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**More Examinations of Invisible
Labor**

#Triggered

The Invisible Labor of Traumatized Doctoral Students

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Content notes: *institutional ableism, complex trauma, childhood trauma, psychiatric illness/disability, anti-fatness, substance misuse*

In 2017, I diagnosed my co-author with complex post-traumatic stress disorder (cPTSD). Everything pointed to this framework: her childhood being raised by psychiatrically disabled parents, including her father's rapid-onset bipolar disorder when she was eight years old and his subsequent estrangement and death; her mother's pernicious hoarding and developmental issues; her family's right-wing conspiracy theories about immigrants that have targeted her partner and their children; and her family's eviction from their upper-class lifestyle following her father's extended mental health crises. Everything fit, and simple PTSD wasn't quite explaining the devastating impact of her experiences on her day-to-day mood fluctuations, difficulties in her romantic relationships, and her history of substance misuse. I wanted to help her find a frame that she could make sense of, that could augment her long-standing therapy and self-care practices.

Not long after this, I continued reading about cPTSD and its emergence, inception, and impact and it hit me that this too fit my experiences: my own non-relationship with my manipulative alcoholic father, and growing up under his constant surveillance and emotional abuse, followed by similar patterns in my own personal and romantic relationships. My mother's bizarre belief that "keeping our family together" was best for me and for her, an essentially single parent to a neurodiverse and highly intellectual autodidact child (me), was actively harmful to both of us, which she couldn't face at the time. My father's drinking was out of control for over 10 years, from ages 8-18, and I have been indelibly marked by his abuse, as has my mother. I was left to guess at his emotional state at every moment, knowing that the slightest refusal in my body language, speech, and "attitude" would send him into a towering rage that lasted long into each night, his screams of insult and harm flung at my mother echoing up the stairs into my bedroom, behind a door that didn't lock.

My co-author and I have emerged from our worlds with scars: many metaphorical and literal, and have made choices that placed us back into comfortable dynamics of abuse and manipulation, co-dependence and isolation. For both of us, complementary and alternative medicine have been salves for our untreated wounds: acupuncture, somatic therapies, osteopathy, and various witchy practices of intention-setting, Tarot, spell-casting, and working

with crystals have helped us take back some of the agency that was stripped from us long ago and create stable senses of ourselves and each other. When we first met in 2016, we learned this about each other slowly, each hesitant to reveal too much weirdness at once, so used to being belittled and disregarded by men, misunderstood by women. As I write this now, in August 2020, we are more fully ourselves largely due to each other and our ongoing encouragement and support through the lifelong project of healing from trauma done to us in many forms. We are healing and we share this work with our students in our teaching work.



Image 1: A candid photo of a small white girl-child with white-blond hair wearing a denim jumper over a patterned purple long-sleeved shirt. Jesse is dancing with someone just out of frame in the foreground. In the background, her mother, mother, a thin white woman, wears a party hat, a teal shirtdress, and a pale pink cardigan. She is leaning against a doorframe, unsmiling. Behind her stands Jesse's father in a black button-down shirt with his hands in his pockets, also unsmiling.

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I started our doctoral program in 2017, and I was immediately struck by the heavy alienation of being the most working-class person in my cohort; I was white, along with 15 others, and 2 international students from China rounded out the select group of 20 incoming students. Two white-passing people of color identified themselves later, and there seemed to be no other disabled people, one fat woman, and a smattering of cisgender LGBTQ white students entering with me. To orientation, I wore a mini skirt (it was August in New York City), 4-inch platform sandals, a light top and a blazer, already self-conscious about my cheap clothes in a room full of folks fresh out of undergrad at various private schools across the country. As always, I walked with my sparkly lavender cane, and wore noise-canceling headphones until politesse demanded I remove them.

This was my first experience in my doctoral program, and it established a set of implicit rules that I have remembered in every interaction with my “peers” since: class trauma will be an everyday part of this experience; ableism will occur nonstop; fatphobic remarks will hush when I stand too close to the others, but my queerness is a common ground. Unfortunately, I am not just queer; I am a fat white crip femme anarchist from North Carolina working to dismantle white supremacy and ableism inside higher education. My work did not begin or end in graduate school, but my work has proven intimidating and even hostile to many faculty and students, and doctoral study is just another institutional hellscape that I just have to push through, my labor and my value remaining invisible—out of a desire to survive.

I am acquainted with invisibility: my chronic illnesses are all invisible unless you know what to look for: hyperextended knees and elbows, heat packs and herbal balms slapped between my shoulders and at the top joints of my arms, my foldable cane that I no longer hide, my rollator stashed at home under my apartment building staircase. Medical institutions react about how you’d expect to clinical invisibility: it’s not there; you’re faking; it’s psychosomatic. I’ve lost count of the imaging and blood work that all comes back clean, aside from a smidge of T-spine scoliosis that allows me semi-regular epidural injections in my spine that provide negligible relief. I fail every test, or I pass: whichever one has no diagnostic significance.



Image 2: A full-body mirror selfie of author Jesse Rice-Evans, a fat white femme, in a gray blazer, black jeans, round tortoiseshell sunglasses, pink slip-on shoes, holding her lavender cane at an angle. She is wearing a Pokémon-printed scarf and carrying a canvas shoulder bag.

I get dressed up before medical appointments to be taken seriously in my fat femme body. Whiteness and the clout of my looming PhD give me much more power in these interactions than many of my friends are granted, but usually I am ignored, brushed off, chided for my “ob*sity” and released. Now in every medical appointment, my blood pressure is high. Nurses deny they have a bigger cuff to accommodate my fat arm, and when I insist, blood rushes to my head in rage at their derision. Now I include medical trauma on my growing list of triggers, and I do my best to prepare: klonopin, water, deep breaths, a nicotine vape, and a snack afterwards.

Some part of me knew the gaslighting I experience in medical settings would roll over to my doctoral program. But I wasn’t prepared for the degree and severity, the sheer ongoingness of this trauma. Part of me wants to list them here, but my co-author and I have agreed to step in to handle each other’s triggering content in our writing, so I will leave much of that labor to her, perhaps for another time. This agreement to collaboratively care for one another through trauma and the invisible pain of a long-term traumatized state keeps us surviving, slogging through many of our days when triggers pour over us in every meeting, every email.



Image 3: Photo of Jesse and Andréa in Andréa's small Harlem apartment. Jesse, a fat white femme, sits at a table underneath large sunny windows in a green skirt, black graphic t-shirt, and pale blue hair. Her hand is up in a peace sign and she is making a goofy face. Andréa, a thin white Jewish long-haired butch, sits to the right with her legs crossed, holding her first child in her arms. She is wearing jeans and a black sweater and her brown hair is up in a low bun. On the right-hand wall, bookshelves are mounted and covered in books and a viney plant hangs from the tallest shelf. A wooden crib is visible in the middleground of the photo.

Gaslighting first entered my life at a young age, though I couldn't have named it at the time. As a young adult, I entered what would become another abusive relationship with an immature man bent on beating me down to lift himself up. He insisted I was lying, it had not happened the way I claimed, and I knew this was false; but after the 30th time being told my memories aren't real, I began to question myself: *what had I actually done? Why couldn't I remember the awful things he said I did? Why couldn't I remember saying yes?* This felt strangely familiar: my father's instability gave him permission to grasp at the same framework: *that isn't what I said* became proof of my own attempts at manipulation and rewriting history.

The first slivers of my undiagnosed neurocognitive illness emerged from this: my slippery memory feeling familiar, like how I'd rewritten my experiences with my father, calling him "difficult" and myself "difficult" when really he was *abuser* and I was *victim*. I have rewritten so many things, it's impossible to know what is real and what I remember as real and to

acknowledge the impossible synchronicity and truth to both versions. Once it made sense to look at what I had done, what I was told I had done, and hold them up to compare the two, each simulacrum was too slick and instead I dropped them to the earth and they shattered irreparably. This is difficult to face even now, the erased histories and abandoned relationships that I simply forgot existed, rendered invisible, and moved on from. If I kept moving, I felt I could move with the inertia; if it disappeared from my mind, it never mattered.

I now begin each semester with a disclaimer to my undergraduate students: *I have an undiagnosed neurocognitive illness that, along with my complex PTSD, affects my memory. I will likely repeat myself, and please bear with me and let me know if you've already heard whatever I am now saying before.* Repetition has a strange effect in my classroom: with it comes an insistent focus on clarity. We repeat until everything makes sense, which I first thought was just for me, for my own sense of movement through a course. Instead, students came to me and *thanked me, my brain*, for my dedication to repeating everything: explanations, definitions, deadlines, questions, assignments, policies. Somehow, while I felt I could barely make anything make sense, I was making more sense than ever. Students submitted brilliant assignments on topics I had completely forgotten about from weeks past, cited papers I knew I loved but forgot I had recommended. The stuff my own mind made invisible came roaring back in glorious pedagogical thrills.

I don't mean to downplay the seriousness of my neurological illnesses—whatever they are, they are huge and often overwhelming. But to see surprises emerging all around me reassured me that my brain, despite constant messages of its ineptitude from authority figures, was perhaps *a better teacher* without a thick fog of memory, flashes of my life's worst moments flooding in during commutes and writing workshops. Even my traumatic nightmares had cooled off, replaced by implacable darkness and quiet. Ongoing therapy and even disclosure had loosened the band of panic around my head at all times, and I had been convinced that self-care wasn't necessary work for my professional life. Experiencing this confluence of relief, clarity, and erasure brought some sense of confidence into my academic work. My ongoing reflection on the relationship between my bodymind and my pedagogy and praxis still hovers invisibly over my continuing work as an educator now teaching primarily faculty, with whom I do not disclose much of anything about my own bodymind. Despite the reach of my reflections on my own teaching and scholarship, my writing on these topics remains unpublished, invisible.

Of course, the nature of psychiatric illness and disability is its invisibility: only when symptoms spill over into unsafe surveillance settings do these behaviors and moods actually publicly mark a bodymind as *mentally ill*, or *unstable*. While I have been privileged to avoid hospitalization for my psychiatric disabilities, this invisibility is the double edge of (privately) identifying with disability and (publicly) actually *claiming* disability. M. Remi Yergeau and Margaret Price write thoroughly around “masking” neurodiverse manners of speech and behaviors as to avoid the derision and harm that can emerge from disclosure, while Stephanie L. Kerschbaum, Laura T. Eisenman, and James M. Jones's 2017 edited collection *Negotiating Disability: Disclosure and*

Higher Education collates many narratives of disclosure in academia, to varying degrees of alienation. The double edge is this: disclose and face increased surveillance, policing, and marginalization; attempt to “pass” and face emotional and psychic exhaustion from constantly performing a more functional, neurotypical—and false—version of yourself. Either way, the labor that goes into this decision-making remains invisible, as does the theoretical, rhetorical, and analytical work that remains ongoing throughout psychiatrically disabled individuals’ relationships to institutions. Ultimately, disclosure is *supposed to* function as a gateway to access—within administrators’ approval of what is considered “reasonable” and “unreasonable accommodations,” per the Americans with Disabilities Act (ADA). In practice, disclosure often marks already marginalized academics at all levels as dysfunctional and combative as we fight to have our needs seriously considered by authority figures lacking training in disability justice praxis, as defined by Leah Lakshmi Piepzna-Samarasinha and Mia Mingus, among many others.

In my field of composition and rhetoric, sense-making is prized as a primary goal of rhetorical work; indeed, rhetoric is often explicated as argument or persuasion based on central rhetorical tenets of pathos, ethos, and logos—common terms in first-year writing classrooms when teaching the “argument essay.” Both logos and ethos emphasize the importance of logical reasoning and building credibility through *appropriate* citation and research, again underscoring the central role of “sense,” or reason, in writing studies more broadly. Margaret Price’s *Mad at School: Rhetorics of Mental Disability and Academic Life* unpacks these themes in relationship to psychiatric illness and the loss of the supposedly-innate function of reason in writing, communication, and rhetoric studies. This privileging of reason, intellect, and Cartesian body-mind duality is rife in academia; even my dissertation, which is intended to be a larger-scale reflection of my academic work, is viewed as “experimental” due to its engagement with embodiment and trauma and pain. If I’m too triggered to write from logos, how can I argue anything at all?

I could continue listing aspects of my experience as a sick and disabled graduate student, but this piece would never end. Even now, in the era of distance education, I am asked incessantly to submit paperwork through administrators who have harassed and dehumanized me for asking for help; even now, panic simmers around losing my dissertation chair, who left my school due to anti-Black policies and other racist practices, and my trauma around disclosing the topics of my work to faculty in my department; even now I am asked to explain and justify basic access pedagogy practices to my peers and I must respectfully, always, decline these unpaid requests. For two years now, I have tracked the hours of my unpaid labor in service to my department, my graduate school, and while I am not ready to publish those numbers quite yet, I can assure you that the demand for my invisibilized labor, labor done through ongoing trauma, debilitating chronic pain and illness, my three academic jobs, and labor done on top of mandatory femme self-care practices, is immense and unrelenting.

Navigating my invisibilized labor against my formal, department-approved work is insidious and ongoing, and I want to be clear how large the scale of institutional gaslighting is in higher education. Accommodations are denied because they're not "reasonable" enough, access needs can't be met because they don't exist under university interpretations of ADA mandates, I can reserve an ergonomic chair for my classes, but when it vanishes every week, I am told that is "not possible," negating my own agency to experience the same harm, the same disregard, again and again.

The harm does not stop at what happens to my spine and hips after two hours in a hard plastic seminar chair; the harm cuts into my subjectivity, my rhetoricity. After so long in pain and so many requests to mitigate the pain, after so many denials, I have begun to say it aloud: *they treat me like I'm a problem. I know I am not wanted.* For a fierce advocate and writer like me, this admission is evidence that the constant grinding down of my personhood has been relentless. I share an article I am revising with my mother and she calls to say "[she is] sorry [I] have to deal with **so much**." But I have been able always to find an advocate, someone I share enough with who can see enough of themselves in me to experience empathy and speak on my behalf. "Not this time," I tell her. My only advocates are two of my peers, and myself when trauma hasn't drained me of my will.

This is it: the invisible labor that I must trudge through like sludge, my cane and my heavy bag and the subway stairs and hard plastic chairs and overhead lights and in-person meetings during a pandemic and the paperwork I have never been told about and the administrator who hates me messaging the whole department that she is sure that I will be destroyed. Which of these has already happened and which of these emerged in my trauma-colored dreams? I think I know, but trauma both distills the invisible into something real and erases the bearer's memories: the fuzzy edges around what I have said before combatting what I felt so profoundly that I flooded my body with words like water. Trauma does this to protect, but the effect is the same: the slow erosion of my own reality: *what had I actually done?*

For higher education, trauma hasn't even entered the equation. I can spell out my triggers in detail and told that they don't qualify as ADA accommodations. Of course, I am not asking for an accommodation; I am asking for my basic needs to be met so that I may focus on my work instead of spending each class period triggered to the point of dissociation, running into the hall to vape and cry. If my triggers won't be respected, I am unable to fall in line and complete my work. My work is now self-care in desperation, hiding my ongoing tears and rage, losing my rhetoricity, my humanity, one violation at a time.

I feel *wrong* all. of. the. time. I have acted *wrong*, I've spoken out of turn, I've taken a risk I shouldn't have, I've offended, I haven't followed the simple rules. And this *wrongness* is that I, me as a person, is actually *wrong*. I shouldn't be in whatever space I'm in, with whoever I'm with, because I will in some way soil/ruin wherever I am with my presence alone.

In my body, my *wrongness* manifests as a quickening in my chest, almost like stomach butterflies but higher and more frantic that get stuck right below my throat turning my face flush. The *wrongness* comes when I'm scared I'll be found out. I'm not afraid that I'll be found out to be an imposter or fraud; I am afraid that someone will see that every day I build an operating principle from scratch. For me, there's shame in not having a clear and defined path, something I can claim as my *modus operandi*. This divergence from *normal* is a nod to my past that I am always trying to sprint from.

The *wrongness* turns on high in academic situations where I'm being observed or watched. What if I'm found out? What if this observer (who is not in my field and technically just a colleague) tells the department what I'm doing in my classroom? The funny thing is, what I'm *doing* is practicing a radically accessible and transparent pedagogy that these observers who have no formal pedagogical training don't understand regardless of whether or not I feel *wrong*.

My *wrongness* comes from cPTSD and a few other undiagnosed psychiatric disorders that make navigating academia brutal. But this *wrongness* also informs the way I teach because I staunchly refuse to ask anything of my students that I can't do myself. My co-author and I end up being the trailblazers of our English Department but it comes at the cost of putting our whole selves far far out on the line to demand that we can provide access solutions to our students (including hybrid and online teaching **years** before there was a pandemic). We are frontrunners and outsiders, which takes a toll especially when one of us is visibly disabled and both of us are visibly queer as fuck.

I'll use our least marginalized identity as an example (our queerness): We decided to build a First Year Writing Composition course around queer identity and multimodal composition because it's our lived experience and there was nothing like it being offered in our English Department. After the unpaid labor of constructing an entire course proposal with an extensive syllabus and reading list that took a couple of months to create, we were told by one of the governing bodies at our institution that the topic of queerness was not acceptable and that students wouldn't be interested in taking it. Our course that was initially accepted, was the only First Year Writing section to be canceled a few weeks before the fall semester – we were told the reason was “low enrollment” only later to find out that both sections had waitlists. Instantly, a space that we fought for and created as two queer femmes collapsed on itself, and we were explicitly told there was no room for us.

My *wrongness* flooded in along with my need to fight and burn it all down. But that reaction was only a thinly veiled mask over the deeper feeling: we were shut out and there was no recourse, no one to go to, no way to have our course reinstated. It felt unsafe to push the topic any further, and that sense of deflation/rejection was added to the pile. Or maybe it was another chunk cut out of who we are. Either way, it left a scar that left me apprehensive to try and summit our next battle, because there's always a next battle.



Image 4: A selfie of the authors, Andréa and Jesse, in a sunny Taco Bell parking lot. They have recently escaped a composition studies conference and looked drained. Andréa holds the camera and is wearing a pale-blue button-down, her brown hair in a low bun. Jesse is wearing a black and white floral tank, pink round sunglasses, her torso and left arm at a jaunty angle. They are both scowling slightly.

Vulnerability is the currency of our emotional labor. We once made the deliberate choice to *keep up appearances*, but the toll of that performance is no longer sustainable. Vulnerability has been a powerful component of our classrooms and our students are remarkably understanding. The danger with vulnerability is that it is still seen as weakness or unprofessionalism by the credentializing institutions that we work within. We're told we're too loud, that our "work is too intensely personal to lead to scholarly contribution," we're not polished enough. For me, this creates a constant tension between how I conduct myself in these spaces and how I *should* conduct myself in these spaces if I want to play into respectability politics. And this leads to exhaustion, to questioning whether or not I belong in these unwelcome spaces.

Trigger warnings are just the beginning: a bunch of white men get on the elevator and shove me into the corner, my cane kicked more than once as they chatter; I wait for a full elevator

and get brushed aside by ableds every day, but I am in the “radical leftist” space of higher education and I am never more self-conscious about the space my body takes up: fat, genderqueer, femme, just emerged from working-class; hypervisible and invisibilized. No wonder no one can consider my trauma in graduate school, as they’re already terrified of my body itself.

This month (September 2020) marks 14 months since I passed my comprehensive exams for my PhD, and every instant of communication between me and my department since has been me begging for someone to take seriously the fact that, since my advisor left my college system due to systemic anti-Blackness (and wrote about it publicly), I don’t have any faculty who work in my field to chair my dissertation. This leaves me desperate, cornered, every request for help soaked with desperation.

When I already am convinced that I don’t belong—three years of harassment, gaslighting, and refusal have underscored my place in doctoral study—the continuous trauma of denial of access, of my basic needs as a young scholar, only results in more of the low-grade panic that has marked my graduate school experience. My only respite is the access intimacy of co-writing, group texting, and tweeting with other academics worn down from the same treatment. Academia’s failure to interrogate not only the professional harm, but the emotional harm of long-term institutional betrayal and harassment, is a failure to theorize intellectual space that embraces the embodied. Body-mind duality is still a sharp edge, a razor-edged gate between chronically traumatized scholars and a promised end to betrayal by the structures we rely on to survive.

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Her first full-length collection *The Uninhabitable* (2019) is available from Sibling Rivalry Press. She prioritizes rest over labor, always. Find her online at jessericeevans.com.



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