

[00:00:00] Bonnie Stachowiak: Today on episode number 454 of the Teaching in Higher Ed podcast, the mental health monsters with Zainab Okolo from the Lumina Foundation.

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[00:00:17] Bonnie: Welcome to this episode of Teaching in Higher Ed. I'm Bonnie Stachowiak, and this is the space where we explore the art and science of being more effective at facilitating learning. We also share ways to improve our productivity approaches, so we can have more peace in our lives and be even more present for our students.

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[00:00:44] Bonnie: Dr. Zainab Okolo is a higher education policy and mental health expert, advocate and educator focused on helping students overcome barriers so they can learn, earn and lead fulfilling lives. In her previous roles, Dr. Okolo served as a policy research associate on HCM strategists' post-secondary team, where she worked on policy issues aimed at making higher education more accessible, affordable, and relevant. She also held various student service posts and research at the University of Maryland, the American Council on Education, and the Institute for Higher Education Policy.

Currently, she's a strategist at the Lumina Foundation, and the Lumina Foundation, for any listeners who may not be familiar with it, is an independent private foundation in Indianapolis that is committed to making opportunities for learning beyond high school available to all. They envision a system that is easy to navigate, delivers fair results, and meets the nation's need for talent through a broad range of credentials.

Dr. Okolo works to significantly improve student success and increase credential attainment by incorporating holistic student services, including mental health. Her portfolio of work focuses on the urgent needs of people of color, adult learners, student parents, and other marginalized student populations striving to succeed at learning beyond high school despite systemic barriers.

As a clinically trained and licensed mental health professional, Dr. Okolo has supported individuals, families, and institutions in adopting strategies to overcome various mental health challenges. As demonstrated by her experience and expertise, Dr. Okolo recommends a strong advocate for increased and equitable access to high-quality mental health services and resources for all. Zainab, Welcome to Teaching in Higher Ed.

[00:02:57] Dr. Zainab Okolo: Thank you, Bonnie, thank you for having me.

[00:03:00] Bonnie: It's a joy to have learned a little bit about you from your bio, but I'm thinking some of our listeners may be interested in hearing a little bit more about the Lumina Foundation, and also a little bit more about the kind of work that you do.

[00:03:14] Zainab: Absolutely. Well, Bonnie, thank you again, so much for having me on your show. My name is Dr. Zainab Okolo. I have been a strategy officer with the Lumina Foundation now going on about four years. The Lumina Foundation focuses on all things access, equity, and inclusion in higher education. We're divided by a couple of different portfolios of which I serve the Student Success Portfolio, looking at holistic student supports to include serving populations like student parents, adult learners of color, and also including focusing on student needs that include basic needs, like mental health.

My background is I'm both a higher ed research clinician expert, and I'm also a licensed mental health clinician. Finding my way to Lumina in a foundation capacity and as a grantor capacity and working in the intersections of practice and policy at this moment of time has been really, really great, and really a great opportunity for my career overall.

[00:04:22] Bonnie: I had an opportunity to meet you in person in Los Angeles back in November of 2022, and it was at a Times Higher Education Conference. As soon as I heard about your background a little bit, I thought, well, "What a wonderful way in which those two aspects of your expertise are intersecting in a unique way." Thank you in advance for being here for today's conversation and having it with me.

[00:04:48] Zainab: Absolutely.

[00:04:49] Bonnie: Let's begin by having you tell us a little bit about the current state of mental health in the United States specifically, but I know there are parallels beyond the US.

[00:05:00] Zainab: Absolutely. Over the course of a year or two, I've had a chance to have this conversation with a couple of different populations. When

we started having the conversation about the impacts of the pandemic COVID-19, the displacement of the flow of higher education, and what some of the indicators that we haven't had a chance to really zone in on, the best illustration that I could make at the time was that we were witnessing the awakening of a sleeping giant.

What I was attempting to illustrate at that time was that this issue of mental health, higher ed, and getting students the services that they need was not at all created by the pandemic, and it was nobody's fault. It had been brewing under a bridge for a while. It was a conversation that we were walking past and turning a blind eye to for decades, honestly.

That's for a couple of different reasons. Number one, it's a health issue. Higher ed had to decide what role it could play if it was going to have a play in solving for this challenge. Number two, once we discovered some of those answers to some of the challenges that mental health presented on campus, how are we going to bring those solutions to scale? With that, the pandemic hit, and now we find that we are all going through a nationwide, albeit global, collective trauma. With that comes a trauma response, whereby every sector of our society was impacted, including higher ed.

What we discovered is that we had now enrollment crisis, where students left campus or could not take the modality of just going to school online fully as their only way of being educated. Particularly for our rural students, low-income students that didn't have steady access to internet, for example, that knocked quite a few people out of the running for having access to a quality higher education.

What we did, Lumina, we partnered with Gallup, and we did a 2020 report just capturing the state of higher education, as we knew it. Making sure that we surveyed students around what challenges they were facing, why they were leaving. If they were choosing to leave higher ed, what would be the top reason, and we discover that upwards of 76% of the students surveyed indicated that mental health emotional stress would be the reason or the reason why they decided to leave and offboard from higher education, and that was over COVID. That was over housing insecurity. That was over food insecurity. That taught us that, oh, wow. Now students are saying that this is a bigger issue.

We've gone from the giant slowly waking up to being in the moment that we're in now, the giant is fully awake. He's awake. He's demanding attention. He's thirsty. He wants to know where he is. He's trying to situate himself. It is now our responsibility to respond to that by ensuring that we're taking a listen to our student as the consumer within higher ed and making sure that they feel both

supported and psychologically safe enough to continue pursuing their degrees beyond this current time that we're in.

[00:08:25] Bonnie: I keep thinking about your analogy of the giant and it's so compelling for me saying that, but it's making me think of a joke that someone told the other day about a child waking up and there's a monster in their closet, and then the adults saying, "Well, no, the monster is not there," and the child say, "Well, you're part of the problem. You're in cahoots with the monster." [chuckles] Talk about the giant being awake, but us wanting to stuff that giant-- Can we use a closet? Probably closet it's not the best metaphor here, [chuckles] back wherever giants come from.

[00:08:58] Zainab: Yes, right. [chuckles]

[00:09:00] Bonnie: I think also that giant we attribute things to the cause of the giant that just from a research basis don't really belong. You started to talk a little bit about that of what caused the giant to suddenly appear, and I'm saying suddenly with lots of air quotes because we're an audio medium. Tell us about that, the origins of the giant and us still wanting to shove it back where it came from.

[00:09:27] Zainab: Absolutely. I liked this idea of the monster in the closet. I'm going to work on that, Bonnie, and I'll report back to you how I fit that with the giant. To me--

[00:09:35] Bonnie: You got the Monsters, Inc. It's the Monsters, Inc. Right? Did you see that movie?

[00:09:38] Zainab: Right.

[laughter]

[00:09:40] Bonnie: They were--

[00:09:40] Zainab: That's right, that's the visual. First of all, remembering that higher ed is simply a microcosm of our larger society. This is not to shame the space of higher education or leaders that want to address this issue. Mental health has been a stigma within our larger society for for decades and decades. If we trace it back to the origins of psychotherapy, the origins was to find out two things. Who was healthy enough to enter into the workforce and who was healthy enough to go to war? That's when we were doing these direct evaluations of folks and whether or not they were mentally stable enough. If you weren't, then you were shunned by society. You were pushed away, you were institutionalized, right?

Now we have a more stable economy, a more stable society, and folks are now checking in with themselves, around other things, including development, how past trauma impacts their future trauma, how past trauma informs their future abilities to work and engage and be productive members of society, and other areas like the CDC, APA, other organizations have worked really hard to have clear definitions to work against those stigmas, and to create a larger lexicon around what it means to have challenges around mental health.

[00:11:03] Zainab: With this, there has been a lot of work to create new ways of thinking about mental health like the tagline that mental health is health. We don't have as much shame around somebody catching a cold as we do with somebody suffering from longer forms of depression, anxiety, or being diagnosed with bipolarism or other clinical challenges as well.

What we have the moment to do now in terms of addressing the giant is give it a name. Call it what it is, have folks have an understanding that they're not okay and that's okay not to be okay. Zooming back to 2020. Remember 2020 to 2021? Actually, some would argue we're still very much in a pandemic right now. It hasn't all gone away. It wasn't just the isolated event that happened around a global pandemic coming to dishevel and disorient our lives as we knew it. We were also on American soil dealing with racial reckoning. We also dealt with political upheaval in ways that at least for the generation of Gen Z-ers and Millennials had just never experienced in real-time before. All these things combined, it is no surprise that if you were affected, you were impacted deeply.

Now, going back into what we are now calling our normal processes, our normal ways of engagement, and folks going, "You know what? I'm actually not feeling as normal as I once did." That is normal. You didn't go through those years. Now depending on where you were developmentally, if you were a high school student on your last two years of high school, that was taken away from you. Now developmentally, you might be experiencing a little bit of regression because technically, you're going from 10th grade to college. These two developmental years where you should be interacting with your peers where your growth is happening was taken away.

These are conversations that higher ed has to be willing to have because we're dealing with an entire cohort of students with these similar conversations. It's great to see leaders from every level in space and education start to take on this conversation. It's also a relief that we have current sitting surgeon general that is used, and taken up mental health sense of belonging and loneliness as one of his key platforms because it is really important because those indicators also inform your physical health.

[00:13:51] Bonnie: We were maybe two or two and a half years into the COVID crisis when I had the opportunity to meet Tanisa Elway and her colleagues. She said something that you just said right there of this is a normal response. She was specifically and her colleagues have done some research around our use and I would argue misuse of the word resilience. How many times that, and again, you said this is something not specific to higher education but where we as a society are in too many cases, just saying, "We got to buck up. You pull yourselves up by your bootstraps."

To have them name that, you talked about the importance of naming things to say, some of the things that we have gone through as individuals and collectively, it would be a normal human's response to, say, not be resilient. [chuckles] Talk to me more about the themes that you see where-- I don't know where we want to ascribe it, society, what have you the powers and principalities, [chuckles] that want to force responses that are not actually normal human responses to collective trauma that you mentioned all beyond just related to COVID, but the racial reckoning and political upheavals.

[00:15:11] Zainab: Absolutely. That's a very big question, and I'm honored that you [laughs] laid it directly at my table. I'll start with the concept of resilience. Resilience is only resilience when you acknowledge what you're having to resist and persist against. If there's no acknowledgment around deficit, if there's no acknowledgment around need, then resilience it's not even possible.

If I have a challenge to overcome and you are trying to convince me that there is no challenge, move on, then you have created a space for me where I go deeper and deeper into my own mind and I deep further and further isolate myself. If I isolate myself further enough because of how human nature is wired and how we thrive, a lot of our health indicators are based on connection. If I go further and further into that cave of, "Oh, it's just me," I hit depression. I go further and further past that, I might hit anxiety. If I find myself isolated just enough, I might struggle with thoughts of suicide and suicide ideation.

The acknowledgment piece is where we can start. Before we demand resilience or before we get back to a let's-get-back-to-normal ideation or philosophy, there must be first acknowledgment. What we're finding on campuses that are taking on this work, that are taking on the call that their students are crying out for supports and services, students are responding to that. Students are responding positively to their leaders going, "Hey, I see you, I hear you." They're responding positively to mental health first-aid kits, they're responding positively when their institutions have student groups focusing on mental health or peer support groups because students within their developmental stage if they're a



traditional-age student, they make it very clear that they want to find their peers and they want to be seen and they want to be heard.

I think the other piece is that we have a really rare opportunity, at least in a higher education space, to set an example for the rest of society. Many of our campuses are extremely diverse from students from all walks of life backgrounds and experiences. With that comes an opportunity that is once in a lifetime to zone into how different populations, how folks from different cultural backgrounds respond to different services.

If there is going to be a pivot in mental health, in deciding what frameworks, what modalities folks best respond to higher education would be the place to do that. Especially when we're seeing the correlation between enrollment and students indicating that they are overwhelmed by the stress or they feel isolated or they cannot persist because of some of these challenges. I think on the positive side, we have an opportunity to grow. On the challenging side, we have to be willing to- in this case to call a thing a thing, and not turn away from the moment that we have. I'm happy to say that I think that higher ed has finally met his moment, and being willing to have conversations like this.

[00:18:40] Bonnie: Call a thing, a thing. Would you tell us about the thing as it relates to the disproportional impacts on our students of color?

[00:18:50] Zainab: Absolutely. Again, looking at the history of psychology, psychotherapy, therapeutic services, it really does differ based on background how much you would trust engaging with clinicians in engaging with practitioners. That's why representation is so important. Students need to have as many barriers that can be taken down between them and getting services removed, especially when on college campuses.

Having practitioners that come from different backgrounds that are from different faith walks that have different practices and different modalities becomes even more important. I think there's also an opportunity to hear from students of color in particular what it is they need. I do want to make a note that particularly from different institutional types, this is completely agnostic of institutional type. I'm making a note in that.

HBCUs for example. They are known for their sense of belonging. They do a fantastic job with inclusion work with students and identity work with students, and they will continue to thrive within that work. There's an opportunity for those institutions to continue to receive the supports that they need to have the right type of mental health services on campuses, so students are properly evaluated and properly diagnosed.

We also see a disproportionate amount of students of color or underrepresentation of students of color coming into college knowing that they have mental health challenges. This goes back to the stigma, because if your parents are not necessarily focusing in on getting you the evaluations that you need, or if your school did not have those resources, your K-12 school did not have those resources. You don't come on to your campus with those in your portfolio, or those clear ways of thinking about the challenges that you may have faced during K-12 with you.

Coming to college this might be your first time being able to talk to somebody about some of the emotional stresses or mental health challenges that you have faced. Keeping that in mind, I think the lowest-hanging fruit is to ensure that there's clear representation on campus. That if there's any place on campus that should be extremely diverse, it should be our counseling centers.

[00:21:26] Bonnie: A big part of this of course is our collective capacity to be able to reduce the stigma in seeking out those services, so we need to be aware that they exist, but then we also need to know that we could receive those and have appreciation for some of the benefits. Let's first start by having you share about some of the stigmas that exist, and then how we might respond based on those stigmas.

[00:21:53] Zainab: I think one stigma is around trust. The idea of going to somebody outside of your immediate family, immediate faith community, immediate circle of friends to divulge really private information about yourself is very intimidating and not typical of certain cultures. Certain cultures are more private than others, and that's just-- I'm not sure how else to say that, but I hope that that make sense. It's important to create an opportunity where those conversations become more normalized so that in the same way a student would ask for a tutor, they would ask for mental health support on campus. Beyond that, the stigma carries so much weight that it wouldn't even occur to some students to ask for that help.

I think there's also a fear too of being misdiagnosed, overdiagnosed, folks having aversions against being medicated, being institutionalized, having a target on your back, feeling like folks think that you're crazy. All of those kinds of terms and those kind of labels that come from when you simply ask for help is another reason why I've said a couple of times that this is a work that we have to build as we climb. We don't have the luxury of sitting back waiting for data and then doing. We must implement resources, we must collect the data, we must change the way that we're messaging around this work, and we must display that when folks ask for help that they're not punished.



What we're seeing too in a couple of different systems, there's a big focus on for example mental health day so that students can, if they're having challenges on campus, take a few days off without being punished, or have a pause moment within their enrollment for a semester without owing thousands upon thousands upon thousands of dollars. Especially when they can show that this is what they're struggling with and they just want to do well.

A lot of the work that we're having to do is ensuring that we are on the same page with how we're defining some of this work, and making sure that those messages get across to students. I also do- because we're talking within the concepts of higher ed, also make mention that faculty are also asking for very similar supports. In fact, faculty often times have said to me and a couple of other colleagues that have been raising the flag on this issue, that they themselves need some clarity, a green light to not only pursue services themselves, but also know how best to help students, and what that looks like, and when do they know to report.

There seems to now be in this moment a wide open space for faculty to take on mental health as one of the many things that they're doing on campus, and what they're mostly asking is, "No, this is not our problem." It's more so if this is something that students are coming to me with, and I am one of the first responders to students beyond advisors, I want to feel better equipped to help them.

We have organizations like the Jed Foundation I'm thinking about that has created faculty mental health response frameworks or the Steve Fund that has frameworks directly targeting how to best serve students of color on your campus. Creating opportunities to bring those kinds of frameworks to campus, so that the folks that students most go to by default also feels supported is extremely important as well.

[00:25:47] Bonnie: I remember back when I was an undergraduate student, I was able to take a class called Sociology of Death. It was powerful.

[00:25:57] Zainab: Interesting.

[00:25:58] Bonnie: The professor use to have speakers come in, and they had experienced so many of life's tragedies. I vividly remember the speaker coming in and talking about how he had lost his son in a traffic accident, and all of the ways in which society's response would be, "Your grief makes me so uncomfortable. I'm going to need to fix it." He got us there more gently than I'm describing [chuckles] for the sake of brevity.

I still just remember the gift that that man gave us all in his grief was that, you can't fix another person, and just the importance of presence and the gift that you can give is the fullness of your presence. I say so many times I feel bad for faculty colleagues who didn't necessarily get to take Sociology of Death when they were my age. It's such a pivotal time to know because they'll say like, "I'm so glad that you were there, because I just don't know what to say. I don't know what to say, I don't know what to say." I'm thinking, "Well, I don't know what to say either."

That's the thing because there's nothing I can say other than to be present. I love to hear your reflections on other advice that you may give to faculty who just feels so intimidating and so big that we just find ourselves feeling so ill-equipped to face another person experiencing so much trauma, and particularly when it's not trauma we ourselves have experienced.

[00:27:24] Zainab: Absolutely. Kind of piggybacking on the last thing that you said, particularly when it's not trauma ourselves that we have experience. Unfortunately, for faculty, it is trauma that they have experienced. Faculty were not all gathered together and put on planet no-COVID while the rest of us were left on earth to try to figure it out. No, our faculty members were not only continuing on switching to new modalities. At home, they were raising their kids while also taking care of aging parents. At home, they were dealing with their own anxieties, their own confrontations with their own mortality.

Their humanity was also called into question. Their sense of stability was also put at the front lines and the forefront of their lives. They also had fear. They also lost family members to COVID as well. Imagine with that heavy burden of trying to process while having a lot to lose for our faculties that are pursuing tenure, for example, where do you go to let somebody know that you don't feel as stable as you use to, and how much would that cost you if you chose to do that at the institution that you have worked hard to arrive at? Particularly, for faculty of color. Where do you go?

Then on top of that, now students are coming to you asking you to help them sort through the very thing you're struggling through. No, they have not had the luxury that they are once removed from the stress points or the challenges, but there is now a new demand on their time. I think that as we think about ways to best support students, but there has to be a breakthrough about how to ensure that we are processing that faculty members for them to do that work well and thoroughly of being a soft hand on campus, of being a warm ear on campus.

Of course, every campus is equipped with the few really special dedicated faculty members that are willing to self-sacrifice and figure out the work on their own, but for the rest that are to capacity wanting to do the work, wanting to

make sure their research doesn't fall by the wayside, wanting to make sure their students still learn, it is so important that we equip the space with both not only the resources for students, but the training capacity to let faculty know, "Hey, we see and hear the students are coming to you. Here's how you help them." Also, "Hey, we see and hear you and here's an anonymous way that you can help yourself. Here is a slew of resources off-campus that you can also engage with as you're working through your research, as you're earning your tenure, and as you're getting on to your productive lives in research, or teaching, or practice."

[00:30:18] Bonnie: Oh, thank you so much for that important emphasis on the response to me saying they haven't experienced it. I was thinking about so many students when they lose their parents and then another faculty doesn't know how to do that. You're absolutely right, of course, that we hadn't yet discussed so much of this. It is, as you said, a collective trauma and has not necessarily in our institutions been addressed in as magnified of a ways as we can only hope we're starting to do for our students. It's such an important thing. Of course, also releasing the stigma for faculty seeking out that kind of help.

[00:30:58] Zainab: Absolutely.

[00:31:00] Bonnie: This is the time in the show where we each get to share recommendations. You spoke about the collective grief. I know people listen from all over the world, so this name will perhaps not be familiar to everyone, but sadly is too familiar to so many of us, Tyre Nichols' passing. I would like to recommend a beautiful piece by Clint Smith, who is a thinker, a writer, spoken word poet. He wrote this in The Atlantic, "Tyre Nichols wanted to capture the sunset. The 29-year-old deserved more chances to observe life's ordinary miracles."

He starts out by talking about Vincent Van Gogh and his painting, Willows at Sunset. He goes on to speak about the habit practice that Tyre had of going to see the sunset every chance that he got. It's just such a gorgeous written piece. I think that Clint Smith does such a wonderful job of helping us grieve, and mourn, and be angry together. He does such a beautiful thing. I hadn't known about Tyre's appreciation for sunsets.

This is just the last line in the- or the last couple paragraphs Clint writes, "Understanding this fact about Nichols that he loved sunsets also gives us a different sense of what has been lost. It is not only that these Memphis Police officers stripped a family of a son, a father, a friend. They stripped away Nichols' ability to watch more sunsets. To sit in observance of these reminders of how precious and miraculous life is, Nichols deserved to live a long life. He deserved more time with his family, he deserved more sunsets." Thanks to Clint Smith for this beautiful piece in The Atlantic, which I will link too in the recommendations.

Zainab, I'm going to pass it over to you for whatever things you would like to recommend.

[00:33:06] Zainab: Absolutely. Thank you so much for recommending that beautiful piece, especially in the loss of such a beautiful life, just acknowledging that so many of our students will see themselves in Tyre. They will see themselves in the things that he was passionate about in art, in his family, and skateboarding. They are and have been impacted. Thank you for taking the time just to acknowledge that soul that we all lost and for sharing that resource.

I think, I'll share two things. First, you made mention of how folks can take care of themselves at this time. Because mental health and physical health are so interconnected, I have four so points that I will share with folks to lean into, particularly in this time and to do their best to prioritize that can help our local and our global audience as well. The four are to move, reflect, connect, and rest.

By movement, of course, there are some diehards like me. I love to walk. I love a good 10,000-step day. That's my jam. Movement could be a lot of different things. Movement essentially allows you to be fully embodied in your body. For some of us, that's walking. For some of us, that's dancing. For some of us, that's stretching. For some of us, that's jumping rope. Anything that allows your respiratory rates to elevate every day for no more than 15 minutes really does a number on how you feel stabilizing your mood and your overall countenance. That's the movement piece.

Reflecting. Again, I will unload my bias. I have been journaling since I was probably six, seven years old. I have about 60 journals that have captured my life from the time I was that young all the way through high school, college, grad school, and now. Just giving words to your own voice is really important, but reflecting might also be an opportunity for some of us that haven't done this quite yet to go into therapy and making sure that you are having a chance and a space to unpack some of your experiences in a way that feels safe, that feels sacred to you, and that allows you the time to reflect on your experiences and how you've been impacted by them.

The thing about trauma is that it has a very long tail, and so sometimes the delayed response with how we're impacted by trauma. I might seem like I'm super resilient as compared to you, Bonnie, because you might seem willing to really engage the emotion around a trauma, but it's not that I'm not impacted. I just refuse to reflect. The moment for reflection will come when the memory or the or challenge forces me to reflect. Proactively doing that for myself and creating that space is a great way towards self-care.

Connection is really important. We've learned what it means to be isolated. We've learned what it means to not be able to see our friends, and family, loved ones, and being part of our community. Taking time to not only connect with yourself, but to connect outside of yourself with your community is really very, very important. Then, rest. All the science lets us know that sleep is really important, and creating sleep routines is extremely important.

All of these pieces really do-- Excuse me. Beyond sleep, resting could also mean just creating quiet time for yourself, unplugging in a way that brings you joy. Reading a book, coloring. I remember when adult coloring books got really popular, I was like, "Oh, great, the secret's out." [chuckles] Anything that would allow you to rest and turn off your analytical mind is really what rest is. You don't have to be completely asleep, but ideally, of course, you're getting between six to eight hours of sleep at night.

Those are all pieces that you could proactively do in the physical to help and support your mental health. Then, I can recommend a book that I love and that I have engaged with time and time again is *The Alchemist* by Paulo Coelho. I'm not sure if I'm saying his last name correctly, but I love that book because it is an adventure of self-exploration. Depending on where you are in life, depending on what you're facing, the book has themes that at least in my experience will elevate itself to the top of your awareness when you're reading the text every single time.

There's never been a time where I've read this book that I thought I was reading the same book. I'm like, "What kind of magic is this?" It's a very quick read, and it's deeply reflective, and it causes you to put yourself in the place of the main character very quickly, who happens to be a young shepherd boy that's going on this journey and it takes a lot of twists and turns and it just demands your attention in different ways. I would put that out there as one of my favorite books that feel like self-help, but it's actually not a self-help book. It's just a great, great story. A very well-told story.

[00:38:23] Bonnie: This is so unusual because to have a work-- I don't know that much about it. This is a work of fiction?

[00:38:30] Zainab: Yes.

[00:38:31] Bonnie: I've certainly heard the name a gazillion times. Literally, I just know that if you said *The Alchemist*, I would say, "That's a book," and that's about as far as I would get. I didn't know that it was fiction, but how fascinating to have a work of fiction that you've revisited that many times and every time feels like you're reading a different book. That's fascinating to me.

[00:38:50] Zainab: Every single time. Bonnie, read it. Let me know what you think. I'm telling you, it is such a great-- It's a very quick read. It's a great book to read. It's a great book to reflect on. It's one of these books that I wish, and I'm going to say this slowly because it might have a journal companion to it, but it makes you want to write out how you're interpreting what you're reading and what it means to you in your present moment, or challenges that you might have faced years prior to.

For those of us that sometimes get stuck, I find that if I get stuck in those ways where I can't really put words to an emotion or something that I'm trying to process, reading texts like this or writing allows me to unplug. I want to offer that gift to our audience.

[00:39:41] Bonnie: Oh, that sounds an absolute gift. I also just wanted to say what a gift, what you spoke about with regard to rest is. When I have had trouble sleeping at different times in my life, it self-reinforces because, "Oh, wait, I'm not getting enough sleep." It has had a tendency in my life to be very troubling and then, of course, it's really hard to fall back asleep if you're really troubled.

I did read that somewhere, I think it was that book called Sleep, and I forgot the author's name. That idea that it all collectively matters such that I could be laying there and it may not be asleep, but now I know, "Oh," but just laying there, be a person at rest and that just helps calm me down, and lo and behold, I can actually fall back asleep when I am not obsessed with the fact that I am losing sleep, if that makes any sense at all. I just wanted to point that out.

[00:40:34] Zainab: Absolutely.

[00:40:34] Bonnie: If anyone that's new for them, I probably learned that, I don't know, two or three years ago. I'm 51 years old, so having learned that two or three years ago could have probably benefited me to have learned that at a younger age.

[00:40:46] Zainab: Absolutely.

[00:40:48] Bonnie: I'd just love too just the idea of rest, that it can take so many different forms. I recently read, I wish I could remember where it was, but this intergenerational teaching. This person was writing about their grandmother and how the grandmother would sit in the rocking chair and how that was an education on rest. No matter what was happening, the grandma's there in the rocking chair. [chuckles]

I just thought how beautiful that we can teach that, culturally speaking, down past generations was a beautiful thing. All right. I got some homework to do. I



got a book to read. I no doubt need to rest more. Thank you so much for this gift that was this conversation and thanks for coming on the show.

[00:41:31] Zainab: Thank you for having me, Bonnie. It was great to be here. Thank you so much.

[music]

[00:41:36] Bonnie: Thank you once again to Zainab Okolo for being a guest on today's Teaching in Higher Ed podcast. Thanks to each one of you for listening. Today's episode was produced by me, Bonnie Stachowiak. It was edited by the ever-talented Andrew Kroeger. Podcast production support was provided by the amazing Sierra Smith.

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[music]

[00:42:36] [END OF AUDIO]

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