



If only

One teacher's autobiographical
narrative inquiry
of mental illness

by Virginia Rego

The day I admitted that I needed help was terrifying in the moment and lifesaving in the end. The terrifying part was having my mask fall away that had been trying to hide my mental illness revealing what seemed to be my brokenness. Now all would see that not only was I less than perfect, but I was not even good enough.

The concept of good, of being good and seen as good, drove much of my thought processes and behaviours throughout my formative years and indeed through adulthood. What I now see as manifestations of mental illness, I saw then as things I had to hide about myself. For four decades I fought the mental illness. I thought that if I were only smart enough, disciplined enough, had enough willpower, that I could outsmart it, that I could “just get over it.”

Since being diagnosed with an anxiety disorder and accepting treatment, the endless ruminating and worrying in my head has stopped; it feels like my brain can actually turn off when I want it to. I now know what it means to no longer be hurting myself. My current state of mental health is linked to my ability to accept the diagnosis of an anxiety disorder that I fought for four decades, that I tried to control in secret, in shame. As part of that acceptance I have learned that I am not defined by my illness, and it is through this understanding that I am able to be open about my experience. According to the Public Health Agency of Canada (2015), “Mental health and mental illness are not mutually exclusive concepts, i.e. someone with a mental illness can experience good mental health, while someone

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The author posing for a picture in her kindergarten classroom, 1972.

self-loathing from my own sight with feigned joviality or self-justifying combativeness ... this slush of pitiless, negative self-judgment only intensifies the desire for escape and oblivion. (p. 332)

I no longer have the need to escape, at least at this moment in time, but what I have now is compassion for myself and others when we do escape, in whatever form that takes. Recognizing that I am not a health care professional but rather someone trying to understand my own experience, I found these statements

about mental illness helpful: (Public Health Agency of Canada (2014):

Q. What is mental illness?

A. Mental illnesses are characterized by alterations in thinking, mood or behaviour associated with significant distress and impaired functioning.

Q. How do you get a mental illness?

A. Mental illness arises from a complex interaction of genetic, biological, personality and environmental factors ... specific risk factors include: family history of mental illness, age, sex, substance abuse, chronic diseases, stresses (family, workplace, life events).

To me, these statements make sense – they resonate with my own experience. From understanding self I began to be able to consider these statements in the complex context of working with and caring for others, and the great responsibil-

ity we hold in our positions as teachers. According to Peter Smagorinsky (2011):

Mental illness remains a human construct that is designed to separate normative from extranormative psychic makeups in order to provide appropriate treatment for those who fall outside the normal range. At times, these diagnoses can be beneficial, such as when a person has extremely atypical characteristics that can lead to harm to oneself or others. Yet at other times, the designation of one as having a mental illness can produce stigmas long associated with insanity that themselves become at least as debilitating as the extranormative condition itself. (p. 207)

Smagorinsky's position is that children who are identified as being different, or "disordered," can have more consequences from the diagnosis than from the original disability, disorder, or difference that got them labeled in the first place. However, he cautions that there can be negative consequences for disorders that aren't treated. We know that "people with mental disorders experience a high burden of mortality at the individual and population levels" (Walker & Druss, 2015, p. 340). For example, anorexia nervosa has the highest mortality rate of any mental illness – 10-20% of those diagnosed will die from the illness, either from medical complications or suicide (Canada Mental Health Association, 2014). Mortality rates for other mental illnesses are difficult to determine, as explained by Walker and Druss (2015):

The link between mental disorders and mortality is complicated because most people with mental disorders do not die of their condition; rather, they die of heart disease and other chronic diseases, infec-

without a mental illness can experience poor mental health" (p. 3). In my case, for example, I am currently being treated for a mental illness, and currently consider myself in a good state of mental health.

The anxiety and eating disorders no longer control me, but they do lurk as muted presences, outlines of shadowy memories that remind me of my own vulnerability, and that of others. This awareness has allowed me to develop compassion, a quality that had been elusive in me. Regarding compassion, in his practice as a physician, Dr. Gabor Maté wrote:

When I'm reasonably balanced in my personal and spiritual life, I don't have difficulty finding compassion for my addicted patients. I'm curious about their life histories and self-perceptions and, for the most part, I'm able to avoid imposing judgments on them ... Things are very different when it comes to my own self in the midst of an addicted phase. Suffused with corrosive shame, I attempt to hide the

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tions, suicide, and other causes. Another complicating factor is that mental disorders are associated with risk factors for mortality. People with mental disorders have high rates of adverse health behaviors, including tobacco smoking, substance use, physical inactivity, and poor diet. In turn, these behaviors contribute to the high rates of chronic medical conditions among people with mental disorders. (p. 235)

Understanding and responding to the needs of mental illness is indeed a great responsibility, yet it is not something we can afford to shy away from. According to the Centre for Addiction and Mental Health, mental illness will impact one in two Canadians by age 40 with the onset of symptoms occurring during adolescence. Mental illness impacts individuals, families, school systems, work places and society at large. One measurable impact of mental illness is the economic encumbrance estimated in Canada at \$51-billion per year. Other costs not easily tallied on a budget sheet include the emotional and other burdens on family members.

While my own diagnosis wasn't until my mid-40s, I am hopeful that as we learn more about mental health that others are able to be supported sooner as "early recognition of mental illness and appropriate response can minimize the impact of the illness" (Public Health Agency of Canada, 2015).

I became interested in mental illness and health while writing my dissertation as part of the Educational Leadership and Policy Doctor of Education program at the University of British Columbia.

Through the means of storytelling and reflection I explored what it was like to have mental illness as a student and as a teacher. Through all these years in the classroom as a student I showed up, according to my report card comments and school journals, as a happy and capable student, "a pleasure to have in class." Yet my home diaries reveal a child struggling to be okay, to be seen as good and good enough. The student grows up and becomes the teacher.

Through all my teaching years I didn't see the signs that not all was okay. I continued to teach behind the fear of being revealed as not good enough to be allowed to be in a classroom with students, to be a responsible and competent teacher. I can still recall the shame felt when accepting my first teaching position: my joy of finally getting my own classroom overshadowed by guilt as I wondered what kind of a role model I was for my students when I couldn't even control the eating disorder. I focused my energy on trying to outsmart myself by out-thinking my racing brain, excessively exercising my restless body, and over-scheduling myself to not leave any

space for the mental illness to take a grip. Eventually this outsmarting myself came to an end as the effort became too much for my body and I "crashed" which led to my diagnosis and treatment. But, I ask did I have to crash? Could I have been treated sooner? And how do we, as a society, look for the signs to provide support? And even more importantly, how do we create a society where people feel safe enough to seek that help themselves? I share my story in the tradition of teachers such as Clandinin (2013) who writes that it is through the sharing of our stories that we can "rethink and reimagine the ways in which [we] practice and the ways in which [we] relate to others" (p. 51). Through publicly sharing my own story I hope that others with symptoms of mental illness might find the means to seek help. My other hope is that teachers might be able to recognize signs of mental illness in their students to facilitate early diagnosis and treatment, and to support mental health overall in the classroom.

I close with the words of Peter Renner (2001): "Maybe the only teaching we can do is by example. Our actions, our lives become the 'living textbook' that we share with others. Maybe all we can do as teachers is, as you have done, be open, honest, and vulnerable about our struggle." (p. 207) 

Virginia Rego, EdD, is a teacher currently in the role of education officer in the Ministry of Education. A teacher and VP with more than 14 years of experience that included classroom, learning assistance, alternative education, and distributed learning, she unintentionally left the classroom to join government in 2006. She has since held portfolios in exams and assessment, literacy, and course development. Her educational and research interests are grounded in care of individuals with a focus on the systems surrounding them. This article (Virginia's fourth contribution to Adminfo) is derived from her dissertation, *You are my mirror: one teacher's autobiographical narrative inquiry of mental illness* (2017) available at <http://bit.ly/RegoMirror2017>. Virginia can be reached at Virginia.rego1@gmail.com or visit www.linkedin.com/in/virginia-marie-rego/