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Mental Disorders and the Writing Center: Impacts of Race and Ethnicity on Student/Tutor Mental Health

Although mental health concerns and disorders have long existed in societies across the globe, a nuanced discussion about their prevalence has emerged only in recent decades in the U.S. A key component of this nuanced discussion is an examination of the state of mental health across racial and ethnic lines. Such a discussion includes a close look at variation in overall mental health functioning between individuals from different racial/ethnic backgrounds as well as variance in specific disorders between individuals from different racial/ethnic backgrounds. There is a breadth of current research and literature on this topic broadly speaking, yet little to no research has been conducted regarding racial and ethnic differences in tutor and student mental health in writing centers. The lack of established literature on such an important topic is rather alarming, yet not particularly surprising. Writing center literature does not have a demonstrated history of centering issues of mental health or invisible disabilities (Degner, Wojciehowski, & Giroux, 2015). I therefore arrive at my final conclusions regarding the state of mental health concerns and disorders in the writing center, as predicted by race and ethnicity, largely through extrapolation of existing findings. Although these conclusions are based on extrapolation, they are grounded in concrete evidence and psychological research that have great relevance to Trinity's Writing Center population. The following concepts will be explored in this paper: current state of research, prevalence, and discussion on mental health in writing centers; prevalence rates of mental disorders in larger society and impacts of stigma on disclosure rates; broad consequences of mental health struggles for college-aged students; differences in overall mental health across racial/ethnic lines in the U.S.; differences in prevalence of specific mental disorders across racial/ethnic lines in the U.S.; and finally a discussion of the probable state of mental health concerns for white and racial/ethnic minority students in the Trinity College Writing Center followed by implications for tutoring practices. It is of the utmost

importance that, in light of this analysis, Trinity College's Writing Center and other writing centers explicitly acknowledge the mental health concerns and disorders that students and tutors of varying racial/ethnic backgrounds may be dealing with at disproportionate rates, and that these centers implement training on mental health, mindfulness, and emotional intelligence for tutors while taking steps to create an environment more encouraging of disclosure.

Current State of Research and Prevalence in Writing Centers

Discussions and training surrounding mental health are currently very limited in writing centers across the country, despite high prevalence rates of mental disorders and mental health concerns in college-aged students. According to Degner, Wojciehowski, and Giroux (2015), one in four adults ages 18-24 has a diagnosable mental illness. This shocking statistic is representative of college-aged students, yet the very institutions where these students may find themselves, such as writing centers, often fail to acknowledge the high prevalence of disorders and the needs of students. These authors conducted a survey on writing center tutors at Saginaw Valley State University, looking to discover the prevalence of mental health concerns among tutors in the writing center, the types of mental health concerns present, the degree to which tutors self-disclosed those concerns, their impacts on tutors' sessions, and reasons for or against disclosing (Degner, Wojciehowski, & Giroux, 2015). They sought to explore these factors because of a large gap in writing center literature in regards to mental health of tutors; they noted that existing literature focuses on physical disabilities of students and sometimes tutors, but only a small amount of literature discusses invisible disabilities of students and virtually none discuss invisible disabilities of tutors. Their overall findings revealed that 57% of respondents had experienced symptoms of at least one of seven common mental health disorders. Over half of responding tutors experienced mental health concerns of varying degrees, yet when asked whether their tutor training included discussion about coping with tutors' mental health during sessions, only 6% replied it had. A mere 28% replied that their training had included any discussion about how to tutor student writers dealing with mental health struggles, a larger percentage than the former but a still notably small group. These findings are exacerbated by the

fact that there is very little existing literature or research conducted on the prevalence of mental disorders and invisible disabilities in writing centers, and virtually none that examines differential prevalence of those disorders across racial and ethnic lines.

Prevalence of Mental Disorders and Stigma in Wider Society

This silence around such an important issue is particularly troubling given the fact that roughly 45% of individuals in the United States will meet the criteria for a mental disorder at some point in their life (Holt, 2020). Mental disorders are not disabilities reserved for only the hospitalized and certifiably insane; they impact a broad range of people, including students and tutors in the writing center. The three most prevalent groups of disorders in the U.S. are anxiety, depression, and PTSD; these are the three that will be explored across racial lines later in this paper. According to the National Alliance on Mental Illness, the annual prevalence rate of anxiety disorders among U.S. adults is 19.1%, affecting 48 million people (Mental Health by the Numbers, 2020). They place Major Depressive Disorder as the second most common in the U.S., affecting 7.2% of adults or 17.7 million people annually. The third most prevalent mental disorder is PTSD, which affects 3.6% of U.S. adults, or 9 million people annually (Mental Health by the Numbers, 2020). Lifetime prevalence rates for each of these three disorders are notably higher than rates of those who experienced the disorder(s) in a given year. Individuals of all ages (including college students) suffering from these conditions and other mental disorders are forced to deal with additional impacts of mental health concerns on their work environments, lives, and relationships.

Impacts of these mental disorders include the issue of disclosure in the workplace and stigma about mental illness from loved ones and wider society, including on college campuses. The nature of mental disorders is such that they are invisible disabilities that are often not apparent and can make it difficult to know when an individual struggles with mental concerns. The invisible nature of these disorders makes the issue of disclosure particularly important for students and tutors to get the support they need. However, Kranke et al. (2013) found that college students were often reluctant to disclose their mental disorder and apply to receive accommodations, largely due to a fear of being treated as

“other” by peers or professors. The students in this two-year study reported worrying that their professors’ knowledge of their invisible disability would mean their professors would think less of them and no longer provide recommendations for future job opportunities. Likewise, students with mental disorders worried that their peers would view them as different and “less-than”. Authors Degner, Wojciehowski, and Giroux refer to this tendency to equate people with mental disorders as less-than as society’s “link between disability and deficit” (p.28, 2015). They note that the fear of disclosure is present not just in academic settings, but in workplace settings as well and in the writing center. It is worth mentioning that for college students, the writing center serves as both an academic setting and an employment setting which may further discourage disclosure. Much like a finding in Degner, Wojciehowski, and Giroux’s work on writing centers, Kranke et al. found that a common pathway to disclosure occurred in the academic setting only when students’ work and functioning had already been affected by their condition (Kranke et al., p.45, 2013). The fact that students with mental disabilities/disorders feel as though they must hide their disorder until it becomes impairing or make the difficult decision to out themselves as having mental health concerns is disheartening, and it is not something that individuals with physical disabilities have to navigate. Degner and Wojciehowski argue that in cases where a physically disabled tutor or student enters a space in a wheelchair, immediate accommodations are made and discussions are encouraged about how best to meet their needs. Although physically disabled students deal with a great deal of their own struggles, they do not need to decide whether to disclose or not because society is able to see their disability and therefore values it as worth addressing (p.33, 2015).

The stigma college students feel from their peers and professors regarding their mental disorder is not unfounded; research has revealed that a majority of adults in the United States hold stigmatizing views that people with mental disorders are violent, unpredictable, unintelligent, and not a desirable person to keep around. In fact, people today are twice as likely than they were in 1950 to believe that individuals with mental illnesses are violent (Dingfelder, 2009). Pescosolido’s research underscores this, noting that 68% of Americans do not want someone with a mental illness to marry into their family, and 58% of Americans don’t want to share a workplace with someone who has a mental illness (2008).

Additional Consequences of Mental Health Struggles for College Students

Other consequences of mental disorders that college students experience, whether as tutors or students in the writing center, also include increased suicidality, physiological damage to the body, and strained or ruined social relationships. Louise Bradvik emphasizes that while the global suicide rate is 1.4% of all deaths, approximately 90% of those who have died by suicide suffered from a mental disorder (2018). She found that depression and substance use disorder were the two most common diagnoses of suicide victims. Other researchers have found that people with Anorexia Nervosa, an eating disorder classified as a mental disorder in the DSM-5, are 18 times more likely to die by suicide than someone without a disorder (Holt, 2020). Mental disorders, then, are clearly a significant risk factor for suicidality.

Physiological damage as a result of mental disorders is also particularly common. Especially for those suffering from anxiety disorders, increased and prolonged levels of cortisol, the brain's stress hormone, are present which can lead to increased cardiac activity and blood pressure and ultimately can damage brain cells (Hooley, Butcher, Nock & Mineka, p.143, 2017). Cortisol is a valuable hormone during emergency fight-or-flight situations, but when individuals have consistently increased levels of cortisol associated with stress and anxiety, the impact can be harmful. Lastly, the social relationships of college students and U.S. adults generally are often negatively affected by the presence of mental disorders. These disorders manifest in a variety of ways, but the ensuing behaviors from those suffering can cause significant strain on peer relationships when friends or loved ones do not know how to deal with the abnormal behavior or affect exhibited. Therefore, many students and tutors in the writing center who struggle with mental health concerns may be dealing with loss of friendships and social isolation in addition to their invisible disability. Since the prevalence of mental disorders in wider society is clearly demonstrated and several impacts of these disorders can be seen, it is particularly important that writing centers reflect on the experiences their tutors or students may be having in and out of appointments, and implement mindful tutoring practices amid an accepting environment. Further exploration of those suggestions will be explored later in this paper. It is not enough, however, to stop the analysis of mental

health concerns in society and in the writing center at overall prevalence; an examination of these issues through a racial and ethnic lens is also required, as it has largely been left out of writing center literature to date. Students on college campuses and in Trinity's Writing Center are not a monolith and they do not all come from similar racial/ethnic backgrounds with similar lived experiences. It is these lived experiences, both environmental and psychological, that have significant impacts on variations in mental health across racial/ethnic backgrounds, and writing centers have an obligation to reflect on what their students and tutors may be dealing with disproportionately according to race/ethnicity.

Racial/Ethnic Differences in Overall Mental Health

Before delving into patterns of mental health in racial/ethnic backgrounds at either the broad level or at the level of specific disorders, a disclaimer is necessary regarding the communities that are included in this discussion and those that are excluded. Existing research and literature about mental health and mental disorders by and large fail to include indigenous communities in research studies. Those studies conducted with the purpose of highlighting differences or disparities in mental disorders and mental health across racial/ethnic lines focus only on White, Black, Latinx, and Asian American individuals and do not mention how and where Native Americans may fit into these prevalence patterns. The failure to include them in this analysis was therefore not a conscious decision or a mere oversight; it was due to a lack of existing research studies or data on mental health of indigenous communities as they relate to other racial/ethnic groups.

It is clear that mental health concerns do not impact students and adults of all racial/ethnic backgrounds uniformly. An examination of overall mental and emotional well being between white people and people of color in the U.S. reveals that people of color experience greater levels of stress and poorer overall mental health than white people due to racial discrimination. It is important to note that the following findings do not exist in a vacuum; they can and should be applied to college-aged students that enter writing centers either as students or tutors, but research specifically on these issues in the writing center do not currently exist. One research study conducted on African Americans had respondents

answer questions about the nature of racist events they experienced, the prevalence of those events, and the extent to which those events were perceived as stressful (Landrine & Klonoff, 1996). Their results indicated that not only do Black Americans experience rampant discrimination, but that incidents of discrimination were largely perceived as stressful and elicited psychiatric symptoms such as feelings of inadequacy, low self esteem, and somatic symptoms such as headaches, backaches, and neck pain (Landrine & Klonoff, pp.154-155, 1996). These incidents of racial discrimination and ensuing negative psychiatric symptoms and stress levels are not something white Americans have to deal with.

Furthermore, Lewis, Chesler, and Forman (2000) found that students of color at Predominantly White Institutions (PWIs) were exposed to a great deal of “colorblind” mentalities and racial stereotyping. The stereotypes that students of color faced from their white peers were both about academic expectations (low expectations for Black and Latinx students and high expectations for Asian students) and behavioral expectations that assumed all Black and Latinx students would know about poverty, urban living, and would be good dancers or athletes. These stereotyped and/or colorblind experiences were associated with increased pressure for conformity and assimilation (i.e. demands to speak English only or instances of White students minimizing the significance of race and questioning why people had to bring race into discussions), led students of color to feel “othered” due to white students’ ignorance about non-white cultures, triggered emotional anger or pain, and led to internal questioning of one’s identity and sense of belonging/place (Lewis, Chesler, & Forman, p.77, 2000). Students of color in this study and several others since were shown to be excluded and marginalized when in predominantly white settings. This is particularly true for Latinx and Asian students who tend to be sidelined in conversations about race, as the discussion often centers around a Black-White binary (Lewis, Chesler, & Forman, p.83, 2000). Increased levels of stress and psychiatric symptoms are clearly found in students of color when compared to white students due to racial/ethnic discrimination, suggesting that overall mental health/mental well being for students of color is worse than for white students.

Racial/Ethnic Differences in Specific Disorders

A discussion about mental health variation across racial and ethnic backgrounds requires a more nuanced analysis than mere overall mental health; differences in prevalence of specific disorders through a racial/ethnic lens must also be discussed. For the purposes of feasibility, this paper will examine racial/ethnic differences in the following mental disorders only: depression, anxiety, and PTSD. This is by no means an exhaustive analysis and future research should examine variance in prevalence of other disorders across racial/ethnic backgrounds as well.

By and large, racial microaggressions and perceived discrimination among people of color are predictive of increased depressive symptoms and diagnoses of depression. One caveat to this is that contrary to the evidence for Latinx and Asian individuals, Black people may have equal or lower rates of depression as White people. Hwang and Goto's research on Asian and Latinx Americans revealed that perceived discrimination was strongly correlated with increased psychological distress, suicidal ideation, clinical depression, as well as state (temporary) and trait (long-term) anxiety (2009). For these ethnic groups, a combination of frequency of discrimination and appraised stress of the discrimination was predictive of the aforementioned depression and anxiety symptoms. Other studies have found this to be true of Black individuals as well as Latinx and Asian individuals when faced with racial microaggressions (Nadal et al., 2014). Nadal et al. noted that racial microaggressions, which are abundant at PWIs like Trinity College and undoubtedly so in our Writing Center staffed by majority white or white-passing tutors, were correlated with increased depressive symptoms and negative affect or a negative view of the world for students of color (2014). Different types of racial microaggressions that lead to depressive symptoms are shown to Black and Latinx students than to Asian students, with Black and Latinx students being victim to more inferiority and criminality-related microaggressions and Asian students receiving more exoticization and invisibility-related microaggressions (Nadal et al., 2014; Hwang & Goto, 2009). These nuances are incredibly relevant to writing center tutoring practices as well as the environment created among tutors and administration. Both white and non-white tutors should be conscientious of their biases and ensure they are not enacting these microaggressions toward students of color from a different

racial/ethnic group than their own. Students and tutors of color are likely already entering the writing center with experiences of microaggressions outside of writing center doors, and such a space should be free of perpetuation of microaggressions that lead to increased depressive symptoms.

Other research, however, have found that Black people may have lower rates of depression than other racial/ethnic minorities, and may in fact have equal or lower rates as White people despite the fact that Black people undergo more psychological distress than Whites (Mezuk, et al., 2010). This unexpected finding has largely been due to unhealthy coping behaviors such as smoking and poor eating habits that may be common in lower-income Black communities that are given poor infrastructure and limited access to healthy foods or recreational activities (Mezuk et al., 2010; Landrine & Klonoff, 1996). In communities where this is true for Black individuals, their physical health may be at risk due to efforts to redirect the psychological stress placed upon them from microaggressions and discrimination.

Anxiety disorders also have prevalence patterns that follow racial ethnic lines in the U.S. Contrary to findings on depression, however, White Americans show higher rates of Generalized Anxiety Disorder, Social Anxiety Disorder, and Panic Disorder symptoms than any other racial/ethnic group when compared to African Americans, Latinx Americans, and Asian Americans, even when controlling for gender, age, and socioeconomic status (Ansaani et al., 2010; Himle et al., 2009). Among all the racial/ethnic groups studied by Ansaani et al., Asian Americans were least likely to meet diagnostic requirements for all of the anxiety disorders (2010). Himle et al. (2009) also found, however, that when Black people did experience anxiety disorders their severity and impairment was greater than that of White people. These are certainly notable findings, although researchers have suggested that increased rates of anxiety for White people may be indicative of bias in the wording of DSM criteria/guidelines that “do not capture culturally specific experiences or symptoms” of the disorders, thus lowering prevalence rates for minority groups in a misleading manner (Ansaani et al., 2010; Alegria et al., 2004). Current research on anxiety disorders across various racial/ethnic backgrounds is relevant to the writing center because the findings force writing center leadership and tutors to question their preconceived stereotypes that racial/ethnic minority students coming through the door suffer from more strained mental health than

White people across the board without nuance, while also highlighting potentially significant structural bias in the way students from various racial/ethnic backgrounds may obtain treatment and validation of their undiagnosed disorders.

The final disorder discussed here as it pertains to variance in racial/ethnic backgrounds is PTSD, which is more common in Black and Latinx individuals than White or Asian American individuals (Ansaani et al., 2010). Current research is split, with a majority noting the highest prevalence of PTSD in Black people and a smaller percentage noting the highest prevalence in Latinx people. It is agreed, however, that both groups demonstrate higher rates of PTSD than White or Asian individuals in the U.S. Himle et al. (2009) found that both African Americans and Black Americans of Caribbean descent had higher rates of PTSD than Whites, explained in part by environmental factors. These researchers argue that the increased PTSD rates and the more persistent likelihood to develop the disorder over the course of one's lifetime (rather than just in young adulthood as is the case for Whites) is partially explained by the fact that Black Americans are more likely to live in areas where they are at increased risk for witnessing or being victim to a violent assault, a risk factor for PTSD, due to systemic racism in residential patterns (Himle et al., 2009). Alternate explanations for the high prevalence of PTSD for Latinx people over any other racial group have been explained by increased peritraumatic dissociation in Latinx individuals, wherein a person experiences altered states of consciousness at the time of trauma as a sub-conscious coping mechanism (Pole et al., 2005). Additionally, although both Black and Latinx individuals are likely to experience high rates of discrimination in society, Black families may have more explicit preparation and conversations with children about how to cope with that expected discrimination than non-Black Latinx families (Pole et al., 2005).

PTSD is a disorder characterized by unexpected and intrusive thoughts as the individual re-experiences their trauma, avoidance and numbing behaviors where they close themselves off to others, and/or increased arousal, irritability, and trouble concentrating (Hooley, Butcher, Nock & Mineka, 2017). Because of the overwhelming and what can appear random nature of these symptoms, it is imperative that writing center tutors and administrators have patience and grace with students or tutors who begin

experiencing PTSD symptoms during a session or shift. It may not always be recognizable as PTSD manifesting and may instead be mistaken for a difficult student who has shut-down, is uncaring, or is unjustifiably irritable towards a tutor or tutee. Nevertheless, it is critical that an emotionally intelligent, caring, mindful, and accepting environment is created in the writing center in order to best serve students and tutors suffering from PTSD and other disorders.

State of Mental Health Concerns at Trinity Across Racial/Ethnic Lines

Based on the existing literature, I argue that the tutors and students of Trinity College's Writing Center likely mirror wider society's trends related to broad mental health concerns, disparities in overall mental well-being among different racial/ethnic backgrounds, and differences in prevalence rates of specific disorders among different racial/ethnic backgrounds. Based on the U.S.' high prevalence of mental disorders, the relative silence around those disorders, and the lack of writing center literature about tutor or student mental health, it is reasonable to assume that a significant percentage of Writing Center Associates and students also suffer from mental disorders without receiving sufficient support from the writing center. Degner, Wojciehowski, and Giroux (2015) have conducted one of the only research studies on writing center tutors' mental health, and their findings confirm the hypothesis that many tutors deal with symptoms of mental disorders while facing significant fears about disclosing their struggles due to stigma. Students on the other end of the writing center table likely also face significant barriers to disclosing their mental disorders to professors or writing center staff due to fear of stigmatization, as evidenced by Kranke et al.'s findings that college students often refrained from disclosing their mental disabilities to professors or for accommodations out of fear of stigmatization (2013).

As of the 2020-2021 school year, Trinity College has an undergraduate student population of 2,195. Of those students, 63% are White, 9% are Hispanic, 6% are Black, 4% are Asian, 3% marked their racial/ethnic background as "unknown", and 2% identified as two or more races. 13% are classified as International/non-resident (I'm First! Guide to College, 2021). Although these data are representative of the college as a whole and not of the Writing Center specifically, they are as close a portrayal of the

Writing Center demographic makeup as was obtainable for this research. Assuming the prevalence of mental disorders among Trinity students resembles that of the general public, approximately 988 of Trinity's current students, 45% of the population, will suffer from a mental disorder at some point in their life. Furthermore, since 1 in 4 college-aged adults between ages 18-24 suffers from a diagnosable mental illness, it can be estimated that approximately 549 students on campus currently have a mental disorder (Degner, Wojciehowski & Giroux, 2015). The percentage of students dealing with negative mental health symptoms without a diagnosis is undoubtedly higher, and this high prevalence surely does not impact students of different racial/ethnic backgrounds uniformly.

Through existing literature on overall mental health and mental well-being among White, Black, Latinx, and Asian Americans, we know that people of color have more distressed overall mental well-being because of exposure to discrimination and microaggressions as indicated by increased stress, feelings of inadequacy, and feelings of marginalization in predominantly white spaces (Lewis, Chesler, & Forman, 2000; Landrine & Klonoff, 1996). The same is predicted here for students of color at Trinity, a predominantly white institution where students of color are consistently exposed to racial microaggressions both in the academic setting and in the social setting on campus. These distressing symptoms are not easily left at the door of the Writing Center when students enter, so students of color may be carrying a heavy burden as they enter appointments that White students do not have to carry.

Trinity's population, and by proxy the population of students and tutors entering the Writing Center, likely experience prevalence rates of depression, anxiety, and PTSD disproportionately as well. We can assume based on what is known about U.S. prevalence rates across racial/ethnic backgrounds that more Latinx and Asian Trinity students entering the Writing Center as tutors or students are experiencing depression than White students entering the center. Black students in particular, however, may experience lower prevalence of depression than other racial/ethnic groups. Anxiety disorders in the Writing Center may manifest in the opposite manner, with more White tutors and students experiencing Generalized Anxiety Disorder, Social Anxiety Disorder, and Panic Disorder than any other racial/ethnic group. Writing Center staff should keep in mind that, although research has found higher prevalence of anxiety

disorders in White people than other racial/ethnic groups, this may be due to bias in the diagnostic criteria that fail to account for cultural differences in manifestations of anxiety disorders, resulting in the underdiagnosis of people of color (Ansaani et al., 2010; Alegria et al., 2004). If this presumption in the research is true, Trinity's Writing Center must be conscious of the fact that a large number of Black, Latinx, and Asian students/tutors may be dealing with symptoms of anxiety without the support/validation of medication or psychological treatment due to structural bias and their ensuing lack of a formal diagnosis. Since many anxiety disorders have an initial age of onset of young adulthood, Trinity College students of all races/ethnicities are in the prime age to develop anxiety disorders and may be dealing with new, undiagnosed symptoms for the first time (Himle et al., 2009). Lastly, if Trinity's population is consistent with wider U.S. statistics, the Writing Center likely also has more Black and Latinx students and tutors who suffer from PTSD than White or Asian students who suffer from PTSD (Ansaani et al., 2010).

Implications for Tutoring Practices

The purpose of this extended analysis regarding racial/ethnic differences in mental health and mental disorders is not only to bring awareness to the Trinity College Writing Center that students from different backgrounds are disproportionately affected, but also to provide implications for tutoring practices based on these findings. First and foremost, the varying forms of discrimination and microaggressions that lead to poorer overall mental health among students of color should be at the forefront of tutoring practices, so that the Writing Center does not perpetuate the racial stereotypes found elsewhere on the PWI that is Trinity College. We know that Black and Latinx students are more likely than any other racial/ethnic group to be targets of stereotypes related to criminality and wrongdoing, whereas Asian students are more likely to be targets of exoticization, the model minority myth which is associated with unreasonably high academic expectations, and more likely to be viewed as the same as others in their group (Nadal et al., 2014; Hwang & Goto, 2009). We also know that exposure to racial stereotyping, microaggressions, and discrimination are harmful to the overall mental health of racial

minorities. Writing Center staff should thus be sure they are not perpetuating racial stereotypes by jumping to conclusions about the integrity of certain students' work (i.e. suggesting plagiarism or other forms of cheating) or by making assumptions about a student's needs based off of the student's name or ethnicity simply because the tutor has worked with other students from the same racial/ethnic group. The mental stress from being on the receiving end of these biases, and perhaps increased risk of depression and PTSD for some racial/ethnic groups, may be present not only in the students Trinity's Writing Center serves but also in the tutors who work there. Therefore, Writing Center staff and tutors must be as conscientious in their interactions with fellow tutors to not reaffirm the racial stereotyping and microaggressions that occur outside of the Writing Center's doors as they are with student writers.

Specific ways to create a more equitable and sensitive environment for students from all racial/ethnic backgrounds in regards to mental health include implementing training on mental health for tutors that addresses both the mental health of students and of tutors themselves. As explained previously, Degner, Wojciehowski, and Giroux (2015) found that only 28% of tutors surveyed said they'd received training on how to best tutor students who are dealing with mental health concerns and a mere 6% said they'd received training on how tutors themselves can cope with mental health concerns during a session. This is something that must change across all college and university writing centers, and Trinity's Writing Center must take ownership of that process for themselves. RHET 302, Trinity's training course for all new writing associates, should include explicit training on the high prevalence of mental disorders as well as tools for tutors who may be dealing with these concerns and tools to incorporate into tutoring sessions when their tutees may be dealing with mental health concerns. This will serve to not only destigmatize mental disorders by emphasizing how common they are, but will also provide new tutors with a foundation for caring for their own well-being and the well-being of their tutees. An in-depth training on these topics may need to be limited to a single unit (i.e. one or two class periods) due to time constraints, but discussions about how mental health concerns relate to various writing center scenarios and topics should be implemented consistently throughout the course, so as not to sideline mental struggles as a topic that is mutually exclusive from other areas of writing center history and practices.

Another implication for tutoring practices based on existing research on mental disorders and overall mental distress variations across racial/ethnic lines is to implement mindfulness practices both before and during tutoring sessions. Current research reveals that mindfulness and meditation practices have significant positive impacts on the brain, including reducing anxiety, depression, stress, improving concentration, and improving overall mental well-being (Walton, 2015). Long-term meditation can actually preserve grey matter in the brain that otherwise decays with age, and according to Alice Walton a Johns Hopkins study found that mindfulness meditation actually had the same exact measurable effect on depressive symptoms as antidepressant medication did (2015). The benefits of meditation are thus incredibly beneficial not only for the general population, but particularly for students dealing with the mental disorders discussed in this paper: depression, anxiety, and PTSD (which has many overwhelming anxiety-like symptoms). In the interest of best serving its tutors and students, the Trinity College Writing Center should encourage the use of mindfulness practices during tutoring sessions. While these strategies are certainly helpful outside of the writing center and staff should encourage tutors and students to practice mindfulness techniques on their own time, they would also be profoundly impactful during tutoring sessions for students or tutors dealing with mental health concerns. They may be particularly helpful for students dealing with added burdens of microaggressions on a PWI, discrimination, or a sense of “otherness” in addition to mental health concerns.

Johnson (2018) discusses the benefits of incorporating mindfulness into writing center appointments, noting that it clears a space in the mind of an overwhelmed or weighed down student or tutor so that they can better participate in the process of collaborative writing. Either when a tutor themselves is dealing with particularly strong or distracting symptoms of their disorder, or when they recognize that a student seems stressed, anxiety-ridden, or distracted, Johnson encourages them to take a few minutes at the beginning of a session to practice a couple of mindfulness techniques together. The tutor should always be transparent with the student and check that the student is comfortable participating, and it is critical that both tutor and student participate rather than just one or the other in order to optimize the benefits of the practice (Johnson, p.30, 2018). Depending on the needs and current mental state of

both the tutor and tutee, the nature of this brief mindfulness meditation may be active and engaging or may consist of sitting silently for a few minutes. Encouraging tutors to incorporate mindful practices into their Writing Center appointments is an effective and attentive way to cater to the mental needs of tutors and students on Trinity's campus, particularly those from racial/ethnic backgrounds who are more likely to deal with particular disorders.

Additionally, hiring and training with emotional intelligence in mind should be incorporated as a central tenet of the Trinity College Writing Center. Including questions that indicate emotional intelligence during the interview process when looking to hire new tutors may be a critical way to do this. Effective Writing Associates should be able to be empathetic toward the unique situations that their tutees may be facing outside of the writing center, and should recognize that students may be entering sessions while carrying the burden of an invisible mental disorder or racist societal factors that negatively impact their mental health. Having a center staffed by emotionally intelligent tutors would not only be beneficial for students entering the Writing Center for help, but would also mean that the tutors themselves would be more likely to identify their feelings and symptoms correctly and take the time they need to address their own mental health. Writing Center administration and associates at Trinity should thus collaborate to come up with interview questions that demonstrate whether a candidate would potentially have a high level of emotional intelligence that would allow for meaningful, culturally sensitive tutoring sessions that keep invisible disabilities in mind. For tutors already in the Writing Associates program, ongoing training aimed at strengthening tutors' emotional intelligence and empathy should occur both through the RHET 302 class and all-staff meetings.

Finally, I argue that Trinity College's Writing Center must continually work toward creating an environment more encouraging of disclosure for students and tutors suffering from mental disorders or mental health concerns. Failure to disclose mental health concerns poses a significant barrier to receiving the full breadth of support that students from all racial/ethnic backgrounds deserve, yet many students feel uncomfortable exposing their invisible disabilities to a resource (or workplace) like the Writing Center due to stigma. This is a valid feeling for students and tutors to have and disclosure should not be

pressured upon anyone, but the Writing Center must do all that it can to create a welcoming and supportive environment that normalizes mental health concerns, should students wish to disclose. Part of creating a friendly environment that is conducive to disclosure of mental health concerns is adding a space for students to indicate any visible/invisible disabilities they'd like their tutor to know about before the session when booking Writing Center appointments. This would by no means be a mandatory section to fill out, but simply providing the option to disclose in a friendly-worded way may make a student feel as though invisible disabilities are something the Writing Center considers to be important and central to determining how best to support them, even if they choose not to disclose in writing.

Trinity's Writing Center should also be an environment where tutors themselves feel comfortable to disclose if they so choose, without a fear of stigmatization or a fear of being seen as less capable. Degner, Wojciehowski, and Giroux (2015) offer advice as to how to best create this welcoming environment for writing center staff, suggesting that frequent discussions from administrators should highlight the Counseling Center as a resource for all students rather than merely referring tutors there after administrators notice a change in behavior or affect. Additional mental health resources should be distributed to all tutors and should be posted in the Writing Center and on the Writing Center's website. Frequent and casual low-stakes opportunities for disclosure should also be created by Writing Center administration, so that coming forward with mental health concerns can occur in a more natural and comfortable manner as opposed to feeling like a major discussion that tutors have to make the decision to hold (Degner, Wojciehowski & Giroux, 2015). These low-stakes opportunities may consist of regular one on one check-in meetings with Writing Associates or mere small-group activities during all-staff meetings where Writing Associates are asked to share their rose, bud, and thorn (highlight of the week, something they're looking forward to, and something that they've been struggling with/something negative during the week) or participate in similar activities.

Regardless of whether Trinity's Writing Center immediately implements one, two, or all of these recommendations for tutoring, Writing Center staff should take the time to address the fact that a likely high percentage of both tutors and student writers using the Writing Center are struggling with mental

health concerns. Furthermore, they should examine and take into consideration the varying levels of overall mental health that students from various racial/ethnic backgrounds may be experiencing, and note that all students do not experience these mental health concerns at the same rates. The Writing Center should do all it can through its tutoring practices and the environment it creates to combat the societal factors that exacerbate students of color's increased risk for overall more distressed mental health and to better support all students with invisible disabilities.

Future Research

In light of the lack of existing literature on racial/ethnic differences regarding mental health in the writing center, more research must be conducted that analyzes these issues across racial/ethnic lines.

Future research studies could include the following:

- Surveys that examine racial/ethnic patterns of formally diagnosed mental disorders; symptomology of specific disorders; and overall mental health as predicted by stress, exposure to discrimination and microaggressions, and/or sense of “otherness” and a lack of belonging for Trinity students broadly
- Surveys that examine racial/ethnic patterns of formally diagnosed mental disorders; symptomology of specific disorders; and overall mental health as predicted by stress, exposure to discrimination and microaggressions, and/or sense of “otherness” and a lack of belonging for Writing Associates and students who have visited the Writing Center
- Research or surveys that analyze differences and similarities for mental health struggles across racial/ethnic lines between tutors and students (are student writers more likely to face different mental health concerns than tutors, or vice versa?)
- Surveys aimed at determining whether students and tutors at Trinity College (and beyond) have experienced microaggressions or instances of discrimination in the writing center during tutoring sessions, and whether those instances impacted their sense of mental well-being

- Additional research papers like this one that examine prevalence of other disorders not mentioned here broadly and across racial/ethnic lines (i.e. Bipolar Disorder, Obsessive Compulsive Disorder, Attention Deficit/Hyperactivity Disorder, Personality Disorders, Substance Use Disorder, Eating Disorders, Dissociative Identity Disorder, Schizophrenia)

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