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Post-Mortem Resurrection: An Alternative, Practice-Based Examination of Research and Education During the COVID-19 Pandemic, and an Argument in Favor of Professional-Track Social Science Degrees

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Post-Mortem Resurrection: An Alternative, Practice-Based Examination of Research and Education During the COVID-19 Pandemic, and an Argument in Favor of Professional-Track Social Science Degrees

By

Rhiannon Joker

Accepted in Partial Completion of the Requirements for the Degree Master of Arts

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Master’s Thesis

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Rhiannon Joker

December 22, 2023
Post-Mortem Resurrection: An Alternative, Practice-Based Examination of Research and Education During the COVID-19 Pandemic, and an Argument in Favor of Professional-Track Social Science Degrees

A Thesis
Presented to
The Faculty of
Western Washington University

In Partial Fulfillment
Of the Requirements for the Degree
Master of Arts

by
Rhiannon Joker
April 2024
Abstract

The international tragedy of the coronavirus pandemic disrupted lives, livelihoods, and operations across the world. We as global citizens saw a massive upheaval in nearly every daily process, including health systems and education. In the spring of 2021, I had a fully developed research proposal, had won grant funding, and was making contact with local family practice clinics to study how patients experiencing culture-bound syndromes were being treated, in both the literal and medical sense of the term, by their physicians. After several years of trying and failing to complete this proposed clinical research in the midst of a global viral pandemic, I was forced to step away from my original thesis project. Instead, I present a summary and collection of the other research endeavors I was able to pursue during my graduate school years, as a discussion of gaining professional training despite ongoing extenuating circumstances. This thesis argues that the traditional structures of the academy must be able to adapt in order to survive, and takes a critical examination of ways that an anthropology master’s program can be improved to support a student’s professional development when a traditional thesis is an unviable product.
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Chapter 1: Introduction

The phrase “unprecedented times” has been used—accurately—so often to describe the anxieties and frustrations of the COVID-19 pandemic that it still puts many sets of teeth on edge as individuals recall the extended impact of the COVID-19 pandemic. New repercussions from COVID, whether they are related to the yet-unknown full detriments of contracting SARS-CoV-2 or from the complexities of extended lockdowns and safety measures, are being revealed every day. Clinical facilities are still catching up from the first waves of COVID, when hospitals were overwhelmed and non-emergency procedures were canceled or rescheduled months or years into the future (Yoon et al., 2021). The overwhelm of the initial waves has not subsided, as healthcare workers are still feeling high rates of burnout, psychiatric distress, and work dissatisfaction (Vanhaecht et al., 2021). Some of the rippling effects were predicted at the start of the pandemic, when screening measures and surgeries were delayed, as a protective measure both against the spread of COVID and infecting high-risk patients, like those with a cancer diagnosis (Richards et al., 2020). Many clinical research projects were delayed or halted during the initial surges, with funding opportunities for research falling during the panic of initial lockdowns and the scramble for healthcare facilities to meet the rising surge of coronavirus patients, balancing against their existing patient load (Harper et al., 2020).

Originally, this research aimed to examine how people talked about their experience with four specific culture-bound syndromes associated with Latinx cultural groups. The original research sought specifically if a patient’s doctor took them seriously while experiencing a culture-bound syndrome, and if the treatment plan offered to them was culturally respectful and offered symptom relief. After three years of attempting to collect data at clinics in two different
states and online nationally, but failing due to health centers’ unavailability and lack of capacity to do anything but care for patients, it was time to shift to a different thesis: time and date of topic death, death, winter 2023. Now, the master’s project will take on new life as an examination of the barriers to research erected by the coronavirus pandemic. Though a different focus, this thesis highlights that I have successfully learned the components of MA training in research.

In addition to the health center field site capacity barriers, another consistent issue in attempting to collect data was the personal biases of clinical staff at potential field sites. Clinical bias is a well-documented barrier to healthcare, but clinicians routinely refuse to acknowledge their own bias within their practice (Saluja & Bryant, 2021). When describing the initial project as an examination of how cultural iterations of mental illness were perceived by biomedical clinicians, the general response from representatives of the clinic was either doubtful that disorders outside of the Diagnostic and Statistical Manual of Mental Illness (DSM-V), or condescending to the cultural group being described.

Both responses—the doubt that a particular group of patients designated by their cultural background or ethnicity could experience a particular set of symptoms that made up a real diagnosis outside of the DSM, and the ethnocentric, paternalistic idea that they should—are an unfortunately accurate depiction of the type of clinical biases that the original research plan sought to challenge. In fact, the DSM’s globality has been heavily questioned by psychiatric professionals both in and outside of the United States, with the German Society for Psychiatry and Psychotherapy, Psychosomatics and Neurology officially advising against “the danger of pathologizing ordinary states of suffering” (Frances, 2013) and American professors of
psychiatry critiquing its inclusion of “prolonged grief”, arguing—understandably—that giving someone a mental disorder because they feel grief outside of a DSM-sanctioned timeline is clinically and pragmatically unreasonable (Frances, 2022). The commitment to following the DSM as the sole arbiter of mental illness and wellness is a unique constraint of certain North American health professionals, and yet it informs the bulk of psychiatric research, even when performed by cultural psychiatrists.

For decades, social scientists have acknowledged that mental illness is experienced differently across cultural groups, and expressions of distress and disorder are culturally constructed (Horwitz, 2002). This is the function of the idiom of distress (IOD), which are “those particular ways in which members of sociocultural groups convey affliction” (Hinton and Lewis-Fernandez, 2010, pg. 210). Idioms of distress and their better-known sibling, the culture-bound syndrome, are groupings of symptoms that members of a cultural group are able to name and recognize within each other in connection to distress and disorder. Although they are well-known and recognized by medical anthropologists and researchers within similar disciplines, they are often sidelined by mainstream biomedical practice. The Diagnostic and Statistical Manual of Mental Disorders (DSM-V), the handbook used by biomedical clinicians to categorize psychological and behavioral symptoms, recognizes few iterations of culture-bound syndromes at all; the couple that are legitimized by biomedical clinical practice are relegated to an appendix (American Psychiatric Association 2013) (Hughes 1998). Thus, there is a gap in care for patients whose symptoms fall outside of the DSM-V. My original research sought to examine if Latinx idioms of distress are being presented in clinical encounters in the area and how biomedical clinicians are responding to them, with the goal of gauging the state of clinical care for
expressions of mental illness outside the biomedical and legitimizing cultural expressions of mental illness.

An issue with biomedical categories of mental illness, distress, and disorder, is that the group doing the categorizing holds a psychological archetype that is the exception rather than the norm. In 2010, a group from the University of British Columbia, Vancouver, examined a number of large-scale psychological studies and meta-analyses that concluded with “species-generalizing” claims for universal truths about human psychology and behavior, only to find that the research participants in those studies were almost entirely from the same Western, Educated, Industrialized, Rich, and Democratic (or, WEIRD) cultural group. Henrich and colleagues write, “Leading scientific journals and university textbooks routinely publish research findings claiming to generalize to “humans” or “people” based on research done entirely with WEIRD undergraduates” (Henrich et al., 63). The studies that grouped together these unique, WEIRD patterns of behavior into a generalized universal psychological archetype included areas such as risk-taking, spatial perception, fairness, individuality and decision making, and multiple areas of cognition and reasoning (Henrich et al, 2010). WEIRD participants were often chosen because psychological research is done routinely at WEIRD universities; thus, WEIRD researchers and clinicians are designing and publishing generalizations about universal human psychology despite being outliers.

In examining the barriers to completing the original research plan while acknowledging that the coronavirus pandemic was the main roadblock to completion, there must also be a discussion about scientific literacy outside of academia and how clinical ignorance of social science theory can contribute to gaps in care. The original research sought to address this issue by offering details about how mental health is culturally constructed, alongside data from their
own patient base to support clinical familiarity with idioms of distress and thus support patients’ culturally-situated health experiences.

In past examination of idioms of distress and their clinical presentation, researchers have often compared phenomenology to disorders already recognized by the DSM and mainstream biomedical teachings. However, social scientists and cultural psychiatrists maintain that IOD are not simply a WEIRD mental illness under a different title, and that they should be understood within their own terms—a theoretical framework that is well-familiar to anthropological science (Lewis-Fernández et al. 2002). Additionally, public health researchers have documented these Latinx IOD not as mental illness but as a type of coping mechanism during times of duress (Moreira et al. 2018). While working with low-income Mexican women in Chicago, Kimmel, Mendenhall, and Jacobs write that the idioms of distress they encountered (susto, coraje, nervios, and ataque de nervios) function both as a manifestation of trauma with psychological symptoms and a way to share that they are hurting with other members of their culture. This illuminates the need for not only clinical understanding, but legitimization, in order for patients to receive respectful, culturally-competent patient-centered healthcare.

**New Project Purpose**

The original project sought to examine culturally-sanctioned expressions of distress and disorder in biomedical clinics, and whether or not healthcare practitioners are willing or prepared to legitimize them. The new and creative iteration of this Master’s seeks instead to show the value in the experience of planning and re-imagining proposed research despite pandemic roadblocks making a traditional clinical research thesis project impossible. In a way, the original and new project are still connected: how things “should” go in a certain stringent setting (the
clinic and the academy) butted up against how they actually are, and whether or not the structure can react and adapt to circumstances that are outside of the rote roles they hold within them. A quiet commentary on the conclusion of this (chaotic, but best-effort) graduate program would muse that systems that are able to adapt, change, and recognize when something falls outside of its mold, rather than holding fast to the absolutism that everything either falls into its familiar categories and pathways or doesn’t exist, are systems that will have more relevance and longevity.

Despite the perpetual struggles of a pandemic graduate program and being unable to complete my original thesis project, I was still able to dig into the expected experience and training of a Master’s student by joining other research projects. The skills, knowledge, and experience I gained during this program allowed me to successfully gain employment within a large healthcare system in a role addressing social determinants of health in patient populations. Simply stated, my navigation of the Western Washington University graduate program has properly prepared me for a career in population health, and I am able to bring a unique and meaningful perspective as an applied medical anthropologist.

As many medical anthropologists are aware, clinical or lab sciences and social science theory often find each other at odds – a regular criticism of lab and biomedical sciences is that practices regularly move forward without a continual examination of the academic and philosophical seat they may occupy. The academic training and practical experience that I have gained through this graduate program both necessitate that I interact with my work and the work of others with an ongoing critical lens, to ensure that it is respectful, practical, and integrous. In this way, applied medical anthropology is not only a scientific discipline, but also a theoretical seat from which to examine research and
implementation of public health projects. From this theoretical seat, I may ask questions that strengthen public health measures, such as, when we treat patients, are we doing it without bias? What does bias look like in American clinical settings or in biomedical research? How does the history of medicine and lab science impact its modern-day practice?

Applied medical anthropology necessitates a flexibility in research and practice that allows for these questions to be asked and answered without an expectation of what they may say, and with the understanding that projects may need to shift and change. The graduate academic training I received encouraged continual interaction with subject matter, allowing for complex understanding of theory, results, and processes. For research to reach its potential, academic and practical application, researchers must allow for growth and flexibility within a project based on newly presented information. This, to me, is the basis of anthropological theory in practice, and is a strength I lent to my position in population health.

This thesis also demonstrates projects I worked on outside of my thesis which afforded me those skills in research and theory, particularly, examining how the Coronavirus pandemic impacted public schooling in the United States, and mentoring strategies that lift up historically marginalized students during a pandemic. Each of these pieces asks academic communities to see, hear, and consciously adapt to support students whose education looks different from the historical norm—not unlike this thesis itself. It also functions as an autoethnography, an examination of the culture of WWU academia, and how the structures it inhabits can fail students while they attempt to navigate it under unusual circumstances. As a recounting of the ways this program functions and fails in addition to the tribulations of graduate-level pandemic learning, we may examine a more singular type of idiom of distress – what emerges in researchers when
navigating global upheaval like that of a pandemic. To include an applied lens as well, what supported resilience during those harried months?

In presenting this creative solution to an unexpected problem, some of the above questions may be answered, covered both here and in my conclusion. Rather than forcing a track or narrative that isn’t viable or can’t work, I have been able to soak in the requirements for training as a graduate-level researcher through other methods, such as continual participation in on- and off-campus projects that support the type of learning I had expected to receive from a traditional thesis style. In this way, adaptation, not tradition, is the watchword for completing this degree. The opportunities afforded to me by Western have allowed me to continue to explore what it means to be an academic, and to apply that to my own life and career examining public health.

As I examined what I wanted for myself in my academic and professional careers, I was also afforded the opportunity to examine what I wanted from the systems I was working in. The necessity of innovation in research fields, education and healthcare, has never been clearer than when watching the coronavirus pandemic stall (and, in some cases, destroy) previously utilized methods of project planning and implementation. The tragedy of the coronavirus pandemic is well known and felt by every denizen of the Earth: trauma, death, grief, disability, loss, inflation, fear, polarization. The creativity, collaboration, and innovation that was borne of these tragedies is nonetheless a gift.

**Thesis Organization**

This thesis is organized into five chapters. Following this introduction is a summary of each of my attempts to complete my original research. In this chapter, I share the contacts I had
with clinics and the struggles within the medical field—ways I was turned down, possible reasons for rejection of my research, and how even when I did have a relationship with a clinic it wasn’t sustainable. I also explore the WWU Anthropology graduate program itself; what supported me and what I made work for me as I pursued professional experience outside of the classroom. It also addresses the ways that Western Washington University failed me as an institution, and the internal and external factors that were a barrier to completing research.

Psychological anthropologist Katie Rose Hejtmanek coined the term “formal institution” to describe structures that “do not have a totalizing organization but are still formally organized and structured to operate as sites of disciplinary power” (Hejtmanek, 2016, 1). The University occupies this position as well—and when the operations within its structure fail, such as during global upheaval, students are left stranded in a vacuum that should have held that disciplinary power. It’s important to note here that resilience does not arise when things are going well: resilience an only appear as a tool to navigate strife. As I continue this auto-ethnographic account of building my own graduate curriculum to replace the structure that was meant to teach and support me, as I recount the experiences I created to supplement my education when the traditional structure—the “formal institution” described by Hejtmanek—I invite readers to meditate on this understanding of resilience as a response to disaster. The research and educational experiences recounted here were forced to become formalized, because the aforementioned “site of disciplinary power” maintained only the constrictions and constraints of that power, not the required formal training of the discipline.

One of those supplemental educational experiences is explored in Chapter 3, *A Review of Structural Issues in K-12 Pandemic Learning*, which is an examination of different pandemic coping strategies in American K-12 schools. This project was completed in conjunction with
Western Washington University’s Department of Education Administration and the Developing Successful People Foundation, an education foundation research nonprofit. Similarly to how the first section of this thesis examines barriers to graduate research at clinical settings, the K-12 review catalogues problems in public schools that were raised by the pandemic and the creative methods used by school districts around the country to try and mitigate them. In many cases there was an element of socio-cultural and, eventually, political intersection for addressing pandemic-related education issues – white, rural, midwestern parents were less likely to be vaccinated or support COVID vaccinations, while urban Black and Hispanic districts sought community-based solutions for access to technology, prepared meals, and learning pods. This review examines issues of equity and access in pandemic-era education, which regularly coincided with pressures of the American political-economic climate, similarly to the barriers to clinical research. Just as hospitals were overwhelmed by patient influx and nursing burnout, schooling was interrupted by unplanned distance learning and a teacher shortage.

Interestingly, in both cases a proposed qualitative research project was presented, several times reimagined, and ultimately discarded due to pandemic stress and restrictions. The review of K-12 learning was meant to include data from partner schools in Abbotsford, British Columbia, but educators were so thoroughly overwhelmed by changing curricula, COVID-mitigation measures, and border restrictions that the second phase of research was unable to begin. Family medicine clinics were likewise overwhelmed by each wave and variant of SARS-CoV-2, compounded by conspiracy theories about COVID healthcare and a shortage of nursing professionals. In this way, the lesson learned from Chapter 3 aligns with one of the very first that I learned while attempting to coordinate with clinical staff: sometimes science is stalled by everyday
human problems, and the remedy has to be a creative examination of the groundwork that was done to make the first proposed project happen.

In contrast, Chapter 4 teaches a different lesson about collaborative research: sometimes it can still happen even when the world is falling apart. “Ten Simple Rules for Mentoring Historically Excluded Students" became more accessible as a result of peri-pandemic research on disability, sexual orientation and gender identity, and race within the US. The social and political movements that occurred during the pandemic, such as the reignited Black Lives Matter movement of 2020, refocused academic and pedestrian discussions about those who have been historically marginalized in the United States: how those inequities came to be, what they are, and paths to move forward respectfully and pragmatically to address them.

The framework for “Mentoring Historically Excluded Students” had been in place for a time – each of the authors, including myself, is a member of the Medical Anthropology Lab at Western Washington University. The Lab operates an explicitly diverse research group that focuses on projects that support students who have historically been sidelined from traditional academic spaces. This was the subject of our presentation at the American Anthropological Association’s Annual Conference in 2022 as well. As we experience an environment (such as a Public White Undergraduate Institution) that has been made to be competitive, hostile, and isolating (Ong, Smith, and Ko, 2018), how can we improve practices that have caused the exclusion of diverse voices in traditional classroom settings?

“Ten Simple Rules for Mentoring Historically Excluded Students” is one of those solutions. As a group of dedicated and supportive researchers who have their own experiences with disability, sexual orientation, gender identity, race, and socioeconomic status (among others) being barriers to truly accessing and participating in higher education alongside our
peers, we have been able to explore and share ways we needed our classrooms to be better so that subsequent cohorts of students can rightfully access the fullness of their education. It needed to be written during the pandemic as professors and students struggled to adapt to elearning and social distancing and as the pandemic uncovered new ways to be marginalized by old-school academic practices. In researching this piece, I broadened interaction with my own identities as well as expectations for academic spaces moving forward, just like redesigning my original project idea did: what isn’t working? How do we address it? What kind of collaboration is needed? How do we move forward? These questions which guide “Ten Simple Rules” are also at the core of the Lab’s mission and vision.

Chapter 5 concludes the manuscript with a conclusion suggesting improvements to be made to the anthropology graduate program to avoid the pitfalls that kept me from graduating as planned in 2022. In addition to clinical research being unviable during a pandemic, there are other, more bureaucratic roadblocks I faced while attempting to complete this Master’s program. I argue that in order to train the next generation of anthropologists, and in order to stay relevant in an increasingly digital, globalized world, the traditional thesis structure requirements of an anthropology master’s program must be able to adapt.
Chapter 2: Originally Proposed Research

This thesis is a showcase of alternative paths that a student can pursue to achieve graduate-level training outside of (or, as I originally intended when I took them on, alongside) a traditional thesis format. In fact, I have found that the practical experiences I took on during my time at Western offer more value to my career than a completed traditional thesis would have; the skills I gained by joining various labs and faculty research projects are much more applicable to professional research settings.

This is not to discredit the years of work I sunk into developing and attempting to launch my traditional research-based thesis project. The research I proposed during my first year examining idioms of distress (or, for a more familiar term, culture-bound syndromes) as they are presented to primary care clinics is still a project I hold passion for. I maintain that we should challenge clinicians to expand their understanding of illness, disease, and distress, and be critical of how they interact with a set of symptoms recognized by a patient but not by the Diagnostic and Statistical Manual. I attempted to launch my original research four times between two states and an online platform, and despite these multiple attempts, it was simply not a feasible project to complete in a two-year Master’s program during a global pandemic.

Because I had a particularly unique graduate student experience, I also have a particularly unique perspective on how a modern anthropology graduate program should work. I am grateful to have been able to take on the extracurricular experiences that I did. I am also frustrated that those experiences are not a part of the regular curriculum—the intense focus on a traditional thesis disregards the structure of contemporary research and the competencies students need to pursue a career in research, policy, or grant writing. These shortcomings were in different ways
revealed and exacerbated by COVID-era remote work and elearning when the necessity of social distancing chained us to our computers and truly cemented our position in the digital age. In this chapter, I outline not only the ways that my research was unviable, but also how our graduate program could be improved by formally incorporating the supplemental trainings I undertook into our master’s curriculum, so that other students may be able to engage with the opportunities that I did, allowing them to enter the workforce with the hard skills requested by today’s job listings.

I originally intended for my lab positions, research assistaintships, and other academic enrichment experiences to support rather than supplement my graduate training. I pursued my research project as fully as I was able: I won the Outstanding Graduate Student Research Award, created a partnership with a local family medicine clinic and a hospital system, adjusted my IRB approval with each new attempt at data collection, and presented my proposed work alongside classmates at Scholar’s Week as part of a showcase on actionable graduate research. In many ways, writing an alternative, practice-based thesis feels like publishing my failure. At the same time, it is categorically necessary for a terminal master’s program to include practical graduate experience. Students join the anthropology graduate program because we value the way anthropology approaches understanding and seek to attain the skills and knowledge that can build careers that focus on the human experience. I believe our master’s program should offer numerous opportunities to build those skills.

**Research Proposal**

Social scientists maintain that different cultural groups experience illness differently and that mental illness is culturally constructed (Horwitz 2002). However, this is not always
recognized by mainstream biomedical practitioners. The Diagnostic and Statistical Manual of Mental Disorder (DSM-5) is a biomedical tool used to measure and categorize psychiatric symptoms, but it relegates culture-bound syndromes—that is, illnesses found within a specific cultural context—to an appendix, if they are mentioned at all (American Psychiatric Association 2013) (Hughes 1998). This leaves a gap in clinical care for patients whose expressions of distress or mental illness fall outside the contents of the DSM-5. These expressions can be known as idioms of distress (IOD), which are “those particular ways in which members of sociocultural groups convey affliction (Hinton and Lewis-Fernandez 2010).” The original research sought to examine if Latinx idioms of distress are being presented in clinical encounters in the area and how biomedical clinicians are responding to them, with the goal of gauging the state of clinical care for expressions of mental illness outside the biomedical and legitimizing cultural expressions of mental illness.

In a massive meta-analysis of academic psychological literature published in 2010, Henrich and his colleagues found that countries that were Western, Educated, Industrialized, Rich, and Democratic (WEIRD) make poor psychological archetypes. This concept has been supported by others studying the cultural expression of mental illness. For example, Johns-Hopkins researchers studying patients in their community clinic found that many Latinx patients presented with symptoms of mental illness or distress that did not match those outlined in the DSM-5, demonstrating both that there are cultural presentations of mental illness outside of the common biomedical model and that they are poorly understood (Bucay-Harari et al. 2020).

Some social scientists and cultural psychiatrists familiar with these groups of symptoms as idioms of distress have studied them in comparison to clinical categories of mental illness; they note that although they share some characteristics, they are not just WEIRD mental illness
by another name, and should be understood on their own terms (Lewis-Fernández et al. 2002). Additionally, public health researchers have documented these Latinx IOD not as mental illness but as a type of coping mechanism during times of duress (Moreira et al. 2018). Kimmel, Mendenhall, and Jacobs write about *susto, coraje, nervios*, and *ataque de nervios* as a mixture of both: a manifestation of trauma that appears both as a collection of mental illness symptoms and as a way for patients to talk about their distress in a way other members of their culture recognize.

This is the function of the idiom of distress, although as stated, it is often under-recognized in the clinic (Hinton and Lewis-Fernández 2010). In the past, social scientists and cultural psychiatrists have studied IOD in clinical encounters to understand them in comparison to DSM-defined categories of illness; each of these has used mixed methods to quantitatively measure levels of distress and to build a narrative of IOD phenomenology directly from the person who experiences it (Kimmell, Mendenhall, and Jacobs, 2020) (Lewis-Fernández et al. 2002). Mixed-methods psychiatric research is established in the literature and was proposed for the original project with the intent to record patient experience in their own words and support their narratives with quantitative clinical measures that are already familiar to biomedical clinicians.

In order for medical care to be effective, it must accept, recognize, and work within the knowledge that there is more than one way to show and experience mental illness or distress. The originally proposed research sought to examine how Latinx patients in northwest Washington share their experience of mental illness or distress with their healthcare provider to build more effective clinical care from a place of stronger cultural relevance. The research was
proposed to take place in a family medicine clinic to uncover what idioms of distress are in use and to share the experience of people who use them to build patient-centered healthcare.

**Attempts to Launch Research**

I started my original project with a proposal that I was proud of: an applied medical anthropology thesis project consisting of mixed-methods research that validated patient experience and encouraged clinicians to broaden their understandings of medical presentation to include illness, distress, or disorder outside of WEIRD (Henrich and colleagues’ term for cultures that are Western, Educated, Industrialized, Rich, and Democratic) American medical textbooks. After patients completed a selection survey where they would disclose if they had experienced any of the four idioms of distress and agreed to participate in research, they would complete a PHQ-9 (called “the depression questionnaire”) and a GAD-7 (“the anxiety questionnaire”), two devices used in biomedicine to quantify a patient’s mental health symptoms. Then, I would conduct qualitative interviews over the phone with selected participants to discuss how they talked about their culture-bound syndrome with their doctor and if their doctor took them seriously. I planned to bring the results of the mental health questionnaires and the results from the interviews back to my partner clinic to demonstrate to clinicians how their patients were interacting with their healthcare and where it was failing them.

The proposed research won an Outstanding Graduate Research Award through Western’s Office of Research and Sponsored Programs, which I intended to use for travel expenses to clinics, transcription costs, and participant compensation, among other things. This research was also featured in Western Today’s Graduate Student Spotlight in 2021. I presented it as a guest lecturer for a nursing class and as part of a graduate student research panel during Scholar’s
Week. I was proud of this project. It had and still has value as an argument in favor of patient-centered care and decolonizing biomedicine. I would like to pursue it in the future, although not during another global pandemic. This section, which could very easily be called “Murphy’s Law”, recounts the various strategies I employed in attempt to complete this project, and the many roadblocks that fell in my path and ultimately led to its abandonment.

**Attempt 1: Washington Hospital System**

My first instinct was to contact large, established healthcare systems to create a partnership that would allow me to recruit participants from their patient base. I knew as I was developing this project that I would have to collaborate with the field site to create a simple, easy workflow, and anticipated that my contact would be able to tell me if there was viable space for me to recruit from their patient base, whether inpatient, outpatient, or from the emergency department. The contact I had at the Washington Hospital System was generous and friendly—I knew her from my previous position in the nonprofit world—and worked in administration for the hospital: volunteers, new projects, and so on. The working relationship we had allowed me to fully explain my research and that I wanted to recruit with minimal disruption to clinical workflow; my work was positively received and brought to the next staff meeting for further discussion.

Unfortunately, the request was denied. Healthcare-worker burnout was at a previously unseen high due to the coronavirus pandemic, which impacted (and slowed) every facet of hospital systems (Leo et al., 2021). Despite my intention to design a study that did not add stress to a clinical setting, any amount of change was too much for the system to handle. At this point in time—the early stages of the pandemic—there was also a lack of evidence-based interventions
for healthcare burnout (Sharifi et al., 2021). The stress of the pandemic response at the Washington Hospital System was prohibitive to any additional projects to be introduced to their workflow, including my graduate research proposal.

**Attempt 2: Low-Income Family Medicine Clinic**

The first (and, as it would turn out, only) clinic I was able to create a partnership with was a low-income family medicine clinic in the San Juan islands. My biggest priority in designing the research was to make sure that I created a process that did not require extra work from clinical staff, and I worked with their physician and director to ensure I created a system that was in line with my IRB approval for data security and that was as seamless as possible for clinic staff. We decided on paper surveys that would be handed to patients to complete alongside their regular intake paperwork as they came in for doctor’s appointments, noting that it was optional for them to do so. A completed survey would be dropped into a ballot-style lockbox purchased by the anthropology department using the Research and Sponsored Programs grant funding I received, and when I had ten responses, I would retrieve it from the office and schedule the telephonic interviews with participants who met selection criteria and were interested in participating in research.

I had planned to collect research responses over the summer and start data analysis at the start of the Fall 2021 semester. Completing my IRB review was a difficult process and pushed my start date back from June to September, when I took the ferry to meet my contact at his office and drop off paper surveys that I printed at home as well as the lockbox. I introduced myself to clinic staff and came back to the mainland, to wait for responses. I called the clinic each month
to ask how many surveys had been completed, and the response from increasingly aggravated receptionist was always, “none—how long are you going to leave it here?”

My timeline stretched from one quarter to three with no survey responses and my personal life became increasingly complicated, forcing me to move back home to Tennessee. In May of 2022, for the last time, I took the ferry across the harbor in anticipation of my move to gather the research materials I had left there. There were several blank surveys and only two that had been completed, both of which declined participation. After nine months with no successful recruitment, I closed the Low-Income Family Medicine Clinic as a field site.

Clinic 3: Tennessee Hospital System

I was hopeful that even though I had been unsuccessful with participant recruitment at the Low-Income Clinic in Washington, I would have better luck in another state and more familiar surroundings. After all, health and education are the primary industries in my hometown (Washington County Economic Development Council, 2010). I was sure that upon returning home, within spitting distance of my undergraduate university and its attached medical college, I would be able create a partnership with a clinic. My roadblock with the Tennessee Hospital System was not only the tail end of pandemic-era burnout, but the dedication to bureaucracy that exists in every large-scale healthcare system.

I connected with the director of the Tennessee Hospital System’s clinical research department and explained my research, asking about the process for partnership. His emailed response was to contact a clinic first, then come back to his department to discuss IRB modifications and re-establishing HIPAA training. I made a list of all 20 primary care and family medicine clinics in the Tennessee Hospital System. Not all of them answered my phone calls,
and the ones who did all gave the same answer: “I’m not the person to ask, but I will pass your message along to someone who is.” I got this response each time I checked, which led me to believe my message was not being passed on at all. Over a year and a half later, I still have not received a response from any of the clinics I attempted to partner with. At the end of the summer and after getting nowhere with my attempted contacts, under guidance from my mentor, I decided to change my methods once again.

*Attempt 4: Online National Surveys*

My final attempt was to update the method of recruitment. Instead of going to clinics and asking for participants by handing them a paper survey, I would move the initial surveys—one gauging interest, plus the two mental health questionnaires—to Qualtrics, and email them to networks of family and friends. Interviews would still be held over the phone and transcribed.

The goal was to get any responses at all. By the end of 2022, the only response I’d received was from a personal friend who was not eligible and had only taken the survey to test that it was working. After discussion with my advisor, we decided that after a full year of attempting to collect any amount of data by four different methods, I would need to retire my original research idea and update my thesis to be an examination of why the project was unable to be completed, and other ways I fulfilled my educational requirements for the graduate program.

**Research Post-Mortem & Lessons Learned**

*Program Strengths and Weaknesses*

One of the ways I was able to supplement my educational experience while my original research languished in data-collection limbo was by assisting professors with their own research
Dr. Bruna and Dr. Yu’s joint research examining recreational drug use on college campuses introduced me to qualitative analysis software NVivo (and later, atlas.ti). I appreciated gaining this type of training in particular because I entered into the program with medical anthropology field experience from studying abroad in Cuba and in India as an undergraduate—the type of experience that lends itself to the anthropology of the previous century, which involves entering into the field for a length of time and making observations before returning home to write about them, rather than the type of applied work I would be pursuing after my graduation.

There is nothing inherently wrong with this type of traditional anthropology, but it no longer lends itself to careers outside of professorship. My most valuable experiences in this program were attained by joining professors in their research, both in the anthropology department and outside of it through my work with Dr. Hunter. The emphasis I’d like to place here is that the classroom experience I gained was helpful in that it was interesting, but the extracurricular experiences I carved out for myself was helpful because it taught me practical skills. I recommend that graduate programs encourage students to gain those practical skills—hard skills, like qualitative interviews, coding, and using analysis software in addition to the soft skills gained by being part of a research team, like research coordination—by joining faculty in their existing research projects. During my undergraduate Ethnographic Fieldwork course, my professor lamented that she didn’t know how to actually teach the ins and outs of participant observation because it has to be learned in situ during an anthropologist’s long-term fieldwork. We have the opportunity to reimagine a program that does provide spaces to truly teach how anthropological research is being performed today by offering students placement with ongoing faculty research projects.
I gained immeasurable practical experience from the Medical Anthropology Lab—this was my first experience joining a research team and was the place that offered me the most opportunities to develop my expertise. The Lab is where I coded my first set of interviews, giving me insight to what qualitative analysis looks like to those who are actually practicing it. It also meant that I was able to join existing projects, working in tandem with my colleagues on projects that we share passion for: Chapter 4 of this thesis is an example of those projects, which allowed me to collaborate in real time with fellow researchers and to take on the role of corresponding author, and translate some of our work into a roundtable examining what purpose the Lab serves for diverse scholars in a system that has been historically exclusionary. The Lab was an educational experience in itself in that I gained the practical experiences I had been craving outside of the interest-based experiences I was gaining in the classroom.

I was also incredibly fortunate that the Lab is a space built around community. The structure of the Lab, built upon the idea that our work would be collaborative and respectful of each other’s life histories, created a space where we were each able to gain mentorship not only from our advisor or faculty members, but also from each other as we worked together. This matched the unspoken departmental rule of the graduate program, that students should not ask faculty for program advice but turn to each other—a particularly pernicious issue during the pandemic years lost to Zoom school, when we weren’t able to form the same type of camaraderie of a cohort meeting with each other on campus.

The expectation within traditional graduate programs that faculty cannot be trusted sources of program information for students has been documented since at least the 1990s. Robert Peters, the author of *Getting What You Came For: The Smart Student's Guide to Earning a Master's or*
a Ph.D., one of a number of “graduate school handbooks”, describes this type of dysfunctionality as follows:

Graduate students run into problems because they do not understand how graduate school works; nor do most undergraduate counselors and graduate departments provide realistic guidance. Therefore, students charge off in the wrong direction or in no direction at all. (Peters, 1997, 2)

The line “students charge off in the wrong direction” is an incredibly raw description of the shortcomings of a program that have been noted since the previous century, and describes exactly the ways that my research project failed. This documented weakness of master’s programs as they stand today leads to a breakdown in communications contributing to a loss of student morale and bureaucratic issues that can keep even well-designed or completed projects from coming to fruition.

Research Strengths and Weaknesses

Despite its apparent failure, the original research project was successful in highlighting exactly how complicated social science research can be. The proposed project holds merit, both to a body of social science and health knowledge, and to my professional goals of pursuing health research. The idioms of distress I chose to explore have been documented in anthropological research as early as the 1950s (Rubel, 1964). They are also associated with the second largest ethnic group in Washington, as Latinx Washingtonians make up 14% of the state’s total population (U.S. Census Bureau, 2022). Because of this, there should have been an ample participant pool from which I could draw—the project had been set up to be attainable, on top of being valuable for its potential contribution to medical social science. I felt confident in
this research’s positionality, as well, with a focus on the historical context of American medicine and its infamous biases against patients that fall outside of the “ideal patient”, which includes patients who aren’t white, cisgender and perisex males, thin, and heterosexual (Gopal et al., 2021). This was doubly important as I completed my literature review and learned about studies like that performed by Bucay-Harari’s team in 2020, which saw almost 40% of Latinx patients being “diagnosed” at a major medical clinic as suffering from “symptom, signs, and ill-defined conditions”—which is provider-speak for “I don’t know what’s wrong with you, but I know that something is”—leaving a large number of patients with a nearly useless mental health diagnosis and thus inadequate treatment. Not only did the original research align with a practical goal of expanding physician understanding of the role culture plays in patient experience, but also with my professional goals of entering into health research.

Despite my confidence in its merit, the original project did also hold weaknesses. Many of them were structural, just like the roadblocks that made data collection unattainable. I entered into this program with my advisor on sabbatical and thus mostly absent for most of my first year; although we did connect in the spring quarter and were able to continue to build my professional skills, I floundered for the first two quarters trying to find my direction within the graduate program. Additionally, my research project was created in the classroom as part of a routine coursework—while my mentor was out of state and thus unable to give input on my research proposal—which meant that I was required to create an actionable plan in order to pass my first year, based on the hope that I would be able to connect to a clinic, rather than building the research proposal around a partnership I had already attained. Then, of course, in the process of making a connection to a viable field site, I was met with the worst level of hospital burnout seen this century—and burnout as a clinical condition lingers for years (Almén, 2021), fundamentally
interfering with cognitive processes (van Dam, 2021). This level of “clinical burnout” affected all healthcare workers, not just clinicians, and remained my biggest barrier to successfully recruiting participants.

**Resilience in Unprecedented Times**

“Idiom of Resilience” may be the type of tool used in opposition to the idiom of distress – that is, certain behaviors and practices that arise to support a person’s ability to survive chaotic circumstances. These idioms may represent the resilience of those that experience them – for instance, in the case of the graduate researcher bridging the gaps of a beleaguered institution. The lessons and experiences garnered by cultivating this resilience are a function of the resilience itself: how one not only survives an unprecedented experience, but sets oneself up for success in the days, months, and years following disaster. Each of the research experiences I undertook as a supplement for my classroom training and thesis research, in this way, is an idiom of resilience – a learning experience to counteract the distress and disorder of the coronavirus pandemic and combat that disorder’s manifestation within higher education.

**An Argument in Favor of Anthropology Professional Degrees**

Following the order of the research weaknesses, it would only be pragmatic to also offer recommendations to improve the timeline of thesis research as it stands. My first observation is, of course, that it is exceedingly difficult to perform human subjects research during a viral pandemic and global upheaval. I also maintain that when there are extreme, universal circumstances that may interrupt a graduate program, it is the duty of that program to offer viable modifications for students to attain their education. In fact, I suggest that there should always be
a supplemental mode of graduate education, and that unbearable historical events should not be
the only option for students to gain useful and practical training during their master’s program. I
invite readers of all academic backgrounds to recall that gatekeeping doesn’t only keep good
scholars out of the in-club of the establishment, it also traps bad ideas in the university wings. To
quote another scholar critical of these types of gatekeeping practices, “The curriculum cannot be
decolonised if those who manage its very problematic existence do not know, understand, or
exhibit an inclination towards what needs to be transformed and what needs to be decolonised”
(Sooliman, 2019, p. 71). There is particular irony in a conversation about functionally impossible
traditional practices—WASPy, affluent traditional practices—within academia, while discussing
a project explicitly that explicitly sought to challenge the inherent colony of mainstream medical
and psychiatric practice. I offer up an alternative: that anthropology and other social science
disciplines should offer a professional-track degree—still a two-year master’s program, but
focusing on skills-based practical experience that can prepare graduate students for careers
outside of academia upon their graduation.

Graduate programs are expected to be rigorous and challenging; the understanding of
students entering into a master’s program is that it will be rigorous and challenging because of
subject matter, not because of numerous unspoken rules and unwritten expectations. Peters, the
author of Getting What You Came For, also writes about the expected difficulty of graduate work
versus the actual nature of its challenges:

The work in graduate school is not intrinsically difficult…. Most jobs demand
more work than graduate school, so it is not the amount of work that creates the
trouble. What is hard is the lack of structure, supervision, and help, both
emotional and practical. (Peters, 1997, 2)
The roadblocks I faced in developing my original research plan were unusual because they were informed by world events. The expertise I built during my graduate school years while I continued to attempt my original thesis research is unique because I created it out of multiple extracurricular projects rather than classroom requirements. My frustrations with programmatic inconsistencies are not unique, and neither is my interest in gaining practical training through my master’s program. A “professional-track” master’s degree as I present it should offer students the opportunity to gain hard skills of research, fieldwork, interviewing, grant writing, and policy; for those curricula to be built into classroom schedules; and for a terminal master’s to be realistically completable within the scheduled two years advertised for a master’s program.

An argument might be made by colleagues who are threatened by the idea of a graduate degree that seeks to offer professional skills instead of a traditional thesis; those colleagues may complain or fearmonger that “just anybody” can then succeed in the program. I fundamentally disagree with this idea: not everyone wants a graduate degree, not everyone wants to be an anthropologist, and not everyone aligns with the central philosophy of social science, which is that human stories matter. I counter: allowing for a professional track in graduate programs will not only create a space where new researchers gain valuable training in the skills that are demanded of them by contemporary research projects and other social science careers, but also that training interested students is the core purpose of any educational program. We have become accustomed to the idea that school should be hard; we have forgotten the purpose that hard school is actually supposed to serve.

Conclusion
I entered into this program with medical anthropology field experience, a degree in culture and health, and a passion for this discipline. These are the reasons that I pursued my graduate degree and that I sought out the supplemental professional experiences I was able to obtain during my years at Western: joining the Medical Anthropology Lab, overseeing the Osteology Lab and its undergraduate researchers, writing grants for my thesis research and for conference travel expenses, joining a professional research team examining pandemic education, and presenting at national and local conferences. Each of these experiences is intrinsically valuable, and I pursued them alongside numerous efforts to complete my master’s thesis research in its traditional structure. This chapter—the second in a thesis cheekily, exhaustedly titled “post-mortem”—outlines exactly why that proposed research was impossible, as well as exactly why anthropology graduate programs should make an emphasis on attaining hard skills and professional experience.

The field of anthropology has been evolving since its inception, but like so many other disciplines, it has been forever changed by the coronavirus pandemic. This manifested in graduate work made complicated or impossible by fear, burnout, and social distancing restrictions, to be sure—but is also seen in the job descriptions of positions that master’s-level anthropology graduates will be pursuing. Graduate programs have gained an internal reputation as frustrating, bureaucratic experiences, where intelligent and driven adult students are treated simultaneously like they are incapable of making complicated decisions and that they should already have the secret knowledge of how their chosen schooling should work. Anthropology master’s programs must evolve: program requirements need to be standardized and readily available, so that students who want to succeed stop “[charging] off in the wrong direction or in no direction at all” (Peters, 1997). Those requirements should also include classroom training for
the types of work that graduate students are pursuing: not everyone wants to be a professor, and everyone has joined this program because they believe it has value. Standardization of program expectations and of practical skills taught within the curricula of a complete, two-year program will allow students to gain the skills they desire for the careers they’re pursuing.
Chapter 3: Manuscript - A Review of Structural Issues in K-12 Pandemic Learning

During the COVID years at Western, the Department of Education Administration (EDAD) was also hiring a student researcher to join a team examining how K-12 learning was surviving the pandemic. I joined Dr. Joseph Hunter and his team of educators in British Columbia on a project that proposed to interview teachers struggling to connect with students and parents attempting to enforce e-learning curricula at home, then hold workshops that could train educators and families on how to bridge the gaps their students were facing with pandemic learning. Under Dr. Hunter’s supervision I analyzed survey data using Qualtrics and Excel, built conference presentations for the National Social Science Association, and compiled statistics about how the coronavirus pandemic was disrupting learning across the United States. Thus, my primary duty was literature review: what is happening in other parts of the country, and how does it compare to Washington? How does it compare to our partner schools in British Columbia?

The following manuscript is a culmination of the literature review I completed for EDAD, and then for Dr. Hunter’s education nonprofit, the Developing Successful People Foundation. A common thread was that pandemic hardships revealed and often worsened structural inequities that already exist within United States elementary, middle, and high schools. Pandemic study showed which populations of students were more likely to fall behind (hint: the ones that were already at-risk), how socio-political issues like vaccine debates and shipping shortages also revealed themselves in schools, and that many students don’t have adequate access to the technology required for their education. Keeping track of data from academic journals, government COVID databases, and breaking news sources was a lively challenge, and culminated in a snapshot of COVID’s global, national, and even school-district-level impacts,
allowing for a live commentary of the lockdown years. The research this manuscript details was presented twice at National Social Science Association conferences, each time revealing a new piece of the pandemic education puzzle.

My time as a researcher for the Developing Successful People Foundation, studying how students were being failed by an institution ill-equipped to handle pandemic learning just like I was, while ultimately bolstering the very education that was crumbling around me, also functions as an idiom of resilience. The think-tanks whose rapidly published research explored how K-12 schools were failing and the mechanisms in the enormous political Rube-Goldberg machine that is pandemic primary school were filling the same role that I was: things are falling apart. I still have a job to do. How can I move forward while knowing that nobody knows what will come next?

In this way, Chapter 3 also functions as an idiom of resilience: knuckling through a research project that is suffering alongside my own plans, and holding tight to the skills I learned while completing it, rather than the despair catalogued there. The manuscript below outlines how educational institutions faltered under the pressure of an unknown viral pandemic. Exploring the ways in which the institution of K-12 education floundered as a result of the pandemic finds its inverse and match in the methods through which I was able to bolster my own education during trying times. In a space where I was a student examining how other, much younger students were navigating the same type of institutional failings and falling education as I was, the ability to bring not only clarity about a vast faltering of systems but also a triumph in attaining the education that I was otherwise unable to tackle because of the very similar institutional failure in securing an educational program in the face of COVID is an act of resilience that will continue to support my academic endeavors.
Manuscript - A Review of Structural Issues in K-12 Pandemic Learning

In the spring of 2020, in the face of the emerging coronavirus pandemic, many American schools found themselves quickly pivoting from classroom learning to a number of distance learning systems. The virus SARS-CoV-2 was spreading quickly, through then-unknown methods of contamination, and making people very, very sick. People not only across the nation but across the world panicked, scrambling to protect their loved ones and themselves, and schools were no different. In the United States there was a paucity of federal or even state guidelines about how students should continue learning while social distancing or isolating, largely due to the lack of information about how COVID-19 spread and what sickness looked like. Schools made decisions at the district level about how to serve their students while also keeping them safe through a variety of distance learning methods. This rapid shift, however, illuminated and often exacerbated issues of inequity present in the American public school system. Many of these inequities were familiar to policymakers and educators prepandemic, like equal access to technology. Some shortfalls arose alongside these existing inequities as a direct result of the coronavirus pandemic, such as social-emotional learning loss and fewer students reaching grade-level benchmarks (Lake et al., 2022).

The pandemic interrupted or altered three consecutive school years, causing schools to continue to struggle with regaining a sense of normalcy in the classroom, made worse by teacher burnout and subsequent shortages of educators (Diliberti et al., 2021, Lake et al., 2022). With each COVID variant, educators were introduced to a fresh complication, from inconsistent quarantine policies to a teacher shortage we still face today. Even though distance learning was always expected to be temporary, the scramble to adapt in-person learning materials to remote
curricula was made that much more complicated. Students immediately faced inequity in distance learning as they had unequal access to technology to access e-learning classrooms and Zoomed into classrooms from homes with different levels of tech literacy. Two calendar years after school closures, teachers still report difficulty engaging with students, especially those that have continued to incorporate e-learning tools in their classrooms, whether remotely or in a physical space (Diliberti & Kaufman, 2020).

Classroom planning was made more difficult by socio-economic and political issues of the Delta and Omicron variants. For example, quarantine policies and vaccine or mask mandates lacked uniformity across the nation because they were created at the district level and thus heavily influenced by the socio-political attitudes of school board members at each city or county seat, rather than federal guidelines or scientific recommendation (Pitts, 2021; Dusseault & Pillow, December 2021).

The systemic issues within education that were uncovered by the rapid shift to distance learning are largely intertwined: pandemic-era learning loss was tied to unequal access to distance learning materials during the first round of lockdowns, for example (Dusseault et al., 2021), which, when paired with isolation, led to devolvement of social-emotional learning and an increase in mental health problems in children and teens (Lake, 2020). COVID-19 also struck the world at a time when the United States was facing great political upheaval, impacting how schools were able to respond to safety concerns during the pandemic (Kamenetz, 2022). As SARS-CoV-2 evolved, so too did the challenges faced by educators in the physical and virtual classrooms. Issues within pandemic learning created an environment for at-risk students to fall even further behind their peers.
**Equity and Access**

The most substantive barrier to pandemic learning was equitable access to distance learning materials. One of the reasons that many school districts struggled with the transition to distance learning during the first round of school closures was that their students did not have access to adequate technology to complete their school project. For instance, many students did not have a home computer and had to attempt schooling on a smartphone or tablet (or not at all). Other students may have been staying with caregivers or parents with low tech literacy, leaving them without proper guidance for how to use elearning tools, even if they had the technology to access them.

The pandemic has illuminated many structural issues within K-12 public schools, most substantively equitable access to distance learning materials. Many districts struggled with the transition to distance learning during the first school closures as their students did not have access to adequate technology to complete their school projects. For instance, many students did not have a home computer, had tech-illiterate parents that could not help their students with distance learning curricula, or struggled with the technology challenges of online learning (Heyward, 2021).

American schools before the pandemic struggled with a massive learning gap between students with a low socioeconomic status and a high socioeconomic status, with poor students underperforming compared to their wealthier peers (CRPE, 2022). Low-income elementary schools fell behind high-income elementary schools by 20% in math and 15% in reading during the pandemic (Kuhfeld et al., 2022). Teachers are still struggling to address the learning gap that
was widened by the lack of access to technology and the learning loss from COVID disruptions in the past three years.

Additionally, many students (and some teachers) lacked access to internet with enough bandwidth to participate in online schooling. Students who had poor internet quality were unable to keep up with virtual class meetings, access online assignments, or had to split Wi-Fi between multiple devices as siblings worked on e-learning projects at the same time. One example of this was given by the American Civil Liberties Union as they suggest that Wi-Fi should be a public utility like water or electricity: a case study examining a single-parent household of seven that split a smartphone hotspot between six siblings all attempting to work on distance learning projects simultaneously (Ault, 2021). The case study exemplifies a number of early pandemic barriers to education: the family were working on laptops donated from a nonprofit, unable to complete their schoolwork because of poor internet access, which lead to learning loss and mental health issues. When discussing how deeply her children and community were affected by not having a stable internet connection, this mother of six muses, “…I often wonder how many other children there are out there who had to drop out or give up on their dreams simply because they didn’t have broadband access. (Ault, 2021)”.

Schools that serve a majority of Black or Hispanic students and/or students with a low socio-economic status report that internet access was a primary barrier for students completing pandemic learning classwork (Schwartz et al., 2020). Low-income students and students of color were among the most likely to fall behind their peers before the pandemic, as well as students with disabilities and English Language Learners (Schwartz et al., 2020; Stelitano et al., 2021). Additionally, the distance learning issue that teachers
reported the most challenging was student engagement, and it was compounded by technology access issues (Diliberti & Kaufman, 2020). This learning loss is accelerated by internet that is spotty, slow, or weak, and in some cases, like the case study above, made elearning so difficult that some students contemplated leaving school altogether (Ault, 2021).

**Phases of the Pandemic**

When the Coronavirus pandemic broke in March of 2020, schools across the country quickly pivoted to distance learning, often without properly training teachers or providing a curriculum capable of sustaining students who were suddenly learning from home. This initial failure to train teachers and provide a sustainable online curriculum was followed by two more school years interrupted by COVID-19, which contributed to learning loss, teacher stress, and inequitable education (Diliberti et al., 2021). As each COVID variant impacted the American education system, each stage furthered learning loss and other systemic inequities (Dusseault et al., 2021).

The Delta variant peaked at the start of the 2021 fall semester, when most schools decided to return to in-person learning (Dusseault & Pillow, August 2021). Delta was more contagious than the first wave of COVID in the United States, causing more severe illness, and—most frightening for teachers and parents—was actually able to infect children (Wu, 2021). This stood in stark contrast to several natural-lab case studies from around the globe that showed astonishingly low chances of COVID either infecting or being transmitted by children (Bailey, 2021). Without fully recovering from the learning loss, lack of communication, and technical difficulties of the first lockdowns in 2020, schools had new pressure to create quarantine policies
that would keep students and staff safe while also keeping students on track while they were away.

Without federal guidelines for public schools, quarantine policies varied among states and districts. In one stark example, “Wichita Public Schools [allowed] exposed students to return to class immediately, provided they wear a mask for 14 days and take daily rapid antigen tests for eight days”, while some Alaska schools allowed “up to 24 days” out of school if students had contact with an infected relative (Pitts, 2021; Dusseault et al., 2021).

Omicron, which was first identified in the United States the day after Thanksgiving in 2021, brought supply-chain issues alongside a mass exodus of educators, which left in-person classrooms without a qualified teacher or the supplies to prevent and screen for COVID-19 (Lieberman, 2021). One teacher in Vancouver, WA claims to have spent hundreds of dollars out of his own pocket to create classroom air purifiers using box fans (Kamenetz, 2022). Even with access to masks, air purifiers, and testing kits, there was no nation-wide consensus on best practices for classroom mitigation measures.

The social and political pressure to return schools and classrooms to normal had many districts reversing their COVID safety requirements. During the 2021-2022 school year, the number of districts that required masking in schools dropped from 90% to 74% over the fall semester alone, which contributed to increasing numbers of teachers who could not work as they quarantined or awaited COVID test results (Dusseault & Pillow, December 2021).

Staff shortages were further compounded by supply chain issues that affect teachers’ access to COVID mitigation measures, like masks and testing. Many schools
pulled other staff—such as counselors, aides, and administrators—from their regular duties to cover classrooms while teachers are sick or waiting on COVID test results. The teaching staff shortage was about more than schools missing regular teachers; districts also faced a severe lack of qualified substitutes, with some districts shortening the process or changing the requirements needed to become a substitute teacher (Reilly, 2021; Davis et al., 2021). Classroom disruption caused by the staff shortage is especially concerning for students who already suffered from learning loss due to other pandemic complications.

**Loss of Grade-Level Benchmarks**

In the RAND Corporation’s 2020 American Educator Panels—an examination of teaching and learning strategies from across the United States—teachers reported that catching students up to grade level was their top concern in the 2020-2021 school year. They also reported that only 62% of fully remote students were completing their assignments, compared to 82% of students in fully in-person classrooms (Diliberti & Kaufman, 2020). Learning loss is so great that even students who do not fall into the most heavily impacted demographics are going to graduate with less knowledge and skills than high-school graduates before the pandemic (Lake et al., 2022).

“[Teachers] feel like they're responsible for all the learning this year but also all the learning lost for the last 18 months”, one educator interviewed by NPR attested (Davis et al., 2021). This extra expectation contributes to teacher stress and thus the mass exodus of educators during the pandemic. The staffing crisis of the Omicron era threatens to deepen the learning loss gap; a lack of qualified substitutes is having school staff and administrators act as classroom
sitters rather than educators while teachers are quarantined or waiting on COVID test results (Dusseault & Pillow, December 2021).

School districts across the country have faced lower enrollment, with some larger school districts seeing 50,000 less students than before the pandemic. The reasons for lower levels of public school enrollment varies between social-economic status: high-income parents unimpressed with public schools’ resources and catch-up curricula have the means to choose other, more expensive schooling options while low-income parents attempting to survive the pandemic-fueled recession and job loss are having trouble keeping their students in school as they battle housing and job insecurity (Hubler, 2022; Schwartz, 2022). The widening socio-economic gap through differentiated schooling also deepens the issues of social inequality that have put low-income, nonwhite, English Language Learners (ELL), and disabled students at risk of falling behind their peers.

**Loss of Social-Emotional Learning**

The United States is experiencing a mental health crisis among young people, made worse by the isolation of lockdowns and quarantines during the first wave of the pandemic. During the summer of 2020 there was a sharp increase in children under 18 admitted to emergency departments for mental health, including panic attacks and suicide attempts (Leeb et al., 2020). Students of color, girls, and nonbinary students more commonly experienced an increase in anxiety and depression symptoms, deepening the pandemic learning equity issue (Chu & Lake, 2021). The Centers for Disease Control and Prevention estimate a nearly 51% increase in suicide attempts by girls aged 12-17 (Yard,
This is intensified by the fact that more than 200,000 children under 18 lost a parent or caregiver due to COVID-19 (COVID Collaborative, 2022).

K-12 students struggling with mental health issues usually receive treatment through community organizations, which includes schools (Leeb et al., 2020). The student mental health crisis has progressed on two axes during the pandemic: there are more children experiencing mental health issues for the first time, and there is less access to community spaces for treatment of mental health problems (Leeb et al., 2020).

Since returning to in-person learning, teachers have witnessed students’ pandemic trauma manifesting as mental illness and as a noticeable stall in their social-emotional development. Because many students have spent the past three school years in COVID limbo and have missed opportunities for Social-Emotional Learning (SEL), they are maturing more slowly than expected. One teacher interviewed by NPR in 2021 explained, “if you think about this year's ninth graders, the last time they had real school was some time in seventh grade. As much as middle school was already a difficult place to be, there's a lot of important things that happen with kids and milestones and maturing...” (Davis et al., 2021).

Many of these mental health and SEL challenges appear as behavioral symptoms: compared to pre-pandemic rates, students are acting out more frequently and in ways that show less maturity. The same group of high school teachers who described their incoming freshmen as virtual seventh graders also said, "trauma [from the pandemic] has come back in the way that high school kids act out. Discipline type issues: their attentiveness in class, trying to divorce them from their cell phone that they had unfettered access to last year.... It's the normal high school things, it just feels like it's exponentially more” (Davis et al., 2021).
Dealing with students’ behavioral issues has been cited as a major reason for educators leaving the profession during the pandemic (Steiner & Woo, 2021). Educators who have remained in their positions still rank social-emotional learning as a high concern. In a 2021 survey of superintendents, researchers found that “ninety percent of district leaders expressed either ‘moderate’ or ‘major’ concern about students’ mental health” (Diliberti & Schwartz, 2022, p.3). Teacher stress and student behavioral issues remain a distraction in classrooms that are already struggling to “return to normal”; each new complication of the pandemic has impacted the classroom in a way that exacerbates these issues.

**Political Landscape, Race, and Urbanicity**

The United States is at an extremely high level of political polarization that seems to have crept into almost every facet of American life, including K-12 schooling. Combined with an already devastating amount of learning loss, its effects on younger generations—Gen Z and Gen Alpha—may ripple farther than it already has. In a survey performed by the RAND Corporation, almost 75% of school leaders agreed with the statement “Political polarization about COVID-19 safety or vaccines is interfering with our ability to educate students” (Schwartz, 2022). This also comes at a time when public trust in the CDC is waning, making it difficult for school boards to make decisions for their districts (Pollard & Davis, 2021). In fact, school reopening plans for the 2020-2021 school year fell right along party lines, with Republican-majority school districts more likely to push for in-person learning and Democrat-majority schools more likely to push for COVID mitigation strategies to be included in school policy (Hartney & Finger, 2021; Vestal, 2020).
Political leanings intersect with race, urbanicity, and socio-economic status to create a powerful storm of factors that influence school policy, both about course content and about COVID-19 mitigation strategies. White, rural, and midwestern parents are the least likely to request mitigation measures, including vaccinations or e-learning options. In contrast, Black and Hispanic parents are particularly wary of returning to in-person learning; for instance, more than 75% of Black parents supported safety measures like masking and testing before their students to return to school (Schwartz et al., 2021).

These school policy battlegrounds are made more ferocious by the systemic prejudice paradox. A recent study published in Social Science and Medicine found that learning about systemic issues exposed by COVID, particularly issues of healthcare equity among nonwhite racial and ethnic groups, causes Americans to mischaracterize the severity of the pandemic and to be less likely to request and enforce mitigation strategies (Skinner-Dorkinoo et al., 2022). This type of systemic prejudice manifests as white parents forgoing safety measures and demanding in-person schooling: A RAND survey in July 2021 found that more than one-third of white parents agreed with the statement, “I am not concerned that COVID-19 is a significant risk for my child,” while only 8% of Black parents, 12% of Hispanic parents, and 13% of Asian parents agreed with the same statement (Schwartz, 2022).

Conclusion

There are a number of structural issues within American K-12 schooling that the coronavirus pandemic revealed, but each of them is tied to an equity issue. Students of color and students with a low socio-economic status were most likely to lack access to adequate technology for distance learning. They were also among the most likely to fall behind their peers
even before the pandemic, the most likely to experience mental health issues as a result of the pandemic, and among the groups least likely to return to school after pandemic lockdowns.

The political and social tensions that arose during the 2020 election cycle contributed to these issues as well. Distrust in government bodies such as the CDC as well as increasing tensions between political parties caused tension in local school boards, which hindered school districts’ abilities to make fact-based decisions about pandemic policies. Amid socio-political tensions, people of color were disproportionately affected by COVID, and white parents were less insistent about in-school safety measures.

Learning loss was already a risk for poor students, students of color, students with disabilities, and English Language Learners. The problems of pandemic learning furthered these issues in a number of ways, such as not being able to access their schoolwork or being at a higher risk for contracting COVID-19. Inequity in American public schools skyrocketed with increasingly infective variants of SARS-CoV-2, supply chain issues blocking access to mitigation measures, and K-12 teachers facing previously unseen levels of burnout. At-risk students were left lagging behind their peers.

In the words of the State of the American Student report for fall 2022, “The kids aren’t all right now, but many weren’t all right before” (Lake et al., 2022). Disrupted schooling due to the coronavirus pandemic worsened issues that were already present in public schools, but solutions to these problems can come from the research that outlines their severity. Understanding COVID-based inequity can allow school districts to rebuild in a way to better serve their students.
Chapter 4: Manuscript - Ten Simple Rules for Mentoring Historically Excluded Students

The Medical Anthropology Lab was formed by a group of Western students—graduate and undergraduate alike—who were interested in pursuing anthropology but felt unsupported by the traditional academic structure. I experienced the Lab as a type of third-space within the department: not quite the classroom, not quite a job, but a place I was able to build community and gain experience. This is one of its core purposes, in fact: the Lab became a stronger, more formal gathering space during the pandemic, when its members were feeling particularly excluded as a result of social isolation and growing international unrest. The Lab serves not only as a place of community and connection to a group of diverse students, faculty, and alumni who hold intersecting identities that often exclude them from traditional academic structures, but also—or, perhaps, through the development of that community—a place for us to gain practical experience in anthropology.

The following manuscript is an example of one of those experiences, an example not only of my own resilience but that of a group academics holding multiple historically excluded academics navigating the isolation and competition of traditional academic institutions while also surviving the loneliness and confusion of Pandemic University. As a diverse group of scholars, we often reflect on our own experiences with marginalization within academia. We also are in the unique, supportive position of being able to mentor each other through the work that we do: sharing experiences across the table, rather than down from the podium. This was the basis of our presentation at the American Anthropological Association annual meeting in 2022; it is also what inspired the article below, “Ten Simple Rules for Mentoring Historically Excluded Students”. As we were able to create an environment for our queer, disabled, diverse community
to thrive during the seemingly-perpetual hardship of the pandemic, we were also able to discuss what traditional academia lacked in affirming and supporting our various identities.

“Ten Simple Rules” is a collaborative effort from graduate students, faculty, and alumni who were dedicated to continue the spirit of the Lab while scattered across the country during pandemic lockdowns. It catalogues practices to support students who hold historically excluded identities while they navigate the system that has upheld that exclusion, a badge of resilience of the group that created it while believing in and working hard to create a post-pandemic world that would better support our identities within the institution. Its authors include myself, fellow graduate student L.C. Osadchuck, Western alumni Tori Bianchi and Griffin Quinn, Dr. Corinne Knight, and Dr. Sean Bruna. Each author contributed to the theorization, writing, and editing of the manuscript. Lab alumnus and physical anthropology instructor Tori Bianchi also suggested the Top Ten format as a way to smoothly share mentoring strategies with busy professionals. I have taken on the role of corresponding author; the manuscript, included in full below, was published in College Teaching in February of 2024.

Manuscript - Ten Simple Rules for Mentoring Historically Excluded Students

At the height of the pandemic, a group of anthropology graduate students, alumni, and affiliated faculty met via Zoom to reflect on the pandemic and the support they had been providing each other. All the individuals were members of what they affectionately called “The Lab,” a West Coast medical anthropology lab.

As the pandemic progressed from months to years, “The Lab” experienced many lessons of hardships, loss, pain, and solidarity. Due to the global pandemic and civil
unrest, the United States was in a period of significant change (Sabawi and Fields, 2021). In response, academia dramatically shifted teaching and learning techniques in just a few years, with many of those changes happening in the first year of the pandemic. The adaptability of academia has revealed our capacity for collective change. Much can be done to improve the learning experience for underrepresented students. In doing so, educators and mentors can enhance the culture of academia, become more inclusive, and expand the depth of knowledge and experience available in their students' respective professions.

From a stark lack of representation in the student body, faculty, and staff to struggles in getting accessibility accommodations for those who need them, marginalized communities face systemic issues beyond the academic work itself that make higher education prohibitive for many people (Larson, et. al, 2020; Santa-Ramirez, 2021; Patrick and Wessel, 2013). Students, alumni, and faculty who shared a virtual lab during social hardship and unrest wrote this Ten Simple Rules article. The authors hope these rules will support educators and mentors who serve or wish for a diverse student body (Dashnow et al., 2014).

**Rule 1: Enter mentoring with an open mind.**

As research mentors, we are tasked with finding ways to help students follow their fire. To do that, we should not make assumptions about their knowledge, skills, or capabilities. Instead of making assumptions based on perceived competence or incompetence related to ethnicity, disability, or gender, ask what skills they have then help them decide what else they might need to learn (Elbert, 2019). Enter these conversations with an open mind and communicate clearly (Pismissi 2020).
**Rule 2: The whole is greater than the sum of the parts.**

All of us are composed of multiple identities. Rarely can someone claim to identify as just one thing or another. Each part of a person brings something different that must be honored and taken at full value, even if there is disagreement or disbelief (Palmer 2015). Being a first-generation student also brings challenges that mentors should be prepared to navigate (Ives and Castillo-Montoya, 2020). These factors contribute to a person's lived experiences and are often intersectional, meaning multiple facets of someone's identity combine to create unique advantages or disadvantages (Bauer et al., 2021). Each part of your student's identity brings something different that deserves respect (Palmer, 2015). It's impossible to focus on only one identity at a time because these parts create the sum of a person as a whole and contribute to their daily lives.

That said, sometimes, an individual identity, particularly those around race, ethnicity, class, disability, and sexuality, needs more nurturing to succeed because of the various systematic barriers that impede these scholars (Park and Bahia, 2022). These barriers might include unequal access to funding, stereotype-based discrimination, and "pressures to carry out voyeuristic, deficit-focused research on their own communities" (Park and Bahia, 2022). In many cases where historically excluded students are concerned, mentors act as academic advisors and advocates.

One study we found mentions the immigration of Europeans to America at the turn of the 20th century; "Irish immigrants were considered 'different' from previous waves of Anglo-Saxon immigrants because most of them were Catholic, illiterate, poor, and did not speak the English language variation represented in the American mainstream school system. Consequently, success for Irish immigrant children in the schooling
process took generations to achieve, and it was not secured until teachers from Irish ancestry became advocates and mentors for them” (Espinoza-Herald and Gonzalez, 2007).

LGBTQIA2S+ students struggle with bonding with mentors, in part because sexuality is an identity that is often hard to discern based on appearances alone. One study noted that “when a queer student attempts to forge a mentoring relationship without knowledge of the mentor’s identity, they often ‘test the waters’ by mentioning LGBT political issues to read the potential for success within the relationship.” (Graham, 2019). Graham also noted that most gender-nonconforming participants in her study reported that their gender identity had the least support out of all their intersecting identities (Graham, 2019).

Underserved students are impacted by their mentors’ perceptions and assumptions, which could make or break their academic experience and subsequent career path. Mentors can go a long way by asking their students about "their intersectional needs, thus considering the historical, social, and political context to recognize the unique experiences of mentees." (Cisneros et al., 2022). When historically excluded students see themselves reflected in the faculty and staff, they see that all parts of their complex identities can combine, like Voltron, to form something more powerful than they ever thought possible. Institutions should work to have a strong foundation of diverse mentors and remember that having their identities respected makes students feel humanized (Russell-Brown, 2021; Santa-Ramirez, 2021).

**Rule 3: Ask students how they want to be described.**

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Voltron is an animated television series franchise from the early 1980s that features a team of outcast space explorers who individually pilot spaceships that come together to form a giant super robot known as "Voltron." A discussion and critique of Voltron, is available in “Dis/ability in Media, Law and History: Intersectional, Embodied AND Socially Constructed?” United Kingdom, Taylor & Francis, 2022.
Scholars deserve to identify however they see fit, even if their language takes time to learn. Words and language can hurt, despite what age-old sayings might imply. In truth, language is often used to "other" groups in an us/Them dynamic (Brons, 2015). Remembering Rule 1, always approach with an open mind and never make assumptions about how someone identifies.

Regarding gender identity, when you ask, "What are your pronouns?" your students will communicate whether they use gendered pronouns such as she/her, gender-neutral pronouns such as they/them, or neopronouns such as ze/zir. Students could use one or multiple of these identifiers. In one study on the use of pronouns, non-binary (meaning outside the typical male/female gender binary) participants reported "feelings of validation and acknowledgment when others respected their pronouns and feelings of invalidation and alienation when others misgendered or refused to use their pronouns" (Hekanaho, 2020).

If you need help pronouncing someone's name, ask for the correct pronunciation and what name a person prefers (Zhang and Noels, 2021). Names are beautiful and should be given the reverence they deserve, and asking how to pronounce them is a sign of respect. Language of disability should follow the disabled person's lead, no matter what has been taught in training. It's important to mirror the language someone uses for themselves. Many disabled people prefer identity-first language over the more commonly taught person-first language (Andrews et al., 2022), so it is best to ask what an individual prefers. Always listen and respect it if someone asks you not to use a word or phrase that harms them or their community. Refusing to respect a person's identity serves to alienate your mentees and can create a difficult and isolating academic experience.
And remember, if someone has to remind you to respect their identity, respect what they say, and learn from the experience.

**Rule 4: Respect the space, respect the person.**

It often comes as a surprise that spaces we take for granted in higher education are not always as accessible as we think. Especially for our students with disabilities, what we see as welcoming can be perceived as closed-off or functionally inaccessible. As good mentors, we can take steps to make practical changes in how we handle the use of space.

Take a moment to survey the spaces you occupy (Walters 2010) and ask yourself: How are classrooms arranged? Is there room for mobility aids to be used freely? Are desks accessible for students needing more space to work? If not, can the necessary desks be provided? Is the line of sight for projectors impacted, and can seating be adjusted to eliminate this impact? Is the audio system sufficient to project the speaker's voice throughout the room, and are speakers clear and understandable from all desks? A quick and thoughtful scan can make a student feel welcome and more likely to engage with the content.

Similarly, evaluate mentor offices and other high-use spaces. While not all spaces can be freely rearranged, endeavoring to change what can be managed shows all students that they genuinely have a place in the spaces you host.

Respecting space also extends to personal space. While it may seem well-meaning, avoid touching or handling mobility or learning aids unless asked to do so (Blanchard, 2020: 5). This applies to moving crutches or canes, pushing wheelchairs, and interacting with service dogs, but this list is not exhaustive. Always consider a mobility or learning aid as a part of that person’s body, meaning consent is needed before touching.
Encouraging a culture of respect for personal and institutional space throughout the campus will go quite far toward creating an institution where students from all backgrounds feel welcome and valued.

**Rule 5: Respect your student’s learning objectives and outcomes.**

While evaluating the spaces you host for better accessibility and optimal use, assess your course objectives, outcomes, and the checkpoints on the road to those goals (Fuentes 2020). While we often like to think that students enjoy a challenge, this doesn't extend to deciphering the syllabus or assignment prompts.

Remember that understanding the content and concepts as instructors doesn't mean our students do too. Established expectations go a long way toward making the coursework more accessible for all students, not just those with disabilities. Students who don't have institutional knowledge provided through family or friends also benefit from clear expectations and explanations. A set path through an assignment or handling tasks in more manageable chunks allows for better comprehension and time management. If students understand the workload better, they will likely approach it more confidently and complete it by the deadline.

Additionally, allow the students to lead. A "see one, do one, teach one" model, as defined by generations of physicians and surgeons in mentoring students, may help demonstrate competence and build leadership skills that will be beneficial down the line (Loganath et al., 2019: 17). Having students lead meetings, moderate progress "check-ins," or deliver presentations on units or content topics will create confidence and inclusion while allowing for the course objectives to be achieved.
In one study on how mentorship helped foster scientific identity for STEM students, the authors noted that "research-mentored students described mentors as colleagues who gave them opportunities to grow and as examples to look up to" (Atkins et al., 2020).

In another study focused on the experience of Black, Indigenous, and other People of Color (BIPOC) graduate students, the participants conveyed that they "engage in resistance through finding meaning in their research and advancing recommendations on how to improve the experience of BIPOC graduate students" (Park and Bahia, 2022). Helping your mentees by allowing them to lead enhances higher education for themselves and their peers and impacts their long-term confidence in their chosen field.

**Rule 6: Accommodations go both ways.**

Establishing a culture of respect is key in any academic environment, but instructors who also serve as mentors have a more significant role to play in this regard. It's essential to strive for an atmosphere of mutual respect, not in the sense that the mentor and mentee are peers or that the relationship has to be on a first-name basis, but it should mean that all parties see and value each other and their respective backgrounds.

This mutual respect can also become a part of the classroom environment, particularly in creating accommodations for students with disabilities. Make it a regular part of the first week of class to establish cell phone and late work policies - this can be useful in helping students not feel different from their peers. Treating accommodations as a regular part of class helps all students perceive it as such. For mentors working with grad students who are also teaching assistants, ensuring they have classroom and workplace accommodations will ensure they feel supported as students and aspiring academics.
Additionally, mentors who require accommodations in the classroom should endeavor to share that information when possible and appropriate (Patrick and Wessel, 2013). As part of sharing her syllabus' content on accommodations, one of our team members requests consideration from her students. She has hearing impairments and asks them to please speak up in class as a means of helping her. In this way, she demonstrates that this isn’t something to be embarrassed about but rather a part of everyday life for students and faculty alike.

Rule 7: Signal to students that you’re in the office and available

One of our team members likes to relate a story of her time in grad school: when in her office, she would leave her cane or crutches outside the door, leaning on the wall. Her officemate, a priest, remarked that a staff placed by the door at abbeys meant the abbot or abbess was in. It was a sign of who was in the space and that it was open to visitors.

If mentors identify as part of a group historically underrepresented in higher education, we encourage them not to hide it (Ware 2021). Be willing to provide a sign of who is in the space. Choose your method to leave at the door, whether it's a staff or cane, banner, flag, or something applicable to you and the students you want to reach. This lets students who share your identity know they also have a place here. Sharing experiences and identities can help create an environment that encourages student retention and reminds them that they can also pursue a future in academia (Graham, 2019; Santa-Ramirez, 2022; Patrick and Wessel, 2013; Sarna et al., 2021).

Rule 8: Never stop mentoring.
In many cases, mentorship is a relationship that spans many years, long past graduation. A good mentor knows they've been a positive influence because students continue to stay in contact with them beyond just asking for letters of recommendation. They come back and update on important life events and collaborate on research projects, and these relationships can evolve into friendships. For many, these relationships help the student survive and thrive, and it is natural to want to continue connecting with someone who has been so important to them (Mendez 2019: 448).

Mentors serve multiple roles in students' lives. They're surrogate family members, confidants, advisors, career planners, teachers, and more. All students need to connect with mentors who share one or more of their core identities. Mentors with shared identities can understand their mentees' backgrounds and the historical context of being in a historically excluded group. As students move on and enter other endeavors, they may not always have others in their lives with similar identities, so having someone to return to when they need support is invaluable in long-term confidence and professional development (Kupersmidt 2017).

**Rule 9: Mentor across identities.**

While not all experiences of discrimination and barriers to success across identities are the same, they have many commonalities and could connect across identities (Baker 2014). Those commonalities stem from historical exclusion, trauma, and lack of knowledge and understanding (Cisneros et al., 2022; Patrick and Wessel, 2013). It's important to acknowledge that our commonalities are greater than our differences. When we see what's more alike, we can forge a path to change the culture in academia to provide a better future for those coming behind us.

While historically excluded students are entering academia in greater numbers and
holding roles that were previously out of reach, representation for particular identities, including those that intersect, can still be hard to find in a mentor. But, as long as everyone is open to learning, recognizes commonalities, and empathizes with experiences outside our own, we can bridge those gaps and ensure that no one is left behind, regardless of their academic level (Espinoza-Herold 2007: 320). This approach helps ensure future generations see their identities openly represented in academia.

**Rule 10: Never Stop Learning**

As mentors, we are responsible for mentoring and should never stop learning about mentoring, our mentees, campus resources, and ourselves (Brisset 2020). With shared identities between mentor and mentee, it might be easy to assume that we know about our mentees' experiences, but in doing so, we run the risk of perpetuating stereotypes about ourselves and others.

The risk of these assumptions increases with the number of historically excluded people entering mentor and mentee roles. When mentees speak with us, we must listen to what they say and with an open mind. It's important to learn the history of where our mentees come from, what experiences they bring, and how we can work with them to fulfill their needs best.

In reflections on her academic career over many years as both mentee and mentor, Arpana Inman states that "having mentors who met me at my level of development, appreciated our cultural differences, and got to know what my needs were in a collegial, person-centered, and a culturally oriented manner was extremely helpful" (Inman, 2020).

While this seems easy, it can be challenging and intimidating for students to speak
to mentors. Something as simple as an interruption can derail a carefully prepared question for a mentor. Being patient and listening carefully allows mentees to find their voice.

As we continue to learn, we also must recognize that we won't always have the answers - and sometimes may not even know what questions to ask. It's important for mentors to continuously learn what resources are available on campus and what new ones are implemented each year so we can review current approaches that may be relevant to the needs of our mentees in relation to current events (Cisneros et al., 2022; Samari et al., 2022).

Having the humility to say, "I don't know the answer to that, but we can find it together," provides time to find needed resources and conveys a sincere desire to help your mentees. In doing so, mentors will be better prepared to connect with and help students.

Finally, it is worth noting that while we must learn about mentees and on-campus resources, mentors should always continue learning about themselves (Inman 2020: 121). This is vital should mentors wish to evaluate and change their practices and the power dynamics accompanying them. In Anthropology, this reflexivity is called "positionality."

**Conclusion**

This list's content is intended to help us achieve what we want for our students: their success in our classrooms and beyond. While it may seem daunting, providing good access, clear expectations, and compassionate leadership shouldn't just be part of our teaching toolboxes – it should be at the core of our educational philosophies.

As educators, we, of course, must also be lifetime learners. Learning about what our diverse student populations need and how to meet their needs best should be part of that willingness to learn and grow in our fields. A few changes on our part that cost little to nothing
regarding time and resources can lay the groundwork for student success through equitable access to open-minded classrooms.

**Chapter 5: Concluding Reflections of the MA Program and Thesis During the COVID-19 Pandemic**

A core theme among each of the research projects presented to you here is that traditional education structures are no longer functional in a post-pandemic, increasingly chaotic twenty-first century. The current anthropology master’s program at Western requires students to struggle their way through an unclear curriculum taught by academics with such deeply opposing ideologies that it’s impossible to know which direction is correct. With the added intensity of a global pandemic, social isolation, international and domestic political upheaval, and an economy so strained that we see a record amount of housing insecurity (The State of the Nation’s Housing, 2023), a traditional thesis structure is often unviable. Anthropology is one of the few disciplines standing steadfast against a “professional” track for a master’s program, which would be designed to equip students with practical career-oriented skills applied through classroom practice. The master’s track that requires a novella on original research, which may not be able to be completed under extenuating circumstances, leaves behind students who are otherwise talented, dedicated researchers. Students should not have to claw their way through a program designed for them to fail and cross their fingers in hope that they have obtained for themselves the training that will serve them in their professional lives.

The system that didn’t count the extracurricular opportunities I took on as real enough for graduate training is letting itself down. Not only is it gatekeeping education, it also means that students trapped in circumstances that can’t support a traditional thesis
don’t get to take on projects that will support Western’s goals. This university prides itself on being a research institution, but narrowing the types of education that students are able to receive detracts from the contributions they could make. To borrow from Barnacle and Dall’Alba, “…has this focus on knowledge generation, or the knowledge produced through research, meant that the practice or craft of research has been downplayed?”

I encourage readers to recall also that internal university policies can keep even traditional master’s students from graduating on time. As professors are overloaded with student work as well as their own academic endeavors, new faculty are hired, and established professors step away from the department for their own projects, students may not be able to receive the academic support that a traditional structure requires. Thus the student is punished for the department’s disfunction, leaving the student without their hard-earned credentials and everyone involved (or even on the sidelines) wringing their hands in frustration. My proposal for a professional track does not require upheaval within the current structure of anthropology and academia: it opens an avenue for the weight of a research professorship to be lifted by trusting students to learn practical skills through classes and experiences rather than the perpetual oversight a thesis committee demands of each of its members.

Despite one’s best efforts, extenuating circumstances can interfere with the proposed trajectory of a graduate program. Perhaps because of one’s best efforts, a graduate student may be able to gain the expected skills, knowledge, and experience of a Master’s program even when thesis research is drastically interrupted. I feel confident in the training I received planning my original thesis project, including project design, grant writing, building community partnerships, and the endless hours of troubleshooting I took on while trying to break through the boundaries of what types of research was feasible during a global pandemic. I anticipate revisiting the
groundwork laid by my original project proposal and literature review; until then, I sit comfortably in the knowledge that despite the difficulties of that project, the external experiences I pursued should suffice the training I need for my chosen career in health research.

In Chapter 3, I delved further into how COVID was barricading traditional routes of education by examining K-12 schools and their difficulties in maintaining schooling while the world outside of the classroom seemed to fall apart. Systemic issues within the United States at large – issues like poverty, prejudice, and political upheaval – continue to manifest on the small scale; for example, within school districts. In this way, reacting to a seemingly singular crisis like a pandemic is not only mitigating disease exposure and researching vaccines; it is also combatting all of the nebulous ties to already-present inequities. A project examining one topic can quickly jump to its connection and impact on others. The training I received as a Research Assistant while completing Act II was not just literature review and study design, but also the curiosity to combine reports of a number of inequities into an organized, large-scale picture of the research topic’s seat within the academy, socio-politics, and health sciences.

Chapter 4 takes a step away from K-12 distance learning and focuses instead on the next step of education: the university. Rather than inquiring what problems exist within that strata of education, like in Chapter 3, Chapter 4 examines solutions to problems that have already been revealed within academia. As a part of the Medical Anthropology Lab, I have received not just invaluable training with qualitative analysis and presentation design, but also a supportive community of researchers with similar interests and goals, and multiple intersecting identities – just like I have. The collaboration with my labmates is likely best exemplified by projects like Chapter 4’s focus on mentorship: bringing together our ideas and experiences to create a structured, sourced roadmap so that supportive spaces like ours can be implemented at other
universities, allowing our historically marginalized voices to be heard and honored in a place they have been often silenced. Another reminder that it is necessary to adapt away from traditional structures when they become barriers to learning.

To borrow resilience once again, the comfort in the knowledge that I created an external curriculum that supported my anthropological training spotlights how well students can do if given the tools to craft the education they fully seek to receive from their academic institutions. Think of how less strife can support more conversations, projects, and ideas—recall that resilience does not arise from good times, and that fertilizing manufactured difficulty over meaningful collaboration robs us all of educational opportunities and scholarly contributions that can support the knowledge and experience of the exact groups my pandemic-era research projects indicated were struggling: students who are not white or are learning English, students who are disabled, students who are queer, students who are poor.

Aside from its philosophical weight, the merits of anthropology include its inclusive participant-driven methodology. Anthropological fieldwork, regardless of the subdiscipline it represents, is deeply unpredictable – this is its merit and its flaw. The nature of anthropological fieldwork, with the built-in understanding that anthropologists will be unable to perform their proposed research according to the formula laid out in a proposal. Because people (and the circumstances that govern them) are inherently unpredictable, and because anthropology intrinsically holds space for that unpredictability, this recounting of research pivoting during trying times holds true to the spirit of the discipline. This only solidifies the need for anthropology programs to have, built into proposed curricula, the space and structure for nontraditional education and research opportunities. A discipline that requires flexibility in the field must also require flexibility in its training.
This thesis focuses on COVID disruptions and equitable access to education not only because those are interesting and important projects, but because my time in Western’s graduate program also faced COVID disruptions and was shaped by finding creative ways to access my education in spite of it. By researching how other educational institutions have addressed pivoting away from the traditional, often exclusionary structure of academia, I created a curriculum for myself that was based on practical experience and situated in the unique position of watching academic regulations change in real time.

When I started this master’s program, I naively believed that I had no interest in philosophy. As I leave this master’s program, I have come to a spectacularly different conclusion: anthropology is philosophy. This discipline, which arches over so many other disciplines that the sub-subfields of practice are uncountable, is united by the single core focus on people. Medical anthropology, applied anthropology, biological archaeology, the anthropology of religion, of food, of dreams, of space, of the environment: each are oriented around human beings (or our very close relatives) and how we interact with a domain of our existence.

Today, I argue that anthropology is the philosophy of science. The theoretical training we undertake requires that we continually evaluate how we are treating each other and what it means. This is not true of other disciplines, unless we participate in them and demand an evaluation of the systems that converge within them. Anthropology is invaluable precisely because of this prodigious skill set. It is also going to be left behind because we refuse to keep up with the pace of our digital, globalized, capitalistic
reality. In order to move forward with the pace of this millennium, in order to continue to share the incredible value that anthropology intrinsically holds, we must adapt.
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