

As My Dad Lay Dying

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Like many WPAs, I have always tried to be empathetic and caring toward colleagues in the programs I have directed when they have had difficult personal situations arise that impacted their ability to work, whether that was a mental health emergency, medical issues, caring for others in their family and friend circles, or going through someone's death. This emotional labor has become even more central to WPA work since the COVID pandemic began in the spring of 2020, a time during which many have experienced their own and close family's and friends' illnesses, emergencies, mental health issues, and deaths. Throughout these past few years in particular, the support I have offered has involved trying to understand the situations those in the program were experiencing, arranging for substitute faculty to take over their classes as needed, directing them toward other resources on campus, such as HR, and checking in with them. In these instances, even across the widespread problems many faculty have faced through COVID, it didn't seem as if there was much else I could do (or needed to do).

However, I was starkly hit with the limits of empathy in these situations when my dad became very ill over winter break in 2022. Earlier in the fall, he had developed some health issues, and since I live seven hours away, I didn't see him until Thanksgiving break in November. At that point, he was stuck in bed but still sitting up, talking, and eating. When my mom called worried about him just as I was wrapping up the fall semester, though, I knew I needed to go home. So, I packed up my car with two dogs and Christmas presents and drove to North Carolina. When I arrived, my dad was noticeably worse; he was stuck in bed almost all the time, and his appetite had taken a steep decline. He did talk with me and my siblings that night, so I went to bed and, the next day, left to have lunch and take a walk with one of my brothers, assuming that my dad would be okay since he had been left alone before.

When I returned home, though, I panicked because he wouldn't respond to me, even when I shook him, and I could barely feel his pulse. My mom, one of my sisters, and I took him to the hospital, and over the next four days, I barely slept as my mom and I stayed with my dad while a litany of tests were run so that we could keep track of everything that was happening. I woke up on the fourth day at my dad's side in the hospital

feeling as if I was either having a heart attack or a panic attack, and I went to an urgent care where, thankfully, it seemed I had simply stressed my body too far. By this point, my dad could keep track of what was going on, so my mom, siblings, and husband all started rotating shifts at the hospital. But we found out that my dad has multiple myeloma, a type of blood cancer. While treatable but not curable, in those first few days and weeks, we weren't wholly certain how bad his case was, what treatment was an option, and how long we would have with him.

As I went through this traumatic series of events, one thing that struck me then, and that I haven't been able to shake since, is the voice in my head that kept thinking about work—a voice I know faculty in the program I direct have heard over the past few years as well. The structural problem I primarily faced was one of timing: the academic calendar is unrelenting, and while the spring semester didn't start until January 23, 2023 (which gave me more time than many of my colleagues at other institutions would have had to figure things out), that date was like a blaring siren that seemed louder with every minute. I knew that if I couldn't return to work at the start of the semester, the more time I could give others to figure things out, the better. Although I work with very supportive colleagues, there would still be many challenges if I had to take leave, and I wasn't even sure if that would be financially possible for my husband and me. I texted my department chair and my colleagues on my administrative team from the hospital, letting them know what was going on, and they were all very empathetic and supportive of whatever I decided I needed to do.

But I realized, sitting on the other side of the text messages and emails that I usually sent, that while they made me feel supported and valued, they couldn't change the clock ticking ever closer toward January 23 as I tried to figure out what I could do or needed to do. The academic calendar did not care what was happening to me; it would not change, and the work coming with it had to continue somehow. Meanwhile, I couldn't help but be resentful that my husband's workplace—without the constraint of semesters starting or others having their own workloads precipitously rise when he left—had sent him to support my family and me without any kind of deadline about when he needed to be “done” with this crisis.

None of this is a reflection on myself, my colleagues, or anyone else. That is, in fact, the point. The very systems in which we operate that make individual faculty responsible not only for themselves but for their classes, students, committees, and so on do not create a context in which work can be easily shifted or covered by others for more than a couple of days or a week. These problems with academic labor have become glaringly obvious to many people during COVID. Although full-time academic workers are

covered by the Family and Medical Leave Act (FMLA), short- and long-term disability insurance, and similar protections, our work is not structured for us to be able to take advantage of those options as other workers sometimes can (for example, sick days that can actually be used not to work rather than simply shifting our own work into other days and times for us to complete ourselves). And some academic workers—notably part-time adjunct faculty and graduate teaching assistants (GTAs)—are still fighting for even these basic workers’ rights.

When looking up scholarship about higher education workplaces and empathy, many of the search results were about bullying and harassment or a lack of empathy in academia (see Elder and Davila’s collection about WPAs’ experiences with bullying). While other writing studies scholars have discussed the vital yet sometimes damaging aspects of empathy (Blankenship; Thompson, Singletary, Morse, and Morris), carework (O’Donnell; Wootton; Ellisor-Catote this issue), and emotional labor (Micciche; Adams Wooten, Babb, Costello, and Navickas), scholarship from disability studies scholars and scholars of color especially has pointed out institutional systems that constrain the ability of those operating within them—including WPAs—to support each other’s lived realities and needs (Perryman-Clark and Craig; Vidali; Nicolas and Sicari; Webb-Sunderhaus this issue). For someone who has been very careful about establishing work boundaries and avoiding burnout (I even wrote “How to be a Bad WPA” about this), recognizing that higher education institutions aren’t built to support faculty even if individuals in them are empathetic reinforces the reality that individuals can only do so much within academic systems that affect our professional—and personal—lives and are unyielding in what they demand from workers. Academia is not designed as an empathetic or caring system, and there is only so much that individuals can do to provide empathy and care for others in this system.

If institutions won’t change at a pace that will support us or won’t change at all, especially during times of crisis such as COVID, then we must figure out how to live as individuals with whole lives within unempathetic institutions and how to encourage others to do the same while still arguing for changes to those institutions. With ourselves, we need to do the work of setting our own boundaries that can, over time and collectively, affect the institutions we operate within. Technical communication scholar Rebecca Pope-Ruark and psychologists Pooja Lakshmin and Nedra Glover Tawwab offer strategies for what Lakshmin calls “real self-care”—self-care not predicated on exercise and wine nights (although those do have their places) but on working on ourselves to set boundaries, find self-compassion, define our values, and align what we do with those values. Perhaps this

serves as an extension of what I wrote in “How to Be a Bad WPA,” a reconsideration given my own grappling with what it means to be a WPA whose dad has received a long-term cancer diagnosis. Enacting this work means countering academia’s overwork culture and crafting for ourselves and others alternative pathways through academic lives (as Kristi Murray Costello in this issue also discusses in her study contrasting differences between experienced and new WPAs’ approaches to their work).

As a first step, WPAs (and everyone in academia) should and, I would argue, must set clear boundaries on our work and the things we are and aren’t willing to do for work, being careful in understanding that what WPAs are willing to do can affect what others are asked to do or what is seen as “normal” (and this special issue offers helpful insights into doing this boundary-setting work and avoiding burnout). While some WPAs have seen being boundary-less as part of the job, as part of being responsible to the groups of people we work with and the programs we run, I view this perception as a problem not only for ourselves but for others. I firmly believe that the boundary-setting I have worked on over the past nine years as a WPA at two institutions is what kept me from doing anything more than texting my colleagues to let them know what was going on while I was in the hospital with my dad (even though I couldn’t keep my inner voice from continuing to worry about work). Lakshmin argues that part of learning to set boundaries is learning to live with guilt and not let guilt drive our actions; this remains part of my struggle—learning to live with the guilt of potentially shifting work onto colleagues if and when I have to leave to care for myself or others. This is a huge part of any WPA’s struggle: not being equipped to cope with the guilt we will feel when we must walk away from our responsibilities to focus on our lives outside of work. Instead of trying to erase guilt, we need to learn to live with it while not letting it guide the actions we take to care for ourselves and those around us.

Beyond ourselves, though, WPAs need to recognize that we contribute to cultures in our programs and institutions—either contributing to overwork academic cultures or resisting them. I do feel guilty when it seems as if I am setting boundaries that other people aren’t or can’t, so part of my responsibility is trying to create a culture in which people can set boundaries and advocate for changes that also help others do this work. In my experience, setting boundaries also helps bring to the foreground what aspects of institutional systems differently affect different groups (thinking particularly of the contingent colleagues who work in my program) and make actions toward change possible.

What we need to own is that what we do trickles into what others do. When WPAs say that they must check their emails constantly because an

emergency might happen or refuse to walk away from work when a parent is dying in the hospital, others around us take notice and infer from our actions what their own should be. I would never want someone in the program I direct to think that I wouldn't support their stepping away to focus on their personal lives, no matter what might be going on and what they need to prioritize. Part of creating that culture, though, is in WPAs modeling what it looks like.

I don't offer here a magic wand because that isn't possible, but I do point WPAs toward questions to consider about their own relationships to work (modeled largely on Lakshmin, Tawwab, and Pope-Ruark, who I highly recommend) and in relation to the faculty, staff, and students who work in the programs we direct.

For ourselves:

- What boundaries on work, if any, have we set and why? If we haven't set boundaries, why are we struggling to do so, and how can we make a change?
- How can we grapple with feelings of guilt, knowing that they may not disappear but that we can learn to live with guilt and not let it drive our decision-making?
- How do we develop compassion for ourselves and others that supports our boundary setting?
- How do we align our values with the work we do? If WPA work never or no longer aligns with our values, how do we transition into work that does?

For everyone in our programs:

- How do we contribute to a culture in which boundary-setting—even if those boundaries seem small—is normalized?
- How do we help each other grapple with feelings of guilt about work and encourage others not to let those feelings guide their actions?
- How do we support others' self-compassion and exploring of values, even when that leads colleagues out of our programs and into other professional contexts?

On the ground, beyond trying to contribute to a boundary-setting culture and leading by example, this could mean understanding options others have for taking leave, doing alternative work, and so on when faced with difficult personal situations. It could mean encouraging faculty to set boundaries when faced with difficult situations and helping them navigate what setting those boundaries looks like. It could mean trying to ensure

that our program or department infrastructures support those who need to walk away from work, including making sure all courses have policies, assignments, and calendars set up at the beginning of each semester so that other faculty can step in as needed. It also must mean fighting so that institutional cultures *do* change such that everyone has more ways to set boundaries and more options that support them during times of crisis—what I would call a change toward empathetic institutional structures.

My promise to myself is that the next time I'm in the hospital with my dying dad, I will set those boundaries, walk away from work to support him and my family, and refuse to let my feelings of guilt drive my actions. My hope is that I can help contribute to a program—and maybe even on my most optimistic days, an institution—in which everyone feels they can do the same, whether during times of widespread crisis such as COVID or times when individual crises confront us.

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