnesses as “health conditions involving changes in emotion, thinking or behavior (or a combination of these),” and adds that such conditions are “associated with distress and/or problems functioning in social, work or family activities” (Parekh). This definition certainly rings true to me. I have been an awkward and nervous girl my entire life- however, I was not diagnosed with ADHD or Social Anxiety until I turned 16 years old. I was not officially diagnosed with OCD until just this past winter. For years my organizational quirks, high-strung emotions, compulsive behaviors, and unconsciously rude manners were taken as vices I was supposedly “just too lazy” to quit. Because of my experiences, I know very well just how debilitating and humiliating high-pressure situations can be. If I felt helpless sitting in a position of knowledge and validation, imagine how nerve-wracking coming in to share work can be for students, many of whom suffer from some of the same mental health issues that I do. About 19% of U.S. adults suffer from some kind of mental illness, which means that around 1 in 5 students that we tutor here at the Writing Center are very likely experiencing some level of mental illness-related discomfort (Parekh).

Although I got better at hiding my reactions, for the first couple of weeks at my new job I suffered acute symptoms of anxiety nearly every time I conducted a tutoring session. However, one day I tutored someone who displayed some of the same behaviors I did (ADHD jitters and shallow hyperventilation). I went almost mechanically into reassurance mode and began to employ some of the strategies that my friends and family had used to help me feel more at ease. I gave the student a little space and started asking simple questions, pausing so the student could

answer and making sure to speak in a more relaxed tone. As I was doing this something odd happened. I began to relax and regain some of my confidence in myself and in my abilities. Why was this?

My experiences with mental illness have made me remarkably well-informed about different degrees of illness, the ways in which they manifest, and some of the best coping mechanisms to use. These things were hard to remember when I was having a panic attack. But by reminding myself of what I knew for the sake of the student I was tutoring, I was actually able to calm myself down and give myself the boost of stability and confidence that I needed. That is the remarkable thing about learning to help other people with their problems—oftentimes you end up finding solutions to your own along the way.

By increasing awareness of and education about mental illness and the various ways in which it can manifest, I firmly believe that USU tutors can both increase the amount of assistance which affected students receive and, in turn, become more focused and confident themselves—after all, as my roommate loves to remind me, “we all get crazy sometimes.”

As the aforementioned definition stated, mental illness can get in the way of a lot: effective job performance, enjoyment of time with friends and family, and communication in social situations. However, there are also many different *ways* that mental illness can prevent meaningful and effective progress.

Anxiety, according to the Anxiety and Depression Association of America, or ADAA, is the most prevalent type of mental disorder in the United States, affecting some 40 million adults. Anxious feelings are very common and natural. However, for people affected by an Anxiety disorder, feelings of “fear or worry [do] not go away and can get worse over time” (Jovanovic et al.). The feelings of intense concern which Anxiety can trigger often interfere with important

daily activities and cause extreme emotional pain to people who experience such sensations.

Anxiety-related mental illness often prevents people from being able to connect with and build relationships with others. My social anxiety often prevents me from participating in activities and conversations which I would very much enjoy, and heightens my feelings of loneliness.

Some of the more obvious outward signs of anxiety-induced episodes (indicators more likely to come up during a tutoring session) include a wide-eyed, vacant expression, excessive sweating, a refusal to make eye contact, and a flushed or unnaturally pale complexion (Jovanovic et al.). Students prone to anxiety might express more than a normal level of fear or unrest about events or feelings discussed in their papers, to the point where such feelings might impede the success of the session. Such students might also express distress about their grades, their professors, or their ability to competently write—really anything meriting distress or uncertainty.

OCD is a specific and distinct type of anxiety-induced disorder characterized by obsessive thoughts which are generally relieved through seemingly irrational acts such as perpetual hand or face washing, exercise, or, say, rubbing the bridge of the nose raw. People with OCD often know that their compulsions are irrational, health-damaging, and/or odd-looking, but cannot receive relief from their perpetual obsessive thoughts any other way. A student with OCD might get up constantly to sanitize their hands or repeatedly check their bag. They might also be constantly distracted by or show signs of irritation at scattered papers or asymmetrical organization.

ADHD is commonly portrayed by popular fictitious media as an amusing propensity for hyperactive behavior common mostly among children and squirrels with caffeine addictions. However, ADHD is not merely (or, really, at all) an amusing personality trait, neither is it confined to the realm of children. In fact, “more recent research... suggests that ADHD persists

into adulthood in a high proportion of cases” (Simon et al.). ADHD seems in many cases to be genetically inherited. It is at times characterized by extreme, continuous, and almost unconscious movement, excessive talk, and constant, vocalized distraction—think Doug the dog from the Pixar animated film “Up” and his constant sightings of “Squirrel!” However, ADHD can also manifest itself as what is known as “inattentive” ADHD, which is characterized mostly by constant, but silent, distraction. A student with a more inattentive type of ADHD might, for example, stare for long periods of time at a fixed point on the desk, wall, or computer- even their tutor's face- and then register no memory of advice which could perhaps have lasted for full minutes.

As widely different as many types of mental illness can be from one another, there are some very straightforward strategies for helping students with mental disabilities which are fairly universally effective. For example, the National Alliance on Mental Illness, or NAMI, suggests removing significant distractions, attempting to find common ground, and easing more gently into a discussion than one might otherwise do. They also recommend ensuring that the conversation is straightforward and that one concept at a time is discussed. This reduces the possibility of the student growing overwhelmed and either panicking or giving up on paying attention.

To these suggestions, I would add that it is important to maintain a balanced level of conversation. Giving the student time to talk and explain their thought process, even if they might take a little longer in doing so, can go a long way towards providing a comfortable and safe environment where the student feels secure enough to share and analyze their writing. Constantly ensuring the student has time to talk also reduces the chance of long-term distraction in more inattentive or hyperactive students. Since many students with mental disabilities are

hypersensitive—both emotionally and physically—it is advisable to keep one’s chair farther away and then to lean forward to signify engagement and interest. Very close proximity can often unnerve a student, and many are too shy, embarrassed or inarticulate to express this openly. Lastly, although I myself struggle to maintain eye contact and a smile, such nonverbal social cues are often easier to read than unsure attempts at small-talk for a student unfamiliar with the more complex aspects of human interaction.

While integrating the abovementioned strategies into my interactions with students who seem more mentally disengaged or anxious has been the main focus of this essay, I have found that slowing myself down and checking to ensure that the student has the opportunity to comment and clarify has helped me to have more productive and calming encounters with *all* of the students that I have tutored. The truth is that although many students here at USU have formally diagnosed conditions, everyone gets nervous sometimes, especially when sharing something as personal and private as their writing with a complete stranger. Being more mindful helps everyone. As I said before, remembering what calms those I am trying to help keeps *me* calm. The thought reminds me that it’s alright to stop for a moment. It’s alright to collect myself.

It’s alright to slow my breathing.

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