# Lessons from Caregivers

Paige Ellisor-Catoe

When the world shifted drastically in March 2020 in response to the COVID–19 pandemic, I was strangely comforted by the spirit of community that characterized the initial stages of the lockdown. Though the fear of the unknown was palpable, I also saw the shared trauma become the means of inspirational group-building: friends were scheduling Zoom get-togethers, celebrities and organizations were creating free online content for viewers of all ages, and social media was buzzing with recipes for people to bake their way through this new reality. Though I was physically isolated from friends and family, I felt connected to others via a shared mission to flatten the curve and keep the most vulnerable among us safe. We were all in this together, even as we were physically separate from one another.

At that point, I had been a cancer spouse for approximately a year. In April 2019, my then 38-year-old husband had battled extreme headaches and nausea for 1.5 weeks before our worst fears were confirmed: A CT scan revealed a brain tumor that was causing dangerous swelling. The tumor was successfully removed, but the pathology revealed that it had been caused by advanced metastatic melanoma, and so my journey as a caregiver began. I suddenly had to juggle caring for my spouse, parenting my 7-year-old daughter and 3-year-old son, and maintaining my career as an English professor at a mid-sized, faith-based university. Previously I could find easy camaraderie with working parents and colleagues in higher education, but now, I felt completely alone. None of our other friends had faced a potentially terminal diagnosis. None of my coworkers had to manage caregiving plus parenting plus teaching. It was all too much, and I felt that no one could understand my new reality enough to help me. Thus, when the pandemic began approximately one year into my family's cancer journey, though it was challenging, I did feel relieved that at least this was a trauma that we could all endure together.

However, as we know, this initial spirit of determination gave way to the politicization of a public health crisis, and, as weeks turned into months and years, the collective resolve weakened. Instead, most professionals found themselves being charged to handle never-before-seen problems, and, as a result, were left with never-ending to-do lists and the anxiety that accompanies so many unknowns.

In March 2020, my institution did what many others did: We pivoted online for the remainder of the Spring 2020 semester. We then returned to in-person classes in 2020–2021, but we did so by using a hybrid approach: Most classes had one in-person class meeting per week, which was supplemented by either Zoom attendance for another class session, or other online activity in our learning management system. This hybrid model helped classes maintain classroom caps for physical distancing and created necessary flexibility for students who needed to quarantine.

As the coordinator of the general education first-year composition sequence at my university, I led my full-time and part-time faculty colleagues through these sudden shifts in instruction modalities. My job title and over fifteen years of experience teaching in higher education equipped me for this challenge, but in retrospect, I can see that I was drawing from the lessons learned from serving as a caregiver. Living amid the trauma wrought by a global pandemic, I unconsciously reverted to caregiver management strategies to accommodate these multiple pivots.

No one wants to be a caregiver: This role designation means that some unforeseen circumstances have created pain and suffering for a beloved friend or family member. The job is often foisted upon someone, there is no training for it, and the stakes are often incredibly high. Though the role seems far removed from the academy, research has demonstrated that caregiving duties often creep into higher education, especially for female faculty (Guarino and Borden). The emotional demands of teaching, serving, and mentoring can often lead to burnout (Pope-Ruark), which is prevalent among caregivers (Talley and Crews).

Though being a caregiver poses significant challenges, it also prompts necessary self-reflection and action for survival: Caregivers must be able to manage their time and energy very carefully, or else they jeopardize the health of the patient and their own health. In a similar vein, writing program administrators must be able to manage their time and energy very carefully, or else they jeopardize the health of their writing programs and their own health. Though I stumbled upon my role as the result of my husband's illness and the ripple effects of pandemic life, I have found that caregiving strategies are helpful strategies in my professional life as a writing administrator. Wilkes, Mina, and Poblete's *Toward More Sustainable Metaphors of Writing Program Administration* provides various new metaphors for reflecting on the work of the WPA, and I suggest that the role of caregiver is an apt addition to this lexicon.

## Simplify and Prioritize Commitments

When the shift to online occurred in March 2020, my first recommendation to our faculty was to simplify one of the major assignments in our curriculum. We typically have a collaborative multimodal project, which was scheduled to begin in late March, built into our ENG 102 classes. Though we could have continued with this complex multimodal project, which typically takes the form of a video argument created by student groups, I recognized that it was not advisable to maintain a project that would involve intense collaboration via distance. We abandoned the collaborative element and moved to the individual creation of a visual argument for a print poster. We prioritized our focus on visual rhetoric, but we simplified the project to make it more manageable under these new circumstances.

In a similar spirit of simplification, when we moved to our hybridized model for in-person classes in 2020–2021, I decreased the number of required essays to be written in our ENG 101 classes. With alternating attendance days and the constant threat of another online pivot looming over that academic year, I believed that prioritizing fewer major projects would make this shift in instruction more manageable for both students and faculty. This change was also a nod to how much the typical first-year composition sequence has expanded in recent memory. Our classes have specific learning goals tied to written communication, oral communication, and information literacy. It is challenging to teach, assign, and assess projects for these learning goals in a standard semester. I thought attempting to maintain the same pace and schedule during this new modality would be foolish, and rather than narrow the scope of content for our courses, I chose to reduce the number of assignments.

Even though this change was welcomed by most faculty, one of my colleagues challenged this decision. This challenge included a comparison to other institutions and their required number of essays in first-year composition classes. What seemed to be at the root of this faculty member's concern was how many essays *should* be assigned in a first-year composition course for it to be a first-year composition course. This subtext was clearly raising questions of standards and identity, which are both worthy concerns, but discussions of standards and identity often exist in a hypothetical, ideal world—one that is not usually available to caregivers and patients. I gently pushed back on this faculty member to remind them that we were living amid a once-in-a-lifetime pandemic, and some changes would have to be made, even if they flew in the face of our idealized conceptions of the classroom.

## Accept Reality

Most faculty members have a strain of idealism in them: It is probably what compels us to pursue higher education, for own studies and for our career. We want to create the best learning experience for our students that we can. There is a continuous string of articles, webinars, and workshops that teach us the newest practices that we simply must incorporate into our teaching, which will surely help us create the most student-centered, most high-impact, and most successful classroom learning experience ever. It is a noble enterprise, but it is also an exhausting enterprise. As writing studies faculty and administrators, we have an added burden: writing can always be made stronger. It is never finished, as opposed to a math problem that reaches its final solution, or a straightforward scantron test that is put through the machine. We can always teach our students to be more effective in their communication, and, as a result, we often feel an even greater push to pursue more and more excellence in our classrooms. We want the ideal, and we often hold ourselves accountable for creating that ideal learning experience for our students.

However, as caregivers and patients know, the ideal is not reality. Reality, instead, includes a life-altering diagnosis, treatment complications, appointment after appointment, pain, fatigue, and mental health challenges. Reality, for caregivers, includes juggling these challenges and keeping things running—for the patient and the rest of the family.

When I first began working with my therapist, who has worked with oncology patients and their families for over twenty years, she set a goal of acceptance for me. She helped me see that many of my struggles were caused by the root problem of not accepting that our new reality as a cancer family was in discord with my previous expectations for our family's life and my role as a mother. I had to let go of the picture perfect to survive—for myself, for my husband, and for my kids. I had to bid farewell to the Pinterest-worthy, beautiful Bento box daily lunches for my kids. Instead, I had to accept that peanut butter and jelly is just fine. I had to let go of the ideal and accept the reality that had been handed to me.

The pandemic handed most people a new reality. It was hard and required new coping strategies. As we shifted to fewer in-person class meetings and daily updates on our students and colleagues who were either sick or quarantining, it became quickly apparent that we must accept this new reality, which was simply a familiar truth: time and energy are finite. We must accept that time and energy are not endlessly available, which, by extension, means that the ideal is usually not attainable. We must make peace with not being able to do it all.

## Rely on Support Systems

Accepting the reality of a situation, rather than clinging to a hypothetical ideal, does not have to mean settling. Society and social media have conditioned us to believe that anything short of perfection is a failure, but this fallacy usually rests on an unhealthy sense of individualism. Much of our work as professors and researchers comes down to individual methods of labor, but we lose opportunities when we ignore the collaborative aspects of our profession.

When my husband was first diagnosed with cancer, many people repeatedly advised me to ask for help when I needed it. I knew this was good advice, and I also knew that many friends in our community genuinely wanted to help, but I struggled to ask. I have always been a fiercely independent person, which is one reason why I love teaching in higher education: I have a lot of freedom in how I teach my classes. However, even I could recognize that a brain tumor and cancer diagnosis call for radical change. The infrastructure of daily meals, transportation of kids, and playdates were all elements of our lives that did not change just because of a cancer diagnosis, and these were the places where friends could help with minimal planning. I left a cooler outside our front door for friends to drop off meals. One friend offered to pick up my son from daycare during a particularly busy week. Friends would take our kids for weekend playdates so that we could have some rest. These regular elements of our lives can provide much-needed stability in moments of crisis, and they can be even more comforting when friends can help shoulder the load.

During multiple shifts in teaching in the pandemic, I leaned into the pre-existing infrastructure of our composition sequence. I build and maintain a course shell in our learning management system for each course in our first-year composition sequence. Within this shell, I include sample assignments, recommended class activities for each week of the course, video tutorials, model projects and essays, and rubrics. Having so many elements already built in the learning management system made the pivot to online and then hybrid more manageable. I also crowdsource these materials, inviting faculty to submit their own ideas and collecting them together for all faculty to access. These resources are a helpful support when navigating a crisis, but they are also a rich repository that helps us be more collaborative in our teaching.

## Preserve Necessary Boundaries

Just as I am an independent person, I am also an overachiever. I am usually not happy until I have given my all—and then some more. When my husband became ill, everything was about him. Our world revolved around his treatments, his appointments, his dietary needs, his pain, and his feelings. The diagnosis and initial treatments merited this approach, and I do not regret it. However, this type of complete self-abnegation in service of others, even a beloved husband, is not sustainable. Only after being a caregiver for over two years did I finally initiate therapy for myself. My therapist instructed me that I could not continue ignoring myself as I was caring for my husband and children. I knew this logically, but I needed someone to give me permission to stop being constantly available to everyone but myself.

My therapist told me that I needed to set up some boundaries between my husband and myself. I needed to stop him whenever he began treating me as a doctor, nurse, or therapist. Instead, I just needed to be his wife—that was enough. I started prioritizing more time for myself, and I consciously worked not to feel guilty about taking time for myself.

Academics are often drawn to the flexibility of our schedules. However, this same flexibility can be our downfall, too. We may be able to leave campus before 5 PM, but we are usually grading, reading, researching, or responding to emails at all hours. We must be better about setting and maintaining appropriate boundaries. Even though we may find some aspects of our work enjoyable, and so we may not mind cracking open the laptop at night, we must recognize that it is our job to set our own boundaries: no one else will do it for us. Instead, students, other colleagues, and administrators will push us to break those boundaries, but for our own health, we must hold firm. Meeting the elements of our job description is enough, and we cannot be constantly on call to others.

## Conclusion

When my husband was first diagnosed, many people told me to keep in mind that the cancer journey is a marathon, not a sprint. These words continue to ring true, as now, more than four years upon this path, my husband now faces not only the potential of cancer recurrence, but also the multiple ways aggressive treatments have created other chronic conditions. Caregivers must prepare for and expect the marathon, rather than simply getting through the sprint.

Many academics recognize the familiar script of “I just need to get through this semester,” which turns out to be a recurring refrain every semester. Academics often treat their professional lives like sprints—class to class, meeting to meeting, article to article, semester to semester. However, by completing all these sprints consecutively, we are actually running the marathon, perhaps even several simultaneously.

As a caregiver, I must rely on certain strategies to care for my husband, my kids, and myself on this exhausting cancer journey. Yet, these strategies are not specific to our family's experience with melanoma. In fact, these management strategies are common logic, though most people choose to ignore them. Cancer became our moment of reckoning. The COVID pandemic has been revelatory for many others. These strategies are not useful just in the wake of trauma; these perspectives are necessary to build a sustainable life. In the Afterward of *Toward More Sustainable Metaphors of Writing Program Administration*, Douglas Hesse notes that the two consistent challenges in his WPA work have been handling emotionally charged situations and managing the health of the program (239). The caregiver metaphor is implied in both challenges. Perhaps recognizing and accepting the caregiver metaphor will help writing program administrators take better care of themselves, which also helps them be more effective with their students and colleagues.

## Works Cited

Guarino, Cassandra M., and Victor M. H. Borden. "Faculty Service Loads and Gender: Are Women Taking Care of the Academic Family?" *Research in Higher Education*, vol. 58, no. 6, 2017, pp. 672–94.

Hesse, Douglas. "Afterword: Sustaining What for Why?" Wilkes, Mina, and Poblete, pp. 235–42.

Pope-Ruark, Rebecca. *Unraveling Faculty Burnout: Pathways to Reckoning and Renewal.* Johns Hopkins UP, 2022.

Talley, Ronda C., and John E. Crews. "Framing the Public Health of Caregiving." *American Journal of Public Health*, vol. 97, no. 2, 2007, pp. 224–28.

Wilkes, Lydia, Lilian W. Mina, and Patti Poblete, editors. *Toward More Sustainable Metaphors of Writing Program Administration.* Utah State UP, 2023.

**Paige Ellisor-Catoe** is associate professor of English at Anderson University. She was named as the founding first-year writing administrator for the university in 2016.