

MOBTS 2021 Symposium Proposal

Sharing Our Lived Experiences in the OB Classroom: Opportunities and Challenges

Both research and anecdotal evidence suggest that many academics are reluctant to disclose significant personal struggles at work, such as illness and imposter syndrome. Studies indicate that withholding such concerns can come with costs, and that disclosure of our lived experiences may lead to beneficial outcomes. These can include the opportunity to teach with authenticity and empathy and provide our students with personal insights into how to manage such challenges. In this symposium, four panelists will discuss their unique struggles and consider how disclosure has impacted them as educators and influenced their teaching practices and relationships in the OB classroom.

Keywords: Lived experience, illness, mental health

Introduction

Considerable evidence indicates that employees are often reluctant to disclose information about their personal lives in academic settings, especially when this information is about their physical and/or mental health (Price, Salzer, O'Shea, & Kerschbaum, 2017). The stigma surrounding mental illness in the academy is a major reason for this silence. For example, in a survey of academics in the United Kingdom, only 6.2 per cent of academics had disclosed their mental health condition to others (for a review, see Guthrie, Lichten, Van Belle, Ball, Knack & Hofman, 2018). While most researchers have focused on the withholding of information about health concerns, we suggest that such silence can extend to a broad range of issues. In our experience, graduate students and tenure-track faculty, in particular, are often unwilling to disclose personal struggles that could negatively influence performance evaluations and perceptions of their competence as students and/or educators.

Our reluctance to reveal our struggles, however, can come with a price. For example, deciding to withhold information about a health condition can mean that faculty are not eligible for reasonable accommodations to provide them with assistance and support (Price et al., 2017). Stress, poor physical health, and poor mental health can lead to unfavourable work outcomes among academics including reduced productivity, reduced work performance, and increased absenteeism (Kinman, 2001). Remaining silent about important personal issues can also come with psychological costs. When we are struggling and add the emotional labour of feeling that we must “wear a mask” to appear competent and capable at work, this can lead to feelings of inauthenticity, frustration, burnout, and despair (Grandey, 2000; Pugliesi, 1999). This surface acting and its harmful psychological effects can, in turn, negatively affect relationships with supervisors, colleagues, and students (Yin et al., 2019). Although risky, disclosing our experiences can help us develop empathy for others, live more authentically, and provide our students with unique insights into how to manage such challenges.

Disclosure also provides colleagues an opportunity to self-assess their own biases and assumptions about people with physical and/or mental illnesses (Brouwers et al., 2020). In this symposium we will discuss our experiences disclosing highly personal issues and consider how they have impacted us as educators and influenced our teaching practices and interactions with students in the OB classroom.

Theoretical Rationale

As academics, we frequently face events in our personal lives that impact our well-being, particularly our mental and physical health. Indeed, there is considerable evidence that students and faculty in business schools experience high levels of stress and, in many cases, mental illness (for a review, see Edwards, Martin & Ashkanasy, 2021; Quijada, 2021). Doctoral students, in particular, are vulnerable to feelings of inadequacy and personal failure in the form of impostor syndrome, which has been associated with both depression and anxiety (Pervez et al., 2021). More broadly, management faculty struggle with the challenges of life that many of us face: caregiver responsibilities, physical illnesses, the breakdown of relationships, and so forth.

Traditionally, research suggests that educators have rarely shared their struggles with others, especially with respect to the impact of these events on their mental health. This is despite the widespread acknowledgment, particularly in the mental health sector, that those with “lived experience” (e.g., as clients and caregivers) are best placed to educate others, conduct research, and inform policy and practice (Happell & Roper, 2007). As Dozorenko and colleagues argued, “Learning from lived experience provides students and practitioners with unique insights that facilitate professional compassion, expand understanding, challenge negative and stigmatising attitudes, and facilitate skill development” (Dozorenko, Ridley, Martin, & Mahboub, 2016, p. 905).

We suggest that this is especially the case in the OB classroom. Many OB educators teach topics that can be informed by lived experience, such stress management, work-life conflict, managing disabilities in the workplace, conscious and unconscious bias awareness, and promoting employee well-being. Doctoral students, who often feel isolated in their journeys, can benefit from hearing about the challenges of other students and/or the challenges their faculty experienced in their doctoral journey. In the context of disability and illness, in particular, educators who share their struggles represent a powerful counter-narrative to prevailing attitudes: it is possible to survive, even to thrive, with appropriate accommodations and support.

It is encouraging that some research indicates that disclosure is becoming more common. For example, in a major, recent study of faculty who self-identified as having mental disabilities, mental illnesses or a history of mental health issues, 62 percent revealed that they had disclosed their condition to someone on campus. While the majority of these were colleagues, 21 percent reported that they had informed their department chairs and 20 percent had disclosed to students; however, only seven percent indicated familiarity with accommodations they were entitled to under the law (Price et al., 2017). Academics are also electing to openly share their experiences in publications (e.g., England, 2016; Fox & Gasper, 2020; Quijada, 2021).

Scholars have demonstrated a negative relationship between concealing mental health struggles and performance in academic environments (Kinman, 2001). More recent scholarship, however, has demonstrated the benefits of disclosure. Disclosure can alleviate the worry of keeping their struggles a secret while giving an individual more control over their lives and inviting professional support and accommodations (Corrigan & Rao, 2012). Further, disclosure works toward destigmatizing mental illness; and in cases where individuals recover from a mental illness or an episode of mental illness disclosure can work

toward demystifying these illnesses and show that recovery is possible (Bril-Barniv et al., 2017). This can give others suffering in silence hope, or foster supportive networks that those suffering in silence may desperately need. Further, as it pertains to the classroom, scholars in other fields have shown that disclosure to students can help reduce stigma, add diversity, and provide role models for mentally ill students (White, 2007).

Further, disclosure of personal struggles can alleviate stress and increase social support at work. For example, large percentages of the workforce have caregiving responsibilities. One estimate in Australia showed that nearly 11% of the population engages in uncompensated caregiving, a large subset of which are of college-age (Australia Bureau of Statistics, 2019). For young caregivers, school/University can offer a place of respite – the student can focus on something other than their at home caregiver responsibilities. Disclosing caregiver status and receiving organisational support through caregiver friendly work policies is associated with reduced turnover, increased productivity, reduced absenteeism, reduced employee stress and a more inclusive and resilient workforce (Ireson, Sethi, & Williams 2018). We suggest that educators who have experience with caregiving responsibilities are uniquely placed to empathize with students in a similar position and provide them with role-modeling and support.

Living with a chronic illness at work can also lead to dilemmas about disclosure due to stigmatisation and discrimination (Vickers, 1997). Often, chronic illnesses necessitate certain accommodations on the part of employers, and employees may be required to disclose their struggles to gain legal protection (Charmaz, 2010). Despite this need, empirical research suggests that only a minority of academics choose to disclose their chronic illness to others (see Brown & Leigh, 2018 for a review), which can lead to isolation and increased loneliness, in addition to a lack of support. It is notable, however, that online communities, social networks and blogs have provided spaces for the open discussion of the challenges of

navigating a chronic illness in academia (e.g., Chronically Academic at Twitter) and have helped to de-stigmatize these conditions.

Symposia/Panel Overview

It is in the spirit of disclosure that we have assembled this symposium to explore the opportunities and challenges associated with sharing one's lived experiences in academia, specifically in the context of the OB classroom. The panel will consist of four faculty members at three different institutions (two located in the United States and two in Australia). The panelists will discuss their experiences with significant issues that have affected them as faculty, including imposter syndrome, major caregiver responsibilities, multiple mental illnesses, and a chronic terminal illness. They will then explain how their lived experiences have affected them as educators, both at a personal level, how their experiences have affected their interactions with students, and the impact of sharing (or sometimes not sharing) their experiences in the classroom. Then in wider discussions with participants, we will discuss their own lived experiences and how these may influence their identities and behaviours as educators. We will also discuss the value of lived experiences for students. Overall, in this symposium we will explore the following questions: When is it appropriate to share our personal struggles with our students? What kind of struggles should be shared? What are the costs and benefits of doing so? How can sharing our lived experiences help to build meaningful relationships and improve our students' learning in the OB classroom?

Session Description

In this 90-minute symposium, we will explore these ideas further. The first 45 minutes will be spent on introductions of the panelists and having the four authors disclose their hidden struggles. We will begin with an author dealing with an autoimmune condition and mental illnesses; then follow with an author with caregiving responsibilities; an author who experienced impostor syndrome as a graduate student and early-career academic; and

finally an author currently living with a chronic, terminal illness. Further, we will spend 30 minutes in breakout rooms discussing possibilities for disclosure of lived experiences with participants. Then we will spend the final 15 minutes summarizing discussions from the breakout rooms and offering participants some takeaways from the session. To our knowledge, both coverage of mental health as well as the lived experience approach have been limited at MOBTS Conferences. We hope this approach combined with a topic that still needs normalization will be an avenue forward for continued dialogue in this space.

Ultimately, we hope that our attendees might be encouraged by hearing our lived experiences and consider how they might bring their own lived experiences into the classroom to enhance their teaching and build more meaningful, authentic relationships with students.

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