Why Didn't You Reach Out?

Rae Ann S. Van Beers, University of Calgary, Canada

Abstract: Individuals who exist with depression repeatedly hear the appeal to "reach out". What is left unacknowledged by that advice are the many times that these exact individuals have sought help from others, only to be met with obstacles. Using poetic autoethnography, I reflect on my own reaching out attempts, most recently during my doctoral studies. My poetic dialogues are shared in the hopes that they may provide support and encouragement to other graduate students experiencing depression. By revealing how institutional policies have intersected with and impacted my experiences of depression, I also hope that this contribution will shift our understandings of depression. Instead of viewing depression as isolated within individuals and therefore a solitary problem, I wish to challenge institutions and the individuals within them to see it as an issue of collective well-being that is produced, at least in part, by the systems in which we all exist.

Keywords: Poetic Autoethnography, Mental Health, Institutional Policy

Introduction

Reach out' they say. This refrain hums on a constant loop for every individual who exists with depression. It is a cruel jab, this assumption that we haven't tried to reach out over and over again, only to be met with more obstacles than assistance. As a graduate student, I have struggled with depression throughout most of my doctoral program. I decided to share my frustrations with my reaching out attempts in the hopes that doing so may help other graduate students to understand that they are not alone in their darkness. Using poetic autoethnography I highlight how institutional policies and practices exacerbated my experiences with depression. Through this, I have come to understand that my depression is not simply a flaw within me, a solitary problem that must be fixed through therapy, exercise, diet, medication, meditation, journalling. Rather, it is a complex experience that is produced in part by the systems in which I exist. Because of this, I wish to challenge institutions and the individuals within them to see depression as an issue of collective well-being that demands solutions beyond the typical self-care trope.

I'm Depressed

Everyone says that you should reach out when you're depressed. They say that their door is always open should you want to talk about your struggles. There are hotlines and helplines and lines right to all those open doors. Lines everywhere, all intended to support those who suffer with depression. What people who have never experienced depression fail to realize is that reaching out probably doesn't look the way they expect it to. People seem to believe that they'll know when someone is reaching out to them, that a person will come to their door in tears, bursting with the difficult news that they are depressed and need help. In all honesty, I have never gone to an individual and stated outright that I was dealing with depression, unless that individual was a health-care provider; Or my mom. Instead, I circled around the issue, tentatively testing the waters to see whether that person was actually safe to talk to. How would they react to such news? Would I find support and care with them or would they ignore my words, pretending not to hear or understand what I was trying to say? The whole process was both time- and energy-consuming. Were they indeed safe? Rarely. That realization was always difficult to bear and made me hesitant to reach out to again.

I've done this dance enough times now to know that my depression is borne of loneliness. It wanders into my life whenever too much aloneness finds me. Some would say that being able to trace it to a specific cause means it's not truly depression (Brookfield, 2011), but it feels pretty real to me whenever it shows up. I'm getting better at anticipating its arrival, although I am still trying to figure out how to not fear it. While not outrightly discussed, I have a family history of it: An uncle, at least one cousin, possibly a grandmother. We have all existed with this mental illness. Historically, this has given us the label of weak, which is probably why things have gone unspoken for so long. We are failures at being stoic Dutch people. Instead, we get bogged down by thoughts and feelings that have been deemed socially unacceptable to share so we hide them in a cocoon of shame. Over time, I've come to believe that we are the direct opposite of weak. We are uncomfortably strong. Uncomfortable, because when we do finally speak out about who we are and how we truly feel about ourselves, it is hard for others to hear. Strong because we continue to exist, too stubborn to die, in systems that do not value our way of interacting with the world around us, a world that repeatedly tells us that we are less. I choose to believe that we are more – more sensitive, overly empathetic, deeply loving beings. And that the world is better for us being here.

When I Say I Have Depression…

Experiences of depression vary greatly, possibly making its detection and treatment more difficult (McIntosh, 2019; Paperny, 2019). The World Health Organization (2017) states that

> depressive disorders are characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration. Depression can be long-lasting or recurrent, substantially impairing an individual's ability to function at work or school or cope with daily life. (p.7)

According to statistics shared by WHO (2017), I was not alone in my experiences. In 2017, it was estimated that 322 million people had depression, a number which had increased over 18% from the previous decade. Sadly, the numbers associated with suicide were bleak as well, with it being the second-leading cause of death among 15-29 year old in 2015.

Scholars have suggested that higher education served as a protective factor against depression (Bauldry, 2015), yet a worrying and recent study found that 18% of graduate students experienced moderate to severe symptoms of depression and anxiety, three times that of the general population (Barreira et al., 2018). A different study of graduate students bumped that figure up, stating that rates of depression were actually six times higher than the general public (Evans et al., 2018). Graduate students were particularly susceptible to depression due to a number of causes, including an uneven work-life balance, a lack of mentorship in student-advisor relationships, and social isolation (Evans et al., 2018; Ray et al., 2019). Loneliness, in particular, played a significant role in post-secondary students' experiences of depression (Barreira et al., 2018; Mishra et al, 2018), a finding that left me feeling a little less lonely.

The growing "mental health crisis", in higher education (Evans et al., 2018, p. 282), spurred institutions to develop policies and procedures to support their students in dealing with mental health issues. The aforementioned studies provided recommendations like modelling a mindful work ethic and better self-care, implementing routine monitoring of students' mental health, and providing opportunities for students to improve their interpersonal and emotional regulation skills, which seemed fairly easy to implement (Evans et al., 2018; Mishra et al., 2018). My institution, for one, promoted campaigns designed to break the stigma around mental illness and increase student access to needed care. Those actions fell short in my experience as they left traditional structures and systems untouched. I had been "bruised by a structure" (Ahmed, 2017, p. 30) when the policies and procedures that shaped the daily workings of the institution further exacerbated my depression and feelings of failure. Without considering how their processes affected those who chose to make their academic homes in them, universities unknowingly perpetuated the stigma that surrounds mental illness.

Paperny (2019) succinctly described how she had to fight against internalized stigma to simply share her story of depression: "It's painful. I live in fear that I'll regret it" (p. 303). The spaces to safely open up about mental health have been tenuous for some time, despite the efforts of individuals like Paperny to bring those conversations into the public eye. In her beautiful description of her experience returning to work after experiencing a traumatic brain injury, Seidel (2019) described how she was advised by health care practitioners to keep her injury a secret because of mental health stigma in academia. Both Brookfield (2011) and Jago (2002) wrote about their experiences of living with depression as tenured faculty members, speaking about the tensions that came with exposing their struggles. Their fears about maintaining their status as competent academics were echoed by Gallardo, Furman & Kulkarni (2009). Non-tenured faculty have shared their experiences with even more trepidation, rarely publishing their names along with their confessions (Pryal, 13 June 2014). How much more difficult would it be for graduate students? My fear about what others might think of me caused me to stall repeatedly in the creation of this work. That fear placed image over honesty, to the detriment of my well-being, and possibly that of others who might have benefited from my story. Like Seidel (2019), though, I took my experience as a "teachable moment" (p. 122) in the hopes that my lessons could ease someone else's suffering as I wish someone had eased mine.

Writing About Depression: Poetic Autoethnography

If it was so difficult to talk about depression, how could I possibly write about it, especially in a scholarly way? How would I share experiences of depression that could serve to help others better understand their own experiences or those of people they love? And even more worrisome from a personal perspective, how would I ever expect to be

hired into academia after having done so as a graduate student? Or at the very least pass my dissertation defense after basically accusing my institution of hampering my mental well-being?

Poetry and autoethnography seemed to be the acceptable means of reporting on individual experiences of depression in academic literature. When searching for personal accounts of depression, it was unfailingly one, the other, or a combination of these formats that were utilized (see Brookfield, 2011; Gallardo et al., 2009; Jago, 2002). Perhaps there was safety in sharing our stories these ways. Perhaps it was the only acceptable way for us to share at this point as it kept depression located in the individual without requiring others, or the systems we were depressed in, to change in any way.

Leggo (2008) noted that rather than considering whether a poem is good, poets should ask "What is this poem good for?" (p. 170). Poetic autoethnography makes use of poems, as researchers analyze them to shed light on the human condition. Poetry "speaks about one, but can speak to many" (Gallardo et al., 2009, p. 295), requiring honesty and openness. In discussing poetic inquiry specifically, Seidel (2017) wrote that it "invokes justice and tells the truth even when it hurts" (p. 154). Sharing my experiences of being a depressed graduate student hurt quite a bit. It was scary work. Poetry eased that fear as it took my vulnerability and shaped it into an appealing story that felt more worthy of being seen.

Similarly, autoethnography demanded my vulnerability, as a researcher (Forber-Pratt, 2015). Like Pathak (2010), I wondered whether my story was even worth telling. Could I do justice to my own experiences with depression? Was I just looking for pity? Attention? Some commendation for still being alive to write this? They'll cry out: How brave! Suddenly I would transform from failure to hero through the telling. If so, this was probably all just self-indulgence on my part. Or did telling my story give someone else a chance to see themselves in that story and to then claim their own story? Since poetic autoethnography is both a research methodology and a process of transformative healing for the one who shared their story as well as those who heard the story (Hanauer, 2021; Maurino, 2016), it seemed like the most useful choice for this work. Stories told through poems serve as a bridge as the intimate is given space in the public realm. We find "resonance in our shared lived experiences, in order to benefit collectively from the individual narrative" (McDonnell, 2017, p. 63). Hélène Cixous (1993) said that the "only book that is worth writing is the one we don't have the courage or strength to write. The book that hurts us (we who are writing), that makes us tremble, redden, bleed" (p. 32). Bleeding does stop eventually, and afterwards we get to show off our scars.

Method (to My Madness)

This work grew out of a social media post that I made in January 2019. I had grown weary of posts giving advice to 'the depressed' that they should just 'reach out', so I responded with a series of found poems that chronicled some of my reaching out attempts. At the time I wanted others to better understand what it truly meant to reach out when you have depression because it was never as simple as it was made out to be. The original poem had five separate dialogues, each sharing a different instance of me reaching out and the response to each attempt. While some of them had occurred several years previously, I attempted to make them as true to the experience as I could. As it is those instances that cut us that are generally remembered most deeply, I was confident of their accuracy. Chang's notion that "poems are like time machines" (Chang, 2018, para.12) rang true, as each of these found poems took me back into the moment they occurred, causing a sharp intake of breath, as I recalled the bleak feelings of failure and hopelessness they produced.

Since my original post, there have been dialogues added to my collection but for the purposes of this paper, I separated out three pieces. The left side of each poem below represents my part of the dialogue, while the right side reflects what was said by the individual I was interacting with. I chose these specific sections because they recounted my attempts to connect with institutions for support and thus highlighted how institutional policies and practices could put up barriers for those coping with depression, even when they were meant to help. The first two scenarios describe reaching out attempts during depressive episodes, while the last one directly quotes comments made on the progress report that I was required to fill out annually.

In planning this work, I followed Furman's (2007) lead in creating a narrative response to each section of the poem. I wrote stream-of-consciousness monologues following each poem as a way of highlighting how the response impacted me as an individual coping with depression. Furman suggested that narrative responses to poems could serve as both data and data analysis as they provided a current response to a past event, resulting in a form of member-

checking in poetic research. These responses helped me to not "just barf my mess onto the page" (Tamas, 2008, para. 11), but to think through the impacts of each scenario for myself and the institutions that were involved in them. Furman (2004) provided additional advice when he stated that poets should resist the temptation to try to look good when doing this work. Putting one's pride aside seemed necessary when writing about depression in such a public, yet deeply personal, way.

Although Ricci (2003) countered critiques of autoethnographic rigour by simply pointing out that his time spent with his research subject (himself) would rival that of other researchers, I felt that another effort at enhancing this article's credibility was needed. To do that I utilized Forber-Pratt's (2015) "Does it makes sense?" questions as a means of member-checking: Does it make sense to me? To someone who knows me well? To someone in my family? To an academic? To a non-academic? To someone who does not know me well? (p. 831). I added another question to further strengthen the work: Does it make sense to someone with a science background? Sharing my findings with people from these different categories gave me the opportunity to rethink, revise, and rewrite, resulting in what I hoped was a more accessible, yet scholarly, contribution about the experience of reaching out when coping with depression. It also initiated a form of Leggo's (2007) "truthful exchange with others" that I was seeking, and not some sort of "Truth with a capital T" (p. 30).

Just Reach Out, They Say

Intake Form

According to your intake assessment you're only mildly depressed.
We're only funded to counsel people who are moderately
to severely depressed.
I can give you recommendations of other counsellors
to see.
Do you have coverage?

So you mean I'll have to tell all of this
to another stranger?
I'll have to do this all over again?

Yes. I'm sorry.
That's just how we're funded from the province.

Systems (not) at work. I finally get the courage to seek help. To let my pain and insecurities spill out to you, a stranger, with the naïve expectation that you can help me make sense of them. But, I'm not fundable. If only I were more depressed, so I could get the help that would prevent me from getting more depressed. I'm such a failure I can't even do depression right.

The Call

Health Centre. How can I help you?

I'm wondering if I can make an appointment
with a counselor
for next week.
I think I might be struggling with
depression.

I can get you in on Thursday.

Next Thursday?

No, this Thursday. In two days' time.

I can't come in this week.
I have to fly to a conference

tomorrow.
I wanted to make an appointment
for next week.

<div align="right">

We only book appointments for the current week.
If you want an appointment
for next week
you'll have to call back on Monday.

</div>

I don't think I'll be able to do that.
This was my

        one
        phone
        call.
I don't think I'll be able to call again.
It was really hard to do it this time.

<div align="right">

I'm sorry.
It's our policy to take patients on a
first-come, first-serve
basis
starting over each week.
I can get you in this Thursday
or you can call back on Monday.

</div>

click

'Let me help you. But only in the way that our institution has laid out in our policies.' Those policies are solid. Static. They were created by very smart people with very important titles, who held focus groups and did surveys all to figure out the best, most efficient ways to help me. Those policies reinforce that the problem is in me. That my depression doesn't fit into their precise schedule or perfectly constructed model. That I do not fit. I am deficient. Flawed. Not enough. Not working. No sense in changing the systems that breed loneliness. That bleed loneliness. I am the problem. They have the solution. But they can only give it to me this Thursday.

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Annual Progress Report

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I have struggled
significantly
throughout my doctoral program
both personally and in terms of my academic progress.
As a graduate student, those two things often go hand-in-hand
and this came to a head for me last spring/summer. I have spent
much of the last ten months learning
how
to
cope
with my personal issues by
joining a gym,
      going to counselling, and
            learning more about self-compassion.
This has taken an incredible amount of
mental and physical energy
but I have improved noticeably and believe

that I can finally resume more
'normal'
graduate student activities,
most specifically my own doctoral research.
I am currently working on my
application for ethics and am
determined to have it submitted by the end of this week.
I am eager to finally collect data during the
coming academic year, analyzing it as I collect it.
I look forward to writing the dissertation and
aim
to have a draft submitted to my supervisor
by the fall of 2020.

<div align="right">

Please provide a specific timeline for
each
of
the
steps
that you will take.

</div>

Be honest about my struggles. You're so proud of me. I'm so brave for speaking out. I heard you so I thought it was safe. I didn't understand that I wasn't supposed to talk about it here. I guess this really isn't the place to be speaking about mental health. I just need to tell you when I'm going to finish my program so you can finally check my name off your list. Tell you what I've accomplished. Did I publish or perish? Does anyone even care?

Impacts of Institutional Responses to Reaching Out

The logical part of my brain read these pieces later and saw that the intention was never to bring harm, that each individual's reaction to my reaching out efforts was guided by some policy or procedure that was designed to create a fair system for accessing mental health supports and to make institutions run smoothly. My logical self understood that. Depression did not. Depression heard these things and was overwhelmed by rejection, thus reinforcing the feelings of inferiority, weakness, and apprehension that plagued me during these episodes. My reaching out attempts failed repeatedly, making me feel like even more of a failure.

It took me a long time to believe what Lorenz (2020) proclaimed in her piece on living with syndactyly, "I did not fail: society fails me, over and over and over again" (p. 46). Like her, I was failed by a society that treated difference as a problem that needed to be solved and that responsibility for both the problem and the solution was mine alone and not that of the systems in which I existed (Ahmed, 2017). It was ironic that at the same time that institutions of higher education financed campaigns to break the stigma of mental health issues, I was bruised by the policies and practices of their daily workings. Policies that dictated funding models, health centre intake procedures, and reporting of student progress all impacted my mental and emotional state and my ability to access the supports I supposedly had the right to. Instead of shattering the stigma of depression, the practices of the institutions I was a part of at times worsened my experience and quite possibly prolonged it. In bringing feminism "home" to the places we live and work in so that "the university becomes something we work on as well as at" as Ahmed suggested, (2017, p. 10) I have been able to highlight the institutional inconsistencies that I saw happening around mental health.

My experience of not being fundable in *Intake Form* due to the seemingly minor degree of my depression suggests that funding models serve the needs of institutions over those of the people trying to access help. Obviously, institutions need to make the best use of their limited funds and resources, inspiring them to think deeply about how best to serve their clientele. Policies and procedures are designed to make the daily functioning of the institution easier by providing the employees tasked with helping individuals with a preset formula for administering that help.

Directing support to those most in need makes sense, but by doing so, institutions may be inadvertently pushing those deemed less in need further into depression simply because they cannot get help in its early stages.

The Call occurred in the first year of my doctoral program and it took me over three years after that incident to finally call back again, this time phoning as early in the week as I could. I survived with my depression as a constant companion for those three years. That in itself was an accomplishment. By that time I had figured out how to take the test in order to get the help I knew I needed, providing answers to the intake questionnaire that, while perhaps not fully accurate in their measure of my depression, would give me a better chance at getting help. Figuring out how to work around systems shouldn't be required when we're talking about mental well-being. We should be allowed to be honest about our situations and still find the support we need in order to make positive changes in our lives.

Although *Annual Progress Report* does not chronicle a reaching out attempt, it does serve to highlight how an institution's seemingly ordinary processes can impact someone who exists with depression. Institutions may say they want to break the stigma of mental illness, all while failing to recognize that the practices they have outlined as a necessary part of university life still place the system over the suffering. In her discussion of diversity work, Ahmed (2017) suggested that academic diversity appointments were often more about appearance than an actual commitment to transform an institution. This may also be the case with breaking the stigma around mental health. When institutional image becomes the focus of policies, there is a risk that responses to mental health challenges simply become another form of saviourism. Those in charge pat themselves on the back because of the good job they are doing in helping those in need, not recognizing that their daily practices cause harm to those very individuals. They take solace in the belief that they have done the best they can, refusing to recognize their "coimplication" in the well-being of everyone around them (Speedy, 2011, p. 138).

This is not to say that universities are not trying to make things better for their students. I believe that they are. I also believe that things will not shift for the better until we are all willing to recognize that the systems that structure our daily lives are impacting our mental well-being in significant ways. We need to acknowledge that we are complicit in the well-being of others. What would happen if institutions took ownership of and embraced their coimplication in the well-being of the individuals that make them up? How might approaches towards those reaching out change if depression were viewed as an issue of collective well-being rather than a solely individual one? What would institutional supports look like in that case? While I don't have ready answers to those questions, I do have hope that if we search for answers collaboratively we might be able to "use our particulars to challenge the universal" and thus transform the daily workings of the university to ensure that everyone finds a home within it (Ahmed, 2017, p. 10).

Solidarity in Stigma Breaking

"Rarely, if ever, are any of us healed in isolation. Healing is an act of communion."
– bell hooks (2001, p. 215)

While this poetic autoethnography serves the self-absorbed purpose of research as therapy (Furman, 2004; Lorenz, 2020), my hope is that it will also help to ease the burden that depression places on graduate students. I'm not so naïve as to believe that sharing my story and insights will prevent others from experiencing depression, but I am hopeful that by doing so they will be able to understand that their struggles are not as uncommon as they might believe. If it is true that "shame dies when stories are told in safe spaces" (Ann Voskamp, 2018, p. 94), this particular story might help to carve out a safer space in the academy for others to speak out and slough off their own shame. My second wish is that it will encourage institutions to critically examine how their own policies and practices can cause pain to students experiencing depression and choose to work with and on behalf of students to build safer spaces within their walls.

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ABOUT THE AUTHOR

Rae Ann S. Van Beers is a PhD candidate at the University of Calgary, studying in the Curriculum and Learning specialization. Her doctoral research focuses on secondary students' conceptions of social justice through the work they do with their school-based social justice groups. Framing her research through the lens of children's rights is a touchstone for all of her work, be it research or teaching.