

# Low-Spoon Teaching: Labor, Gender, and Self-Accommodation in Academia

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As professors, we too have disabilities. Our graduate degrees do not fix our dyslexia or cure our lupus or protect our loved ones from harm. Something happens, however, in the gap between our students and ourselves where understanding, empathy, and accommodation evaporate in the face of our own self-expectations. Self-accommodation is an intensely important and woefully overlooked academic practice, especially for women. Because educating is inherently replete with emotional labor, educators must self-accommodate for illness, disability, and fatigue in order to be maximally effective. When we are not taking care of ourselves, we are not presenting our best selves to our students. Self-accommodation is not a simple exercise, though, because it is directly at odds with America's culture of ruthless self-reliance and "toughing it out," with women's perceptions of self-worth being tied to usefulness, with expectations of female availability, and with our own (often founded) fears of appearing "weak" or less capable than male colleagues.

In this article, we begin with our personal stories and then provide concrete advice about how to seek and implement self-accommodation strategies and plan for what we call "low-spoon teaching." Our concept of low-spoon teaching draws from Christine Miserandino's "The Spoon Theory," in which she employs everyday objects—spoons—to metaphorically describe life with an invisible disability that causes varying levels of daily pain and energy; in her theory, each spoon represents a unit of energy.<sup>1</sup> Low-spoon teaching, then, is teaching with few units of energy and planning ahead for low-energy days by building a classroom culture of collaboration, flexibility, and adaptation. We connect these strategies and the details of our stories to the larger contexts of gender, labor, disability, and institutional expectations for women in academia. Though we acknowledge that we are both personally afforded many privileges, being cisgendered, white, employed full-time, and in committed partnerships, our hope is that these practices can be helpful even to those with less supportive institutions and communities.

## *Holly's Story*

On 5 May 2016, at the age of thirty-six, my spine stopped working. A birth defect combined with the repetitive stress of reading, grading, and typing for almost twenty years culminated in the too-narrow spaces within my C2-C4 vertebrae sliding shut. What followed were months of paralysis, helplessness, and the most excruciating pain of my life.

It happened, fortunately, on the last day of the semester, so I spent the summer having surgery and starting the grueling process of recovery. As the summer came to an end, it was clear that I had to start making the kinds of accommodations for myself that I had been making for my students for years. Still in a hard neck brace and unable to drive, I worked with my department chair to switch out three of my five on-ground classes with online classes, limiting my painful forty-five minute commute from five times a week to two. Riding along with coworkers got me there when I could not safely drive. I also acquired a drafting table from the art department for my office, which made it possible to grade without hunching over and restarting the process that had shifted my bones in the first place. A higher desk for my computer and a more stable chair also helped. These perfectly reasonable accommodations were relatively easy to procure, but I had to be willing to ask. I had to overcome the fear of being viewed as a bother, difficult, or a whiner and advocate for myself the same way I would advocate for a student. As a result, I was able to keep working in a way that was effective and minimally disruptive.

Once the brace came off, I found myself suddenly in the realm of those with invisible disabilities, whose varying pain and energy are difficult to track, much less explain. The spinal pain was still present, and I will have to be careful with my body for the rest of my life, but the visual cue of the brace is gone, taking with it the outward signal to others that I need help. This invisibility meant I had to ask for things even more and build a system of ongoing accommodation.

I started with my students. I explained to them that I would still be in physical therapy; therefore, my office hours would be a little inconsistent, but I was always happy to arrange meetings with them at scheduled times. I explained that I was still in pain and that grading was one of the more difficult things I had to do, so their essays would take a little longer to come back. I explained that because of some of my medications, I was often tired, so I was unlikely to answer emails sent after “business hours” until the next day. I had my students take the lead more—more group interaction, more students helping students, more listening in general.

What I discovered was something that I had long suspected but had been too afraid of breaking convention to pursue. Instead of “slacking,” the students, who now had more agency in their own class, flourished.

Further, by being vulnerable myself, the sometimes adversarial nature of the relationship between teacher and student relaxed immensely, and students began genuinely caring about their learning beyond achieving grades. Even now that I have somewhat healed, these practices are still in place in my classroom with excellent results. Attrition has dropped and pass rates have risen.

My spinal injury has led to better long-term efficiency and flexibility to handle other difficulties. When my father died suddenly two years after my surgery, my class was able to continue without a single cancellation even though I was not present physically for a time. I had back-up plans that involved online assignments, was knowledgeable about campus resources such as Writing Center presentations, and was generally unafraid to reach out to my colleagues for help, so the class itself continued smoothly. When I returned, I was once again honest and vulnerable with my students and had no fear of this honesty being perceived as weakness. My forced self-accommodation trained me to practice accommodation as a lifestyle and not a temporary fix. It has benefited both me and my students more often than I can measure.

### *Sara's Story*

Everything goes sideways when your partner and co-parent receives a cancer diagnosis. You are not the sick person, but also . . . you are. Most everything in your life is now about keeping the sick person alive and taking care of all the things they used to take care of. On 13 March 2015, my husband and I were married at the Tulsa County Courthouse, our three-year-old daughter and immediate family members in attendance; after, we lit out for Colorado to honeymoon in the mountains. When we returned after a week away, my spouse got word that the doctors finally had an answer to his breathing and heart issues. It was not good. Non-Hodgkin's Lymphoma, stage three extensive. Full body scans showed a dark mass in his chest, near his sternum, and others, smaller, scattered around his body's interior. The radiologist referred us to an oncologist, who wanted to begin in-patient chemotherapy immediately. A few days later, when my spouse checked in to begin chemo, nurses and doctors suddenly rushed him to the cardiac floor. A routine echocardiogram had revealed a large amount of fluid around the heart. There were heart procedures, eight rounds of chemotherapy, and forty rounds of radiation before he made it to remission. He was lucky—we were lucky.

Frances Marcus Lewis's 1986 "The Impact of Cancer on the Family: A Critical Analysis of the Research Literature" outlines the related-but-separate issues that those around the patient face, including "emotional strain, physical demands, uncertainty, fear of patient dying, altered roles and

lifestyles, finances, ways to comfort the patient, perceived inadequacy of services, existential concerns, sexuality, and non-convergent needs among household members.”<sup>2</sup> In a 2006 follow-up, Lewis aggregated data from several studies to highlight the ways in which having someone in the family with cancer affects the rest of the family, from severe feelings of distress to problems with basic communication.<sup>3</sup> Before my experiences as a caretaker, I had not given much thought to how my work would be impacted by a sick family member and what rights I had as a laborer, but suddenly, I had three jobs: raising a child, taking care of my sick spouse, and teaching writing. I also had previous diagnoses of depression and anxiety of my own; those differences are lifelong and began to manifest in the weeks after the cancer diagnosis. So I had a fourth job: to keep myself healthy.

In 2016, Margaret Meningioma’s “A New Normal” for *Inside Higher Ed* described how her own diagnosis of a brain tumor left her “sad—and angry—at the thought of losing [her autonomy].”<sup>4</sup> She recognized herself moving through Kübler-Ross’s stages of grief, rationed her energy, asked for help when she needed it, and began seeing a counselor. I found myself taking similar steps as a caretaker. I was lucky enough to work with colleagues who had been caretakers of cancer patients before. They gave me love, support, and a way (as Meningioma puts it) to “resist struggling against the current,” to “find a way to swim with it, to harness whatever it might have to offer.”

Thanks to the same kind of self-accommodation practices that Holly mentioned above, such as fostering a flexible, collaborative, egalitarian learning environment and asking for help when I needed it, my experience has been one of the good ones. I learned to collaborate with a teaching collective and to streamline my writing courses so that each task did multiple duties; for example, timed writing exercises became pre-writing for a larger project. Like Holly, I still use these strategies, and I promote them to all of the college instructors with whom I work.

### *The Bigger Picture*

Without departmental environments that went beyond the strictest legal mandates of the Family Medical Leave Act (FMLA), our experiences would have been very different. We would have returned to work too early or taken on too much, and our teaching practices would have been severely compromised. We would not have been able to present our students with the best education we are able to provide. Foresight and compassion on the part of those in charge ensured that rather than being stuck in survival mode, we and our students were able to thrive.

It bears noting that Holly’s department is over 75 percent female. The leadership philosophy of her department chair, Mary Mackie, is firmly

rooted in the values of collaboration, caretaking, and whole-person satisfaction. The same level of accommodation Holly received has been made for professors whose spouses were ill, who experienced family tragedies, and who encountered more mundane obstacles, such as transportation problems. This support aligns with dominant theories and studies about women in leadership. In her article for the *Journal of Business Ethics*, E. Holly Buttner summarizes key findings:

In his study of power perceptions, McClelland (1979) found that women tend to define power in terms of the ability to care for and contribute to others' well being. Gilligan (1982) found that women's sense of self and morality are conceived as involving issues of responsibility and care for others and that this self conception includes an appreciation of the context in which events occur, rather than a view of events in isolation.<sup>5</sup>

The acknowledgement of caretaking and context in managerial decision making is crucial and is becoming more crucial as wages stagnate and commitment to a single organization over the course of one's career becomes an anachronism. In academia, where leadership is often completely left out of the conversation regarding the salaries of those in their departments, it is imperative that these leaders accommodate the lives their educators actually live in order to retain talented scholars and teachers.

Leadership in academic institutions must recognize and address the intersections among labor, women in academia, and dis/abilities. Without recognition, there cannot be action; without action, concepts of intersectionality, collaboration, and feminism are just that—concepts. We suggest putting them into action by practicing self-accommodation for the benefit of ourselves and our students and by changing the institutions in which we work to help those we lead accommodate themselves.

As we began to write about our own experiences with self-accommodation, we struggled. Our internal narratives told us that we were whining, that we were bragging, that these were not important stories, or that we were wasting our time. But then we recognized that women often see their contributions as unimportant and their stories as not worth being heard. They often feel that admitting to needing help or even just needing time to regroup is inherently “weak” (which is a problematic word to pejorative-ize in the first place) and that deviating in any way from the script of working ourselves beyond endurance is somehow something to be ashamed of. The problem inherent in a system that lauds martyrdom to the workplace is that martyrs, by definition, die. While their ideas remain influential, they themselves are no longer contributing. As educators, we cannot teach beyond our own “deaths,” be they physical, intellectual, emotional, or spiritual. How many enthusiastic, dedicated educators do we watch burn themselves out and leave the field? How many stay but self-immolate internally and stop connecting or caring?

Thus we as teachers must acknowledge accommodations (rightfully) afforded students and the double standard it sets when we do not similarly accommodate ourselves. It is hypocrisy to feel ashamed or to see fair accommodations as crutches that we do not deserve. Once we get to a point where we see that self-accommodation is possible, we need to take small steps to put it into practice. Here are some concrete methods we have devised:

1. Be honest with our students about our limitations (within reason and comfort).
2. Redefine what teaching looks like through, for example, heavier student involvement and use of technology.
3. Build trust and collaboration between classmates so that they function as a working organism instead of focusing all attention/knowledge/dissemination on the teacher.
4. Create good boundaries from the start, such as establishing when email will be answered and assignments will be graded.
5. Accommodate *them* by informing them of their Title IX rights regarding pregnancy, parenting, and such.

Alongside those classroom changes, we must change conversations about what is and is not expected from the worker and formalize accommodation practices for teachers in policies and practices at an institutional level. Three such institutional practices we propose are transparently tracking gender identity and pay; providing open, accessible online and on-ground resources to support teaching; and creating consistent channels for instructors and program directors to provide input regarding staffing needs. Additional practices we strongly recommend specifically for the benefit of contingent labor include coordinating with other local institutions when recruiting, hiring, and scheduling shared part-time labor; creating and funding a mentoring system or liaison to connect part-time labor with full-time labor that can model and support coping mechanisms for stressors inherent to teaching; and encouraging and funding collaboration, community, and organization of the local part-time labor force.<sup>6</sup> Self-accommodation is not just a stopgap for temporary problems but should be a permanent practice in the workplace.

### *Conclusion*

The takeaway lesson from our stories of low-spoon teaching and the larger contexts is that our harmful, patriarchal perceptions of strength, work, and worth are not only inhumane, they are inefficient. Even from a staunchly capitalist perspective, a lack of flexibility and empathy earns institutions nothing but resentment, subpar labor, and the loss of valuable employees. For example, one woman we know in the healthcare profession

was forced to retire early because her place of work gave her only two days of bereavement leave following the death of her husband of almost fifty years. After two days, she was expected to be able to function in her job as a nurse. When faced with the prospect of making life and death decisions while blinded by her own grief, she felt she had no choice but to leave, and in the end, the hospital lost a veteran trauma nurse with over thirty years of experience.<sup>7</sup> Being forced out of a field to which you are dedicated due to systemic problems is something to grieve and something to change.

So much of “working hard” is smoke and mirrors, created to fulfill artificial concepts of productivity rooted in outdated Puritanical ethics instead of what actually works well. When we internalize these ideas, we become fearful of our own needs and do not offer ourselves the same considerations we would anyone else. For many of us, if we treated our students the way we treat ourselves, we would be rightfully terminated. When we lack empathy for ourselves, we find a lack of empathy acceptable. When we show ourselves compassion, we become compassionate. Unfortunately, within the patriarchal structures of academia, compassion and self-care are feminized and coded as weakness. We have to change the conversation on a fundamental level. We have to stop glorifying self-harm in the workplace and call it out for the act of performative selfishness that it is.

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## NOTES

<sup>1</sup> Christine Miserandino, "The Spoon Theory," *But You Don't Look Sick*, accessed 19 February 2018, <https://butyoudontlooksick.com/articles/written-by-christine/the-spoon-theory>.

<sup>2</sup> Frances Marcus Lewis, "The Impact of Cancer on the Family: A Critical Analysis of the Research Literature," *Patient Education and Counseling*, 8 (1986), 269, doi: 10.1016/0738-3991(86)90005-4.

<sup>3</sup> Lewis, "CE Test: The Effects of Cancer Survivorship on Families and Caregivers," *Cancer Nursing*, 29 (2006), 25, doi: 10.1097/00002820-200603002-00010.

<sup>4</sup> Margaret Meningioma, "A New Normal," *Inside Higher Education*, 19 August 2016, <https://www.insidehighered.com/advice/2016/08/19/working-through-major-misfortunes-rather-against-them-essay>.

<sup>5</sup> E. Holly Buttner, "Examining Female Entrepreneurs' Management Style: An Application of a Relational Frame," *Journal of Business Ethics*, 29 (2001), 255.

<sup>6</sup> For more on the need for institutional support for contingent faculty, see Gretchen M. Reevey and Grace Deason, "Predictors of Depression, Stress, and Anxiety among Non-Tenure Track Faculty," *Frontiers in Psychology*, 5 (2014), doi: 10.3389/fpsyg.2014.00701.

<sup>7</sup> For the common parallel in the academic world, where there are too many graduates and too few full-time jobs, see Erin Bartram, "Why Everybody Loses When Someone Leaves Academe," *The Chronicle of Higher Education*, 15 February 2018, <https://www.chronicle.com/article/Why-Everybody-Loses-When/242560>.