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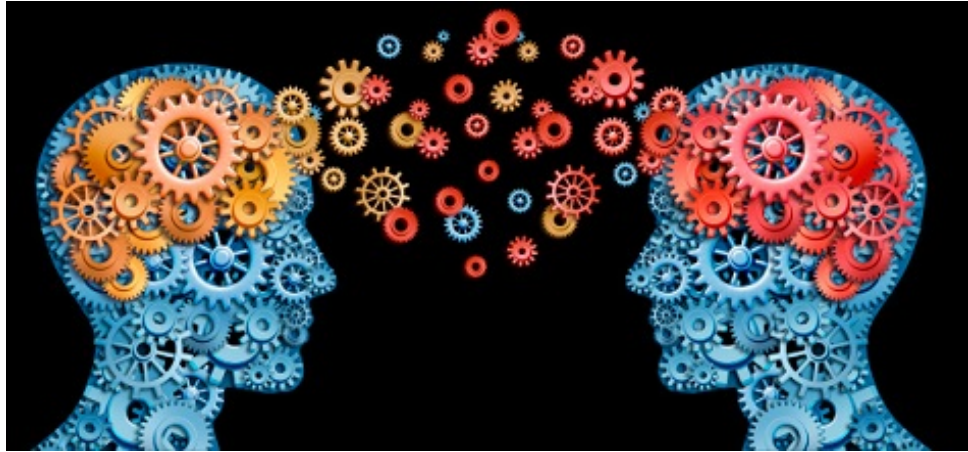
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Beautiful Minds:

Exploring the Healing Potential of Self-Reflexive Art in Facing a Campus Mental Health Crisis

By

Molly Chapman Rossi

Honors Thesis

Submitted to

Department of Interdisciplinary Studies

University of Richmond
Richmond, VA

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Drs. Jan French and Elizabeth Outka

ABSTRACT:

This interdisciplinary study of mental health seeks to do three things:

1. Identify and investigate the issue of mental health among students within the University of Richmond campus community, through both statistical and ethnographic data,
2. Apply trauma theory to redefine the crisis as a community trauma with unique aspects, and
3. Make a case for hope by proposing a plan that uses self-reflexive art, specifically theatre, to address the individualized community trauma and second-wave trauma.

I explicate new theories in this work, among them the notions of “individualized community trauma,” “second-wave trauma,” and “traumatic fusion.” Another critical concept is that of self-reflexivity, as applied to the literary arts. The ethnographic research was inspired by both personal experiences and recent revelations exposing a drastic increase in the number of students seeking professional resources for their mental health issues and/or mental illness. Within the thesis, I redefine this issue as a “community trauma” in which the normal healing cycle has been disrupted by campus culture, harming sufferers and debilitating the community from realizing its greater illness: a lack of empathy. Conversations with informants, both sufferers and non-sufferers, reveal that a lack of community response to the widespread pain causes some sufferers to individualize the trauma, in which case it is neither shared nor acknowledged. When the pain goes unshared and unacknowledged, some sufferers also face a second-wave trauma, which may result in the sufferer’s dissociation and isolation from the greater community. In this way, the community may be silently fragmented. I also argue that the fault lines left open by this fragmentation make room for hope. Literary and anthropological texts provide a framework for a new healing process, as self-reflexivity, the act of sharing the self with others, through a cultural performance, could equip the sufferer with tools to cope, and more broadly, equip the community with tools for empathy and acceptance.

Dedication

This project is dedicated to my younger brother, Jack, for whom I will always have hope, and to those who have never given up hope in me. Those allies within the University of Richmond campus community to whom I owe my deepest gratitude in their undying support and patience throughout my own fight for wellness.

To those among us on campus who walk in pain, those sufferers who remain silent and those who have found a voice, this project is for you.

And finally,

In loving memory of my dear godfather, John Leiderbach, who we lost five years ago to the sometimes fatal disease of depression.

In memory of Adam Vazir, '16, who should be walking with us at graduation. We lost you too soon, but my most fervent hope is that this work, done in your honor, may serve your memory by helping others to find a voice.

Gratitude

We are never alone in our suffering, in our joy, or in our work. This project would not have been possible without the patience and support of my allies in the campus community, whose intellect is matched only by heart.

To my mentor and closest confidant in matters of the heart and mind, thank you Dr. Jan French, for your endless dedication to this project, and even more vitally, to my well-being, for three years. To my dear co-mentor, Elizabeth Outka, you shared with me critical sources for this work, but you also made this project possible through your devotion and encouragement since I first became your student years ago.

To the professors and members of campus staff, who contributed to this project and without whom, my success here at the University of Richmond would not have been possible: Scott Johnson, Monika Siebert, and Kerry Fankhauser.

To the students who shared their stories, Bailey Little, Jess Mairena, and the other eight individuals who choose to remain nameless- your bravery is inspiring.

Thank you also to CAPS for their tireless efforts to serve students and for the critical statistics they provided for this project.

My gratitude to the other allies who have supported my growth: Kris Day, Bryn Bagby Taylor, Ed Ayers, Rabbi Andrew Goodman, Jennifer Cable, Chaplain Craig Kocher, and Terry Dolson.

Finally, to the two most patient humans in the world, Tom and Deb Rossi, thank you for your unconditional love.

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INTRODUCTION:

For three years, I thought I was alone. In the spring of 2014, I remember walking with my closest friend down the brick-lined path that weaves around Boatwright Tower and leads up towards Ryland Hall. The tower loomed to our left, and a quadrangle of three short buildings was on our right. “No one ever goes there,” said my friend, as she tilted her head to the right and fixed her eyes on the farthest of the three buildings, “No one actually uses CAPS.” She was unaware that 19% of the student population used Counseling and Psychological Services, and unaware that I attended talk-therapy appointments in that very building on a weekly basis.¹

At the time, her words aggravated the sense of isolation I felt as a student struggling with mental illness. I longed to belong, yet I felt isolated from the campus community. I was unable to find reflections of my experience within the overarching University of Richmond story; the story of a pretty campus, of academic excellence, and of successful, smiling students walking together along blooming paths. Was I doomed to walk alone? Were there others like me? I needed to know, I craved community, and thus this project was born.

Preliminary research for this project quickly revealed that mental illness is widespread among students within the campus community. Statistics provided by CAPS show that the waitlist for therapy appointments is soaring, and that the state of mental health on campus has never been so desperate. By the end of 2015, CAPS reported that 567 undergraduates were enrolled for therapy appointments.² Because my own narrative of self had been fractured by mental illness, I felt compelled to investigate how this issue, both widespread and private, is being treated within the confines of a particular place at a particular time: Our University of Richmond.

¹ “CAPS Stats after 10 Weeks of Classes Fall 2015.” Counseling and Psychological Services.

² “CAPS Stats after 10 Weeks of Classes Fall 2015,” 4.

Here, among the tulips, around the corners of brick buildings, all artfully arched to match one another in Collegiate Gothic style, a secret is lurking. How is it possible that my friend could say, “No one uses CAPS” when almost one in five of her classmates do? I was fascinated by the chasm between perception and reality, a rift that had left me feeling isolated for years. I wanted to know how mental illness among students could be so vast and so hidden at once. How can an issue that affects so many individuals be confined to the second floor of an almost forgotten building on the far side of a quadrangle, obscured by a well-groomed fountain and shadowed by lush trees? The CAPS office is not a place you stumble upon; you must seek it in order to find it. My research investigation of campus mental illness echoes this quality.

My investigation consisted of conversations with faculty members, doctors at CAPS, and a group of students, some who attend CAPS and some who do not. In order to conduct a critical investigation of this campus issue, I had to practice self-reflexivity. As a student who has faced the trauma of mental illness, I want to recognize this aspect of my identity from the very beginning in order to remain conscious of my position within the investigation. While this transparency and consciousness allowed me to maintain some distance, I also found that sometimes, as I listened to my informants recount their experiences, I could see my own experiences reflected back. Many thoughts, words, and pain were shared. The force of shared experience provoked richness and depth within our conversations.

Sociologist Kai Erikson explains that in the wake of trauma, “people are drawn to others similarly marked.”³ I am ‘marked’ by my own struggle with depression and anxiety. I have found a sense of community and fellowship that results from researching and exploring something close to one’s own heart. In fact, the more I interviewed, the more I read, and the

³ Erikson, Kai. "Notes on Trauma and Community." In *Trauma: Explorations in Memory*, by Cathy Caruth (Baltimore: Johns Hopkins University Press, 1995), 186.

more I crafted my argument, my own “sense of identity” developed in conversation with the community around me.⁴ “Trauma shared can serve as a source of communality,” says Erikson, and as I study this phenomenon, I become a part of this phenomenon because my conversations with students about mental illness allowed me to reflect on my own experiences.⁵ I have found that in sharing one’s story, something more than words is transmitted from person to person: a subliminal human message, felt rather than heard, sensed rather than understood, processed only through a human ability we call *empathy*.

Empathy is a human tendency that can sometimes be improved by cultivation. Empathy does not mean one thoroughly understands another’s pain, and is thereby sympathetic. It means difference is recognized, pain is shared, and one human says to another, “I might not fully comprehend you. You and your condition may not make sense to me. But I feel for you, I care for you, and I can walk with you through your struggle.”

In this basic act of sharing, perhaps a trauma can be overcome. Perhaps a community can see itself clearly for the first time. It might reflect, and in reflecting, in recognizing its weakness, it might change. The purpose of this paper is to redirect a common sense of pain, the pain of mental illness, to be a channel for empathy. Through creating a campus-wide moment of collective self-reflexivity, we could recognize sufferers, and we could reestablish ourselves as the community we were meant to be.

⁴ Erikson, "Notes on Trauma and Community,"186.

⁵ Erikson, "Notes on Trauma and Community,"186.

On Language and Terminology:

This project applies anthropology and literature to the investigation of mental illness, and these two disciplines are both critically concerned with language. Language lies at the heart of this project, as my ethnographic research highlights the language college students use to narrate their experiences within the campus community. In dealing with this complex topic, there are two terms that I must untangle: mental illness and mental health. These two terms are

distinguishable because their appropriateness can vary depending on context. To begin, what is “mental illness”? The National Alliance on Mental Illness defines it as “a condition that impacts a person's thinking, feeling or mood and may affect his or her ability to relate to others and function on a daily basis.”⁶ This definition is broad, but mental illness is a term often linked to a certain diagnosis. For example, an individual who has been diagnosed with schizophrenia or generalized anxiety disorder can be said to *have* a mental illness. It is less acceptable, however, to refer to such an individual as “mentally ill,” because mental illness only constitutes an aspect of that person’s identity; if not *who* they are. I choose to describe my own experiences as mental illness because I view my condition as a chronic illness that has been diagnosed by doctors and must be treated continually, like any medical condition.

However, it is becoming increasingly popular to refer to a person’s “mental health” or “mental health issue” instead of using the term mental illness because the term has been misused in the past and can bring up difficult connotations.⁷ The World Health Organization defines mental health as a “state of well-being” in which the individual can cope with stress in a healthy way.⁸ Therefore, when I use the term “mental health issue,” I am referring to a situation in which the individual is not in a “state of well-being,” because their mind is in pain.

Variations of this term include “mental health condition” and “mental health disorder.” Mental health was introduced into the official lexicon in order to “reduce the stigma attached to people who had been deemed mentally unwell” because “mental illness set up a verbal division

⁶ “Mental Health Conditions.” National Alliance on Mental Health. 2016.

<https://www.nami.org/Search?searchtext=mental+illness&searchmode=anyword>.

⁷ “Mental Health and Illness.” The British Science Museum's History of Medicine Website.

<http://www.sciencemuseum.org.uk/broughttolife/themes/menalhealthandillness>.

⁸ “Mental Health: A State of Well-being.” World Health Organization. August 2014.

http://www.who.int/features/factfiles/mental_health/en/.

between the healthy and the sick” while “mental health implied more of a continuum.”⁹ When it comes to language, matters of the mind are a complex frontier, not purely due to the developing medical and biological understanding, but also due to the social stigma that has been attached to those marked as mentally ill or mentally unfit, both historically and currently.

Dealing with this tension between terminologies is difficult, because the term I use to describe my own experiences is not necessarily the term others are comfortable with in describing their own. So, while I am conscious of the fact that the two terms are not interchangeable, I use both of them within this paper in an attempt to provide a balance between them. When I describe the campus trauma as a “mental illness crisis,” I do so because I believe the term to be a more precise one than “mental health,” as mental health can also refer to a ‘state of well-being,’ as described above, and this does not characterize the issue at hand. However, many students who attend CAPS, including some of my informants, do not identify with “mental illness,” but rather, with having “mental health issues.” This term is deemed by some to be more inclusive of different experiences because it is less typically associated with a definitive diagnosis. It is a softer term than mental illness. When I questioned my informants, I opened our conversations with the term “mental health issues” in order to be as inclusive as possible. If the informants labeled their own issues as a “mental illness,” then I too would adopt this term in our interview. If not, I continued to discuss the problem as a mental health issue.

In this essay, I also refer to students who identify as having a mental illness or mental health issues as “sufferers.” Students who do not identify as having mental illness or mental health issues are called “non-sufferers” in order to differentiate them from the population seeking Counseling and Psychological Services.

⁹ "Mental Health and Illness."

The tensions within terminology were a challenge to my research investigation. They revealed how limited our current vocabulary is when it comes to discussing mental issues. During my time on campus research, it seemed that mental illness had become a thing so big and so hidden that the community was still unsure what vocabulary was appropriate for the conversations. A term needs to be applicable to a general problem without excluding individual perspectives on that problem. For example, one informant was uncomfortable with both “mental health” and “mental illness” and struggled to explain her own experience, before finally settling on the term “psychological difference.” The lexicon for this issue remains underdeveloped, but the more conversation is welcomed, the more it can grow.

Within this investigation, I consider the experience of mental illness to be a “trauma” and I refer to the widespread mental illness among the student population as a “community trauma.” This terminology is fitting because the character of the mental illness crisis on campus has key attributes that align it with the social concept of “trauma,” as defined by Kai Erikson and Cathy Caruth. According to *Notes on Trauma and Community*, trauma “converts” moments of intense emotional stress “into an enduring state of mind.”¹⁰ In students’ lives, the emotional stress of mental illness becomes a recurring and isolating “state of mind” that makes it difficult to operate within the campus community.

Furthermore, though mental illness is not typically referred to as an example of trauma, Erikson explains that it is “*how people react*” to the event that infuses it with the “traumatic quality.”¹¹ For example, a classic symptom of trauma is to become withdrawn and isolated.¹² Almost every sufferer I interviewed vocalized feelings of isolation. Furthermore, the campus

¹⁰ Erikson, “Notes on Trauma and Community,” 186.

¹¹ Erikson, “Notes on Trauma and Community,” 184.

¹² Erikson, “Notes on Trauma and Community,” 183.

community's reaction to this trauma resulted in even more isolation through something I call 'second-wave trauma.'

On a community level, Erikson says that the "tissues of the community can be damaged" by a trauma in the same way that the tissues of an individual's mind are changed by a trauma.¹³ Therefore, a community trauma is characterized by the effect it has on the communal whole. This "damage" to the "tissues" of community is taking place within social relations between students who have mental illness or mental health issues and those who do not. Trauma changes the community in which it occurs, and becomes an inescapable aspect of that community's identity. In the case mental illness on campus, the trauma is not only having a widespread effect, as one in five students suffer mental health issues, but is also becoming a defining characteristic of the community's identity, as the campus becomes fractionalized across the "fault lines."¹⁴

While these concepts are useful in defining the crisis as a trauma, I will go on to suggest that the campus mental illness crisis qualifies as a slightly different type of community trauma, that I call 'individualized community trauma.'

PART ONE: Crisis

Chapter 1:

The Numbers: Analyzing University of Richmond Mental Health Statistics

Numbers are useful in illuminating how widespread the issue of mental health has become within the campus community. To begin this section, I present a detailed report based on the most recent data provided by CAPS. This report not only conveys the magnitude of the crisis,

¹³ Erikson, "Notes on Trauma and Community,"186.

¹⁴ Erikson, "Notes on Trauma and Community,"188.

but also reveals how desperate students are for support, and how rapidly the crisis has outstretched campus resources.

By the end of 2015, CAPS reported that 567 students* were enrolled for therapy appointments.¹⁵ On a campus of 2,990 students, this means 19% of the population has registered for psychological services.¹⁶ The need for help is dire. Between 2014 and 2015, there was a 41% increase in newly enrolled clients who have attempted suicide.¹⁷ “People don’t make the call to a mental health center when things are starting to get bad,” says Karen Anderson Fagan, a licensed professional counselor, “[t]hey call when things are no longer tolerable and need intervention right now.”¹⁸ The students who enroll in CAPS are seeking urgent assistance, reporting unprecedented levels of anxiety, stress, and depression. In fact, over the course of the past 12 years, the demand for professional psychiatric help by students at the University of Richmond has increased by 90%.¹⁹ In an interview, a newly appointed Dean who has been a faculty member at the university for decades commented, “It’s a huge problem, and it is unlike anything I’ve seen in the time I’ve been here. The increase has been so drastic, and I have seen it affect so many of my students. Honestly, we don’t know what the hell is going on.”

* These numbers exclude law students and School of Professional and Continuing Studies students.

¹⁵ “CAPS Stats after 10 Weeks of Classes Fall 2015.”

¹⁶ “CAPS Stats after 10 Weeks of Classes Fall 2015.”

** It is important to note that the crisis is not unique to this campus or this community. For example, an online search for “CAPS waitlist statistics at the University of Richmond” produced an almost identical article from the Penn State *Collegian* with the headline, “CAPS struggling to assist students due to limited space and limited financial resources.”

¹⁷ “Services and Mental Health Trends.”

¹⁸ Dankenbring, Jessica. “CAPS Waiting Lists Force Students to Look for Help Off Campus.” *The Collegian*. University of Richmond Collegian, 4 April 2016.

¹⁹ “Services and Mental Health Trends.”

It is problematic to discuss these statistics without also discussing the intersectionality of the subgroups within them. Individuals included in CAPS statistics may already face isolation and even oppression on campus as a racial, sexual, or other minority. The composition of students enrolled with CAPS is 60% female and 40% male.²⁰ Between this year and last year, there was a 29.7% increase in first generation college students seeking help.²¹ The increase in the number of white students and African-American students was almost the same, but there was a 81.3% increase in self-identified mixed race students and a staggering 128.6% increase in Asian-Americans students.²² While LGBTQ student averages remained almost the same, there was a drastic rise in the number of students who identified as “questioning,” from two students last year to 15 this year.²³ Because these groups are minorities within campus culture, their difficulty within the community could have been exacerbated by the isolating experience of mental illness, or vice-versa. On campus, an individual’s social identity is layered. (To demonstrate, I will use the sorority social group as a microcosm.) Some layers, like being a member of Greek life as a female, allow the individual to identify with the greater trend in campus culture. However, if that female is one of only a few Asian-American woman in her sorority, this added layer of her identity characterizes her as a minority within the context of her sorority. If this woman identifies as queer, and no one else in her sorority does, she becomes an even smaller minority. When layers of identity intersect, for instance, being transgendered and being a mental illness sufferer, they may marginalize members of the campus community even more than mental illness does alone.

²⁰ “CAPS Stats after 10 Weeks of Classes Fall 2015.”

²¹ “CAPS Stats after 10 Weeks of Classes Fall 2015.”

²² “CAPS Stats after 10 Weeks of Classes Fall 2015.”

²³ “CAPS Stats after 10 Weeks of Classes Fall 2015.”

The increase in demand for psychological services among some sub groups compliments the overall increase in demand from the student body as a whole. This demand has risen so rapidly that it recently ventured into uncharted territory. Over the last two years, the first CAPS waitlist was put into effect, and it quickly reached the point of overflow.²⁴ As of January 2016, demand for services was at an all time high, prompting Dr. LeViness, director of CAPS, to conduct a survey of 102 students who had been waitlisted.²⁵ Eighty-six of the respondents agreed that even the smallest waiting list was “problematic,” while 52% said that being put on the waiting list had given them a negative view towards counseling services, and made them less likely to pursue help.²⁶ One student wrote, “Being put on a waiting list can feel as though your problems are not a legitimate concern, that perhaps even CAPS does not care.”²⁷ As reported in April of 2016, many students are now resorting to off campus options, where they quickly run into financial issues.²⁸ In order to get an appointment, Anderson-Fagan notes that a student must be “able to drop \$60 to \$100 with insurance or over \$120 out-of-pocket to see a therapist.”²⁹ This estimate is low. *The Collegian* reports that “A first-time psychiatric appointment at Richmond Integrative Psychiatric & Nutrition Services costs \$285, and insurance is not accepted.”³⁰ In the end, students are hurt, as cost makes them less likely to seek the professional help that CAPS is unable to offer.

²⁴ Nicholson, Jack. "CAPS' Waiting List Reaches New High." *The Collegian*. University of Richmond Collegian, 14 Jan. 2016

²⁵ Nicholson, Jack. "CAPS' Waiting List Reaches New High."

²⁶ Nicholson, Jack. "CAPS' Waiting List Reaches New High."

²⁷ Nicholson, Jack. "CAPS' Waiting List Reaches New High."

²⁸ Dankenbring, Jessica. “CAPS Waiting Lists Force Students to Look for Help Off Campus.”

²⁹ Dankenbring, Jessica. “CAPS Waiting Lists Force Students to Look for Help Off Campus.”

³⁰ Dankenbring, Jessica. “CAPS Waiting Lists Force Students to Look for Help Off Campus.”

Desperate for help, many contemplate suicide, and resort to substance abuse.³¹

Westhampton interim-Dean Kerry Fankhauser explains that every academic year, a Westhampton College woman attempts to take her life. In recent years, Fankhauser has watched the crisis damage and even destroy the academic careers and social lives of Westhampton College students. Fankhauser said, “Every academic year on multiple occasions we deal with students who are having significant suicidal ideations, and this has moved to action: sometimes impulsive and sometimes planned.” Dean Fankhauser says that for most students she speaks with the suicide attempt is an act of desperation. She says, “The students wonder ‘how do I end this pain? I want the pain to stop.’ Most often, medications or substances are used. The intent is not always the same, but the end result of this can be.” She also points out that for every student who admits to an attempt, there are many who remain silent about suicidal thoughts.

Although these statistics and official comments are critical in illustrating how extreme the mental health crisis on campus has become, my argument will not rely heavily on them. They are meant to illustrate, not to define. Numbers can sometimes dehumanize a deeper problem. Numbers do not speak for themselves. People do.

Therefore, language forms the crux of my argument. I was interested in finding the people behind the numbers, listening to what they said, and analyzing how they said it. What words do they use to describe their experiences? However, the more I sought out informants to answer these questions, the more I was confronted with the reality that, in shocking contrast with the numbers, very few students will openly discuss their mental health issues.

³¹ “Services and Mental Health Trends.”

Chapter 2:

The Secret: Interviews with Sufferers and Non-sufferers

Theater professor Chuck Mike has directed student performances on sexual assault, racism, and wealth inequality. When asked about “mental health issues” on campus, he looks

down at the table and speaks slowly: "Oh. Nobody wants to talk about that one. Yeah. Nobody can talk about it."

Mental illness is a campus secret. Almost no one wants to talk. For example, it took ten formal and informal interviews with the student population to discover that, last May, a well-known junior committed suicide. Adam Vazir. Only two informants were willing to talk about it, both very tentatively. His death was not a secret, yet it remains one. When Marie*³², a senior woman, told me of Adam's death, she would not say his name at first. Her face turned stony and she looked down: "Yeah. It was during Beach Week. Everyone knows. I haven't heard anything else about it..." Curiously, another UR student, a young woman, died in a car accident one week after Adam's death. I never knew her, but I learned of her and came to know who she was through her death, which is still memorialized and spoken about on campus. But what about Adam? I did know him—I had known him for years. He was in my orientation group. He studied abroad in Spain and played club rugby. His best friends were the tight knit and well-known DKE Fraternity brothers. I had no idea, until Marie's confession, that Adam had committed suicide mere months ago.

The sense of secrecy that shrouds stories of mental illness at the University of Richmond could suggest a greater issue: a community-wide refusal, by students, to discuss mental illness. This refusal is precisely why it became important to me to continue pushing for information. In *Defacement: Public Secrecy and the Labor of the Negative*, Michael Taussig explains that, "A public secret may be defined...as that which is known but not generally spoken."³³ This

*name changed for informant's privacy.

³³ Taussig, Michael T. *Defacement: Public Secrecy and the Labor of the Negative*. (Stanford, CA: Stanford University Press, 1999), 50.

definition helps describe the contradictory nature of mental illness as a campus secret: it is widely known and simultaneously hidden. As a result of this secrecy, the real story is sometimes hidden behind the one informants choose to tell. This lesser-known narrative is the very thing people will not speak of, the thing they avoid so artfully. Despite these obstacles my research endeavored to unlock the “public secret.” What is uncomfortable is key. Secrets are at the heart of cultural tension, where the treasure of discovery lies.

As I mentioned, finding informants proved difficult. Students were so worried to speak, in fact, that even after sharing their stories with me, informants still clung to anonymity. I found ten students willing to speak, both sufferers and non-sufferers. Of those, only two self-identified women felt comfortable with me naming them in this paper.

How did I overcome the hurdle of secrecy? Here, my identity as a sufferer became critical to the investigation. While this piece of my identity could limit “objectivity,” my personal experience—and my willingness to share it—also became critical to unlocking the campus secret. It opened doors that would have otherwise been shut to me. As my investigation developed, I realized that when I chose to introduce myself as a fellow sufferer that my most important informants became eager to share their stories. Although my sample size was small, these tendencies suggest that students who consider themselves to have “mental health issues” are more likely to speak with other sufferers.

Furthermore, characteristics of my informant group reveal another dimension of the problem. Of ten students who spoke with me, only one was male. While students who identify as male make up 40% of CAPS patients, I found it extremely difficult to find men on campus who were willing to discuss their mental health issues.³⁴ Still, my fieldwork consisted of deep, rich

³⁴ “CAPS Stats after 10 Weeks of Classes Fall 2015.”

conversations with students. Through an anthropological lens, I depended on analyzing such accounts, both their patterns and contradictions. From my conversations, I would define the situation as a widespread campus crisis in which students in pain discover the failure of campus resources to meet their needs.

Among my informants were five undergraduate women who did not identify as sufferers of mental health issues and had not used CAPS, and four women and one man who did identify as sufferers and use professional help, both on and off campus. I asked my informants open-ended questions, such as “What is it like to have a mental health issue on campus?” and “What do you think about the increase in mental health issues among students?”

When asked if she talks to friends about her experiences, a senior woman, who has attended CAPs for three years, said, “Sometimes, I really do wish I could explain it. It’s part of who I am that I have to hide.” Why ‘hide’? What is it that compels suffering students to self-contain their pain? Bailey Little, a sophomore who was hospitalized in October, explained, “I tried to tell my roommate. But it just felt like she was afraid of me.” Comments like these could indicate that people do have a desire to share, but felt as though they could not, as if the response to their sharing would be more dangerous than suffering alone.

Among the non-sufferers, I heard stories that informed my understanding of how mental health issues are viewed within campus culture, and that perhaps help explain why some sufferers worried that talking about their experiences might be harmful. One informant, a senior woman, explained to me that the statement, “You should really go to CAPS or something,” is a phrase that is used to convey a message of passive aggressive intolerance. According to her, it really means “You’re crazy. I’m going to disregard you and what you say. Go away.” An informant who was part of a sorority recalled a conversation she overheard between two women,

her sorority sisters, about a third party: “She’s psycho. She, like, needs to go CAPS. Honestly, I can’t deal with her. I mean she’s probably just bipolar or something. No thanks.” Another woman recalls that in October of 2013, during a secret voting session within a different sorority, a woman was passed over for a leadership position because another woman, an executive in the sorority and in student government, brought up the candidate’s history of mental illness and past suicide attempt. “I don’t know about her. She has to go to therapy like every week,” the informant recalled the executive saying to the other women. This was enough to make the candidate ineligible for an executive position within the sorority. Madeline*35, my informant, remembers feeling “so uncomfortable, just disgusted” by Ana’s comment. She also recalls that no one said a word in the other woman’s defense.

Stories like these reveal the degree to which mental illness is stigmatized by students, and help explain why the sufferers’ experiences seemed laden with secrecy and isolation. When asked why she chose not to share her story of mental illness, another informant said, “It feels...shameful. It feels like you’re alone.” These words, ‘shameful’ and ‘alone’, were echoed continuously amongst the suffering informants. When mental health issues are viewed as an issue of character as opposed to a shared illness, it becomes unsurprising that so many students are fearful of what reactions their openness might elicit.

While intolerance pervaded some student narratives, indifference and disbelief towards mental illness were more common among the non-sufferers’ accounts. Kate³⁶ commented, “Everyone has ‘anxiety’ now, as if it makes them special. Like, it excuses them for something...It’s a trend to say, ‘I have serious anxiety.’” Yet, for the sufferer, for students who may sit in class next to Kate or pass her in the commons, the reality of mental illness was

*Name changed for informant’s privacy.

*Name changed for informant’s privacy.

searing. “It was so painful,” said the senior woman who had attended CAPS for four years, “It felt like dying. Like nothing was real but that...hopelessness.” Separation between the lived experience and the perceived experience seems to characterize the relationship between sufferers and non-sufferers on campus. Pain is met with apathy as opposed to empathy.

Comments from another informant, a senior woman, embodied the backlash against those individuals who had chosen to go public (via Facebook) with their mental illness:

God, I feel like a horrible person for saying this. But it just cheapens the whole thing...how everyone is going public with their ‘personal testimony’ or story about their depression or anxiety to the point where it’s, like, people may just be saying it for the positive feedback, on Facebook and stuff, just self-diagnosing because it makes you special or something.

From the non-sufferer’s perspective, people who spoke out about mental health issues were perceived as attention-seekers, not sufferers. When the woman saw this “personal testimony,” she separated herself from the sufferer and classified the sufferer as ‘the other.’ Anthropologist Eleanor Leacock observed a similar type of separation when she studied race relations, which she calls the “We-Them Dichotomy.”³⁷ As applied to mental illness, one group seems to say: “We,” the mentally fit, do not need to be recognized that way; we aren’t crazy. If we’re having a hard time, it’s just a specific issue and we’ll get over it. But so-and-so, on the other hand, well she’s crazy.” Meanwhile, the “They” is in need of recognition. The narratives of some sufferers’ revealed that due to the “We” reaction, the “They” group feels isolated, even embarrassed and disenfranchised, from the larger group.

³⁷ Leacock, Eleanor. "Race And The “We-They Dichotomy” In Culture and the Classroom." In *Anthropology & Education Quarterly* 8, no. 2 (1977): 154.

When asked if they had friends suffering from similar issues, two women who attend CAPS told me they could only name one or two friends willing to admit that they also attend therapy sessions. Yet, 19% of students are registered with CAPS. These students sit together in English seminars and share tables in the Dining Hall. They are suffering. They want help. They think they are “alone,” yet they are being affected by a widespread, community trauma. What happens, however, when this trauma remains a secret? How can the community members relate to themselves, or to one another? Cathy Caruth explains that trauma cannot be integrated into the narrative until it is seen and accepted.³⁸ The lack of acknowledgment and failure to respond to pain, as exhibited by some members of the campus community, may impede the coping process among the population undergoing mental illness trauma.

PART 2: Trauma

Chapter 3:

The ‘Texture’: Mental Illness as a Unique Community Trauma

When I introduced terminology before the “CRISIS” section, I defined the term “community trauma” as an event that changes the “texture” of a community. In this section, I

³⁸ Caruth, Cathy. "Trauma and Experience." Introduction to *Trauma: Explorations in Memory*, (Baltimore: Johns Hopkins University Press, 1995),10.

revisit Kai Erikson's "Notes on Trauma and Community" in order to move a step further and explain *what* trauma does to communities, and *how* communities change as a result. Erikson's theory proves helpful in addressing a few key characteristics of mental illness trauma. I also explain how unique characteristics of our campus community's trauma separate it from Erikson's conceptualization. In the end, I provide new theories that serve a better understanding of mental illness trauma within the campus community.

After observing scenes of collective trauma across the world, Kai Erikson notes that when a trauma occurs within a community framework, identity and selfhood within the group become disjointed: "'I' continue to exist, 'You' continue to exist, but 'We' no longer exist as a connected pair."³⁹ Put simply, things cannot exist the way they did before. While the scale of campus mental illness, affecting at least one in five students, indicates the widespread nature of the trauma, it is the "damage" it has done to the binding "tissues" of the campus community, suggested by informants' accounts, that makes it a powerful example of a community trauma.⁴⁰

Adding to this notion of broken connections, Erikson also notes that community traumas can "force open whatever fault lines once ran silently through the structure of the larger community, dividing it into divisive fragments."⁴¹ My research reveals a version of this fragmentation. Comments made by non-sufferers about the mentally ill students among them displayed a sense of separation. Some comments even had a divisive quality. For instance, the afore mentioned rejection of a woman from a sorority position due to her pass bout of depression. Or, another example, a woman's mental health crisis being met with, "She's psycho. She, like, needs to go CAPS. Honestly, I can't deal with her. I mean she's probably just bipolar

³⁹ Erikson, "Notes on Trauma and Community,"185.

⁴⁰ Erikson, "Notes on Trauma and Community,"186.

⁴¹ Erikson, "Notes on Trauma and Community,"187.

or something. No thanks.” These are specific examples of a larger pattern. Whatever the fault lines once were, this community trauma of mental illness seems to have opened them, creating distance between the sufferers and non-sufferers. Sometimes, strong, harsh words seem to help non-sufferers distinguish themselves from sufferers. While mental illness is a painful reality to one group, the other group maintains distance from the sufferers’ reality.

Within the scenes of community trauma Erikson observed, this separation between opposing sides of the fractionalized community was overcome by the “shared experience” of the trauma itself.⁴² This “shared experience” can even become a “common culture, a source of kinship.”⁴³ Here, my analysis begins to diverge from Erikson’s description of community trauma. Within their testimonies, the sufferers and non-sufferers seemed far away from one another, as if the two groups, within one small community, had become strangers. Hostility is also present, as the remarks and behaviors towards sufferers are laden with a sense of righteous irritation. Though virtually every student on campus is either directly or indirectly (through a roommate, friend, or classmate) affected by the trauma, there is no community between their experiences.

The secret nature of the crisis lends itself to a lack of recognition, which is unique in the context of community trauma. Often, a crisis that affects such a large proportion of community members is met with public mourning, activism, and even memorials. However, mental illness on campus may constitute a different kind of community crisis, in which the community fails to recognize the widespread pain as a “shared experience,” and therefore, treats it with neglect as opposed to support.

⁴² Erikson, "Notes on Trauma and Community," 190.

⁴³ Erikson, "Notes on Trauma and Community," 190.

When a community trauma is treated as a secret, as unwelcome within public discourse, sufferers have to internalize their trauma as opposed to sharing. Because students feel as though they must “hide” their illness, they are forced to cope with the trauma on an individual basis, which seems to prevent them from finding fellow sufferers. While the trauma is widespread, it is not publicly shared. I call this product of public secrecy an “**individualized community trauma.**” In such a trauma, a large portion of the community silently suffers, and their pain is internalized because it is socially unacceptable to share it. Social stigma towards the sufferers constrains them to deal with their trauma on an individual basis, which may prevent them from finding community with fellow sufferers, and constraints them from sharing their struggle with non-sufferers.

A general lack of communality is a distinct characteristic of the trauma I have observed on campus, and this quality further separates it from the community trauma that Erikson describes. As previously stated, Erikson observed that fragmentation caused by community trauma was overcome by a sense of social unity that arose in response to the pain expressed by individuals coping with the trauma. “Mortar bonding human communities together is made up, at least in part, of trust and respect and decency—and, in moments of crisis, of charity and concern.”⁴⁴ Within the campus community, key elements of the coping process Erikson describes, “charity and concern,” are missing. On campus, the trauma of mental illness is not generally recognized by students as a trauma at all, let alone a “shared experience,” for which they feel an obligation towards suffering community members. This atmosphere is characterized by a lack of trauma recognition, which results in a “**second wave trauma.**” The first wave of trauma is the pain of mental illness itself, and when this pain is met with apathy as opposed to

⁴⁴ Erikson, "Notes on Trauma and Community," 188.

empathy, individuals experience a second wave trauma that may influence them to draw further into themselves, a typical symptom of traumatized persons. Because mental illness is publicly unspoken and unrecognized as a trauma, a large population of traumatized community members may further disintegrate from the community. When the communal need for empathy is not met, friction and dissociation heighten. When, they do not enter into a supportive relationship with the community as a whole, as would follow in a typical community trauma situation. Instead, the negative reaction or lack of reaction from the community prevents the individual, as they recover from their trauma, from coming into communion once more with the community as a whole.

For the traumatized person, the process of finding belonging within the community is further impeded because trauma “draws one away from the center of group space.”⁴⁵ Erickson explains that during a trauma, “Something alien breaks into you, smashing through whatever barriers your mind has set up as a line of defense,” and this trauma “invades you, takes you over, becomes a dominating feature in your interior landscape.”⁴⁶ Similarly, Cathy Caruth explains that trauma “possesses” the individual.⁴⁷ In a trauma, you are fused with something, someone, or an event, against your will. As applied to the trauma of mental illness among college students, I am going to call the concept of identity fusion with a trauma “**traumatic fusion.**” Mental illness is a medical condition, and the trauma of mental illness is out of the sufferers’ control. It “invades” the “interior landscape” of their mind. Thereby, traumatic fusion is associated with a lack of agency. Erickson says, “traumatized people often come to feel that they have lost an important measure of control over the circumstances of their own lives.”⁴⁸ As the traumatized individual is pulled towards their trauma, they become separated from the whole, and fused with

⁴⁵ Erickson, "Notes on Trauma and Community,"186.

⁴⁶ Erickson, "Notes on Trauma and Community,"186.

⁴⁷ Caruth, Cathy. "Trauma and Experience,"12.

⁴⁸ Erickson, "Notes on Trauma and Community,"186.

the trauma. What results is a fracture, a heightened isolation from the community, which is exacerbated by the secrecy that provokes individualized community trauma and the lack of recognition that provokes second wave trauma. In my conceptualization, this fusion is reversible. Traumatic fusion depends on a moment lacking human agency, and therefore, returning agency to the traumatized person could help to reverse the process. Perhaps there is hope that this individual and the community may experience a re-fusion, but in order for this to take place, individuals must be given agency, and they must be able to exercise control over the construction of their own narrative, as they face the difficult process of revisiting and integrating their trauma.

PART THREE: Hope

Chapter 4:

The Performance: A Creative Model for Recognizing Community Trauma

Moving forward with these three new elements of my theoretical framework, individualized community trauma, second wave trauma, and traumatic fusion, I begin an interdisciplinary investigation of literature and anthropology in search of ways to reassert human agency and narrative control in the wake of trauma, in the hopes of finding a model that could

address the community trauma occurring at The University of Richmond. After reviewing texts across both disciplines, I was struck by ways in which artistic expression is used to give individuals and communities the agency to narrate their traumatic experience.

I found a striking example of this ability within a personal anecdote from John Omohundro's *Thinking Like an Anthropologist*. In the 1970s, John was called in to do fieldwork on an oil spill crisis in Newfoundland. He did expansive work on the community trauma, interviewing the staunchly divided townspeople, the government, and the crew responsible for spill cleanup.⁴⁹ He also scoured recent court cases, grievances, town hall records, and legal documents.⁵⁰ From this evidence, he produced a report that analyzed the cultural tragedy and suggested well thought-out solutions for solving the problem.⁵¹ When John returned to deliver his report, it received little attention from the townspeople. While his slides "invited people to talk," he realized that it alone could not "motivate the region's residents to resolve their confusion and disagreement" over the traumatic event itself.⁵²

In response to this failure, John took his fieldwork and his report, and decided to use it differently. He worked with the director of a theater company, and with a team of community members, they created a theatrical production about the oil spill called *The Slick of '76*. It was a hit.⁵³ The community members, previously fragmented by tragedy, were now able to cry together, laugh together, and "their common understanding crystallized around the themes of

⁴⁹ Omohundro, John T. *Thinking Like an Anthropologist: A Practical Introduction to Cultural Anthropology*. (Boston: McGraw Hill, 2008), 299.

⁵⁰ Omohundro, John T. *Thinking Like an Anthropologist: A Practical Introduction to Cultural Anthropology*, 299

⁵¹ Omohundro, John T. *Thinking Like an Anthropologist: A Practical Introduction to Cultural Anthropology*, 299.

⁵² Omohundro, John T. *Thinking Like an Anthropologist: A Practical Introduction to Cultural Anthropology*, 299.

⁵³ Omohundro, John T. *Thinking Like an Anthropologist: A Practical Introduction to Cultural Anthropology*, 300.

interconnectedness and shared responsibility.”⁵⁴ They came to “share” the traumatic experience of the oil spill as a community. The creative expression of this story broke social boundaries, and began to repair the community, as Omohundro reports that the “shoreline residents’ grief, frustration, and uncertainty abated.”⁵⁵ *The Slick of '76* became an annual tradition, a commemoration of a shared experience that had once divided the people it represents. One line from the musical read, “*We are the river. The river is our life/We share responsibility.*” This art, a human expression embodying the tragic event, became exactly what Clifford Geertz defines as culture: “the story we tell ourselves about ourselves.” In the performance, the community saw itself, and narrated its own trauma through public storytelling. Perspectives, formerly misunderstood and disregarded, were heard. Difference, formerly a source of fragmentation, was confronted. Because they were empowered to narrating their trauma, the community was able to revise its cultural story and recognize that their trauma was shared. For the last forty years, the performance has become an annual tradition of healing, embraced across generations.⁵⁶ This artistic expression gave the townspeople agency over their own community narrative, an agency they had lost after the trauma of disaster. Therefore, this creative model of recognizing community trauma did two critical things for the community: First, it made space for reflexivity, so that the community members gained recognition for their experiences while facing their own trauma. The community-wide invitation to share the trauma prevented it from becoming an **individualized community trauma**, and furthermore, the production’s public recognition of suffering negated the effects of **second wave trauma**. Additionally, the anecdote demonstrates

⁵⁴ Omohundro, John T. *Thinking Like an Anthropologist: A Practical Introduction to Cultural Anthropology*, 300.

⁵⁵ Omohundro, John T. *Thinking Like an Anthropologist: A Practical Introduction to Cultural Anthropology*, 300.

⁵⁶ Omohundro, John T. *Thinking Like an Anthropologist: A Practical Introduction to Cultural Anthropology*, 299.

how artistic expression. Additionally, the anecdote demonstrates the ability of artistic expression to return agency to the traumatized and fractionalized community members. This agency allowed them to overcome **traumatic fusion**, as they regained control of their narratives, and, in the end, began to re-fuse as a community.

Chapter 5:

On Anthropology: Self-reflexivity, Trauma Narration, and Public Art

Omohundro's example of public trauma narration shows how self-reflection helped the community to recognize their trauma as a "shared experience." Before I move on with an exploration of the relationship between art and agency, I will explain how self-reflection works within anthropology, as this emphasis on positionality has had a strong effect on my project as a whole.

In the introduction, I explained how my personal connection with the work I have done required me to be as transparent as possible about the way my ethnographic work was, at times, a

reflection of self. Self-reflection is a self-conscious practice that allows the author or observer to share their traumatic experience for an audience as they simultaneously reflect on it themselves. In *Reflexive Ethnography*, anthropologist Charlotte Aull Davies maintains that to truly understand and correctly study others, we must be able to see ourselves, to criticize the self, and to remain conscious of self as we look out into the world.⁵⁷ However, Christine Walley notes while that scholars still “express discomfort with the presumed narcissism of writing about the self” anthropologists who engage in self-reflection within their ethnographies “have emphasized a truism within anthropology—the self is constituted through its social relationships with others.”⁵⁸ Therefore, to presume objectivity actually inhibits the ethnographer’s ability to convey a true portrait of the world they observe.

Our concept of “self” is developed through the “social” world around us, especially through our relationships within communities. Because “personal stories ultimately reveal the terrain of interpersonal relationships,” they are useful in investigating community culture.⁵⁹ This has been true throughout by ethnographic experience, in which my identity as a sufferer was developed in conversation with other community members, and thus hearing their stories helped me to reflect on my own trauma.

Anthropologists Alisse Waterston and Barbara Rylko-Bauer provide another of example of how self-reflexive research can narrate trauma. These authors coined the term “intimate

⁵⁷ Davies, Charlotte Aull. *Reflexive Ethnography: A Guide to Researching Selves and Others*. (London: Routledge, 1999), 10.

⁵⁸ Walley, Christine J. "Transmedia as Experimental Ethnography: The Exit Zero Project, Deindustrialization, and the Politics of Nostalgia." *American Ethnologist* 42, no. 4 (2015): 626.

⁵⁹ Walley, Christine J. "Transmedia as Experimental Ethnography: The Exit Zero Project, Deindustrialization, and the Politics of Nostalgia," 626.

ethnography” to refer to work that is conducted in the intimate spaces of family life.⁶⁰ In “Exploring the Blurred Borders Between Ethnography and Life,” Alisse Waterston and Barbara Rylko-Bauer interview their own parents, Holocaust survivors, in order to explore their families’ traumatic experience.⁶¹ This work provides a powerful study of how a self-reflective approach to ethnography can help both informants and the ethnographers to understand a shared traumatic experience. Linking this concept of self-reflection to literary devices, Patricia Price, in “Cultural Geography and the Stories We Tell Ourselves,” explores the value of approaching cultural geography through a narrative based assessment.⁶² Price reasons that such a narrative approach, or storytelling, can embody “literary elements...all which allow the author to both craft and convey particular meaning through their story and ethnography.”⁶³ Thus, framing anthropology as a personal narrative can allow the author to approach ethnography creatively, allowing their work to become a “story” artfully “crafted” to convey a particular truth. This act of creation allows the writer to embed themselves within their work. In this way, they are sometimes able to cope with their own trauma, reflecting on their own story as they share it publicly with others.

Furthermore, Anthropologists have found ethnographic evidence that illustrates how traumatized communities can use self-reflexivity, as a group, to share stories and reclaim agency. For example, *The Art of Truth-telling* is a powerful examination of art produced by cultural communities who survived great trauma, such as Apartheid, genocide, and prolonged oppression.

⁶⁰ Waterston, Alisse, and Barbara Rylko-Bauer. "Out of the Shadows of History and Memory: Personal Family Narratives as Intimate Ethnography." In *The Shadow Side of Fieldwork: Exploring the Blurred Borders between Ethnography and Life*, edited by Athena McLean and Annette Leibing, 32-55. (Malden, MA: Blackwell Pub, 2007), 33.

⁶¹ Waterston, Alisse, and Barbara Rylko-Bauer. "Out of the Shadows of History and Memory: Personal Family Narratives as Intimate Ethnography," 33.

⁶² Price, Patricia L. "Cultural Geography and the Stories We Tell Ourselves." *Cultural Geographies* 17, no. 2 (2010): 203.

⁶³ Price, Patricia L. "Cultural Geography and the Stories We Tell Ourselves," 207.

This book includes a section on performance and public storytelling in which the authors conclude that these artistic practices “give a voice to previously neglected persons, and center stage to the formerly marginalized.”⁶⁴ In these cases, the “recounting of trauma” not only has a “therapeutic value” for the individual performing, but also for the “collective psyche of the listeners.”⁶⁵ Here, self-reflexivity is practiced on a group level. The individual takes back agency, and publicly “recount[s]” trauma. In this way, they share their trauma instead of individualizing it, and maintain agency over this shared narrative, cultivating the possibility for empathy within the group. Additionally, Laurie Beth Clark emphasizes that throughout oppressed societies “performance art” had been a “particularly fertile site for the engagement of difficult and alternative material.”⁶⁶ She notes the “profound influence” of Augusto Boal’s *Theatre of the Oppressed* in Brazil, which employs audience-oriented theatrics to encourage audience participation, thus enfranchising many members of the community within the performance.⁶⁷ Perhaps these models of civic engagement are successful, because, like Omohundro’s *Slick of ’79*, they encourage individuals to interact with the trauma on multiple levels: sharing it, perceiving it, and watching it unfold. This approach has the potential to give community members a voice and a space within the narrative.

Returning to my investigation of the campus community, these models reveals that creating this new space within University of Richmond’s narrative for sufferers could aid them in coping with specific symptoms of trauma. Erickson explains that traumatized individuals are

⁶⁴ Bilbija, Ksenija, et al. *The Art of Truth-telling about Authoritarian Rule*. (Madison, WI: University of Wisconsin Press, 2005), 84.

⁶⁵ Bilbija, Ksenija, et al. *The Art of Truth-telling about Authoritarian Rule*, 84.

⁶⁶ Bilbija, Ksenija, et al. *The Art of Truth-telling about Authoritarian Rule*, 84.

⁶⁷ Bilbija, Ksenija, et al. *The Art of Truth-telling about Authoritarian Rule*, 88.

constantly haunted by past events, revisited by them on a consistent basis.⁶⁸ This is a version of traumatic fusion, whereby the traumatized individual is drawn back towards their trauma, and away from the community. However, in *The Art of Truth-telling*, Bilbija notes, “stories...allow the audience to connect the present with the past through emotions.”⁶⁹ When a community can “connect the present with the past” by recognizing marginalized narratives and listening to sufferers’ accounts of trauma, the diverging narratives may begin to reconcile, and transform the community story into one that more clearly reflects the reality of students’ experiences. While such a shift in culture seems insurmountable, art has a special ability to open the conversation. When the Museum of Modern Art held an exhibition called *September 11* in 2011, Director Peter Eleey wrote, “9/11 remains a very difficult subject to discuss in public. But art has a long and complex history of engaging with violence and catastrophe, and we often turn to it—as we did almost immediately after the attacks—to help make sense of collective trauma.”⁷⁰ This pattern rang true as I explored bodies of work such as post-Apartheid murals, Holocaust poetry, and post 9/11 novels. These incredibly productive artistic moments were all coping and wrestling with the reality of trauma. Art channels human expression into a creation that allows people to engage with the experiences of others, and to recognize themselves within these experiences. Art is an exercise in empathy.

⁶⁸ Erikson, "Notes on Trauma and Community," 186.

⁶⁹ Bilbija, Ksenija, et al. *The Art of Truth-telling about Authoritarian Rule*, 5.

⁷⁰ Eleey, Peter, Alexander Blair Dumbadze, and Karen Jacobson. *September 11*. (Long Island City, NY: MoMA PS1, 2011), 19.

Chapter 6:*On Drama: Self-Reflexivity, Theater, and Collective Trauma*

Important works of dramatic literature echo the use of self-reflexivity to make powerful art out of traumatic experiences. A classic example of self-reflexive drama is Nobel Laureate Eugene O'Neill's *Long Day's Journey into Night*, 1956. In his dedication, O'Neill describes the play as "written in tears and blood...with deep pity and understanding and forgiveness for all the

four haunted Tyrones.”⁷¹ The play is semi-autobiographical; the Tyrones are a fictionalization of the author’s lived experience. In the play, O’Neill represents himself and the addictions that destroyed his family: his brother’s addiction to alcohol, and his mother’s addiction to morphine. He artfully inserts his own pain and familial trauma into the narrative.⁷² In 1956, these topics were deeply taboo, yet audiences and critics have responded with compassion to the characters for decades.⁷³ More recently, in 2006, playwright Lisa Kron does something similarly revealing. In her autobiographical work *Well*, Kron writes herself into the script, and plays opposite the character of her hypochondriac mother, with whom she had a deeply traumatic relationship.⁷⁴ The play explores the playwright’s psychological issues with her mother, and her mother’s illnesses, both mental and physical. These works are artistic in form, and potent in their potential to provoke human empathy as audience members relate to the struggle both onstage and within their very selves.

Across the United States, self-reflexive drama is being used as a tool for social change and community reflection, as exemplified by the work of theater groups such as the Tectonic Theatre Project, led by Moises Kaufman. In 1999, the group created a play called *The Laramie Project*, which utilizes a self-reflexive approach to community trauma as tool for cultural change. Kaufman, a self-proclaimed “outsider” who has struggled with being a gay immigrant, was drawn to the story of Matthew Shepard, a young gay man who was murdered in a hate-crime in his hometown of Laramie, Wyoming.⁷⁵ The death of Shepard and the media outcry it caused

⁷¹ O’Neill, Eugene. *Long Day’s Journey into Night*. (New Haven: Yale University Press, 1956), 9.

⁷² O’Neill, Eugene, *Long Day’s Journey into Night*.

⁷³ O’Neill, Eugene, *Long Day’s Journey into Night*, Foreword.

⁷⁴ Kron, Lisa. *Well*. New York: Theatre Communications Group, 2006.

⁷⁵ Kaufman, Moisés. *The Laramie Project and the Laramie Project: Ten Years Later*. (New York City: Random House, 2014), xii.

was a community trauma for the small town of Laramie. The Tectonic Theatre Project, a group of artists and crewmembers, spent eighteen months interviewing the residents of Laramie and creating a play, comprised of vignettes called “Moment Work,” which told their story as a fractured community. The play “proposes, through the politics of performance, new, and more inclusive forms of identity and community.”⁷⁶ In order to do so, it uses the power of theater to re-imagine realities.

This is demonstrated in the emotionally powerful scene when Sheppard’s father, Dennis, reimagines a moment that never took place. “Matt officially died in a hospital in Fort Collins, Colorado,” he says, “He actually died on the outskirts of Laramie, tied to a fence.”⁷⁷ Sheppard imagines out-loud that his son, in his final moment, felt companionship with “the beautiful night sky and the same stars and moon that we used to see through a telescope. The daylight and the sun to shine on him.”⁷⁸ And despite his pain, “He was breathing in the scent of pine trees from the snowy range.”⁷⁹ Of course, Sheppard is not telling the truth—he is telling a story that rings with truth. He is performing for an audience. He gains their empathy not through facts, but through an illustration. This approach is especially crucial for traumatized communities and individuals because, when a traumatic event occurs, it is not mentally processed in the way most life events are.⁸⁰ Therefore, it is not “fully integrated” into “a completed story of the past.”⁸¹ Because it cannot be integrated into a continuous life story, it hovers around the traumatized person, seemingly unattached to a specific moment in their history, and bombarding their life

⁷⁶ Lippert, Leopold. "Life In The Memory Of One Who No Longer Lives: The Laramie Project and the Politics of Performance." (Anq 23.2, 2010): 87.

⁷⁷ Kaufman, Moisés, *The Laramie Project and the Laramie Project: Ten Years Later*, 132.

⁷⁸ Kaufman, Moisés, *The Laramie Project and the Laramie Project: Ten Years Later*, 132.

⁷⁹ Kaufman, Moisés, *The Laramie Project and the Laramie Project: Ten Years Later*, 132.

⁸⁰ Erikson, "Notes on Trauma and Community," 186.

⁸¹ Caruth, Cathy. "Trauma and Experience," 12.

unexpectedly. The traumatic moment escapes the victim, and in doing so, becomes inescapable. Their narrative of self is fractionalized by recurring trauma. However, giving victims of trauma the power to reimagine the traumatic event, like Dennis Shepard does, is a coping practice that Cathy Caruth calls “accepting the impossibility of a comprehensible story.”⁸² This creative reimagining allows the victim to anchor their drama. This incomprehensible story of trauma is not meant to be perfectly understood and digested by the audience, but rather, to transmit a particular feeling, perhaps unsettling the audience and provoking empathy.

Furthermore, drama can help communities accept and empathize with individual’s trauma due to the physical quality of this art form. Cathy Caruth says, “Trauma may lead ...to the encounter with another. What is passed on...is not just the meaning of words but their performance.”⁸³ The “performance” of words, the way a person uses them to narrate their trauma to someone else, overshadows their linguistic “meaning.” This concept of sharing mimics what theatre already does, highlighting two strengths of the theatre’s self-reflexive approach to trauma: it physically brings community members into an “encounter” with one another as they share physical space, watching the same story take place before their eyes. Also, drama brings language to life. When watching a play, community members watch live bodies interpret language. Words are only a small part of this “performance.” Rather, meaning is transferred, felt, and shared between the actors and the audience. Theatre is pure performance; it is story telling. Allowing stories to be stretched, expanded, and reimagined makes them more powerful, and more transferrable to other communities and minds. Thirty million people from across the country, for example, have seen *The Laramie Project*.⁸⁴ It has been especially successful across

⁸² Caruth, Cathy. "Trauma and Experience,"12.

⁸³ Caruth, Cathy. "Trauma and Experience,"4.

⁸⁴ Kaufman, Moisés, *The Laramie Project and the Laramie Project: Ten Years Later*, xii.

college campuses, allowing students to grapple with social issues and confront controversy and stigma that lies within their own communities. One of these communities was the University of Richmond in 2014, where the play saw success as part of the campus-wide One Book One Campus project.

Performances also allow audiences to listen to perspectives they might have otherwise dismissed. Explaining how cultural organizations might “endeavor to use art as a catalyst to encourage audiences and community participants to talk about issues that matter,” Patricia Romney uses the example of the *Common Threads Project* in Lima, Ohio.⁸⁵ In conversation with the community, the team created a play about discrimination called *Passing Glances*. In response to the play, audience members vocalized how watching the performance “opened a new window into someone else’s experience.”⁸⁶ Audience members from the community agreed that the conversation created by the performance took people “both inward to self-reflection and outward to an exploration of the experiences and attitudes of their neighbors.”⁸⁷ Much like the Laramie Project, the play showed the power of theater as a social mechanism because, “Vignettes from the play...got inside the issues differently than a town meeting or a newspaper accounting might have done.”⁸⁸ Rachel Greenwald Smith, who focuses on trauma in literature, explains, “The material force of language does not lie in its capacity to represent...but rather, in its power to move, to provoke affective responses.”⁸⁹ Theatre brings this concept to life, as “language” is one aspect of the force that “moves” an audience; as audience members together watch a story

⁸⁵ Romney, Patricia. "The Art of Dialogue." (Animating Democracy, 2015),1.

⁸⁶ Romney, Patricia. "The Art of Dialogue." (Animating Democracy, 2015),15.

⁸⁷ Romney, Patricia. "The Art of Dialogue." (Animating Democracy, 2015),15.

⁸⁸ Romney, Patricia. "The Art of Dialogue." (Animating Democracy, 2015),11.

⁸⁹ Smith, Rachel Greenwald. "Affect and Aesthetics in 9/11 Fiction." (*Affect and American Literature in the Age of Neoliberalism*, 2011), 73.

unfold, they also internally respond to the art before them, feeling it as they watch it. Drama is an effective art form for promoting social change because it involves live bodies bringing language to life and brings community members into a shared space with one another in which they watch the same story unfold. However, a unique aspect of drama that makes it useful for addressing uncomfortable subject matter is its confrontational nature. Unlike a book, one cannot close it. Unlike a painting, one cannot look away. In a social sense, viewers are chained to the narration, unless they choose to make the break with cultural code by getting up and leaving during an emotional performance, something far less easy to do than with other forms of creative expression.

Proposal: *Mental Monologues*

“That is part of the beauty of literature. You discover that your longings are universal longings, that you’re not lonely or isolated from anyone. That you belong.”

-F. Scott Fitzgerald

The human need for belonging is met when we experience togetherness, when we experience community. My suffering informants used words like “lonely,” and “isolated,” to

describe their experiences on campus. Once they began sharing, the words flowed. They followed up with me twice, often three times. Asking if we could talk more, share more, if I could keep listening to them. These students craved community. They longed to belong.

“Mental Monologues” is a proposal I have designed to meet this need. This theatrical event would create a space and offer a stage for sufferers to share their stories with the campus community. A hybrid of Vagina Monologues and Take Back the Night, inspired by the community narrative presented in *The Laramie Project*, this event would involve the University Players, hopefully in cooperation with CAPS, to host a series of workshops in which sufferers and campus artists convert stories of mental illness into monologues. Together, the students would collaborate in constructing these stories. At the performance, which will have an educational motivation, the sufferers may choose whether they wish to read their narrative to the audience, or have an actor recite their monologue. A group of students would take the stage in front of the campus community, and, for the first time, the campus lights would shine on their experience.

Erikson explains that after a community experiences a trauma, “The whole comes to have more humanity than its constituent parts.”⁹⁰ Currently, the community is not providing an adequate response to the sufferers’ pain. Hundreds of students, 625 at least, are dealing with mental health issues. However, because there is no space for students to share their stories, and because mental illness is stigmatized by campus culture, the widespread trauma of illness is dealt with on an individualized basis. This draws each sufferer away from the whole, and further fragmenting the community along the fault lines that have arisen.

⁹⁰ Erikson, “Notes on Trauma and Community,” 189.

The creative course of action offered by Mental Monologues de-individualizing the trauma through the act of public sharing. By narrating their experiences for the campus community, and collaborating with other students as they write their monologues, the sufferers engage in self-reflexivity, which can help them anchor their trauma and face their story. Offering a stage to these marginalized students would also address second wave trauma through public recognition of these student experiences. Furthermore, the project help reverse the effects of traumatic fusion by giving sufferers agency over their own narrative through art. A re-fusion of our fractured community is possible, and could be enacted through a creative representation of the stories of sufferers.

The campus performance will include a collection of stories that illuminate the narrative of mental health trauma on campus. The hope for such a project is that healing may come through telling their story, our story, in a creative and emotive way that overcomes the fault lines of community trauma and builds bridges to empathy through self-reflexivity. As the sufferers are narrate their traumatic experience through storytelling, a self-reflective act, the campus community is forced to face the reality of the trauma through the words of the sufferers. In this way, the community could come to recognize how deeply the burden is shared amongst us, and how critical it is to the well being of the campus as a whole that the issue is recognized. This respectful forum could give sufferers a voice, and bridge the gap of empathy.

CONCLUSION:

Last spring, the tulips bloomed around the Jepson Quad, sorority sisters rushed to class through Queally Hall, professors chatted around detailed archways, and the impressive tower loomed above. Something was missing from this picture of perfection. A Student. Adam Vazir had returned home early, deeply depressed. While his peers were completing finals in Richmond, he committed suicide. His roommate did not even know he was depressed. There was no campus memorial service.

Mental illness is a dangerous campus secret.

Because I could not see myself in the community narrative reflected back at me, that hid a mental health crisis, I thought I was alone. I was not a part of the story.

Our campus culture, like any culture, is based on the ‘stories we tell ourselves about ourselves.’ Here, at the University of Richmond, what are we telling ourselves? An inextricable piece of culture, our ‘story,’ lies in the creative expression a culture produces- the arts. The act of art is, at its core, the power of narrative. It might be the most human thing there is, the universal code by which we can communicate. Art *is* human agency. Furthermore, the mental health crisis can only be comprehensively addressed once it has been recognized as a community trauma. Literature and art that emerge from emotional trauma can become a landscape for growth, an exploration of the trauma, and a vocalization of narrative truth.

As a community experiences trauma, it should be processed as a unit, the way individuals once processed their trauma alone. Once the trauma has been processed, it can be re-fused. Combining the pieces of the former community within a new framework molds very identity of the broken thing with the individuals' reactions to it, ideally allowing them to process, create, and build their narrative. Though trauma is painful, it has the potential to improve the community as a whole, as the brokenness makes room for growth.

I can imagine The University of Richmond re-fusing, confronting pain and difference, and welcoming sufferers back into our story.

As a liberal arts campus, our community has a unique strength in the humanities. The sufferers need to be treated with humanity. Perhaps this strength could be used in order to respond to the crisis by finding our common humanity, our empathy, through the arts. This is why art exists. This is why we write, why we read, why we listen, why we watch. Art is the most

human thing we can do. It's pure expression. It says, at the most basic level, "I'm here. This is my voice." Art gives a voice back to the voiceless.

Lin-Manuel Miranda, the creator of *Hamilton*, said, "*To engender empathy and create a world using just words is the closest thing we have to magic.*"

This is our hope. That we might take this moment of fragmentation, of trauma, and through language, re-assemble our campus community into a place where the call for humanity is met through the humanities, and where longing finally meets belonging,

Final Reflection

There are advantages to working on a project that hits close to home. For one, you are inspired, you are passionate, you care deeply about the quality of your work, and the ability of your work to *do* something.

There are, I have found, also disadvantages. Frustrations, and even some pain, which balance out the joy of doing something you care so much about. As I worked on this project, I hit emotional roadblocks. My heart was sometimes at home, with my brother, who suffers from schizophrenia. Whose world is so small, and so horrifying. As he declined rapidly over the last

year, becoming violent, a danger to himself and others, he was finally hospitalized this month. This pain collided with my own issues with mental health. I could not help but sometimes think, “How is a project like this going to help someone like that? What is the point of this work? How could art save someone who is dying from the inside out?” I was slowed down, I was discouraged. Often, the social sciences and the arts are disregarded as but flimsy tools with which a real problem, a world problem, could never be cracked open, let alone fixed. But as a researcher, a literary critic, an anthropologist, I kept working. I found data that gave me hope, and stories that gave me hope.

I met a woman who suffers from psychosis. Jess, a sophomore student, has been hospitalized five times; she has almost died three times. Mental illness was almost her end. I asked her how she has survived all this, and continued to be a source of light in the world. “Art kept me alive,” she said, “art, to me, is just living.” This woman credits art with saving her life.

One week after my 21st birthday, I too almost lost my life to mental illness. My refuge was paint, colored pencils, and stories. Here we are, living proof for hope.

This is why I believe that with a paintbrush, or a sea of words, we can create worlds.

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