

## CHAPTER 7

# Mental Health Matters in Higher Education

## A Duty of Care

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### Abstract

In higher education (HE) institutions with a toxic environment, emotions can be easily triggered, heightened, and often pushed out of control. Crowded spaces, tight schedules, hierarchical bureaucracy, chasing targets, constant changes in technology, processes, and procedures, when coupled with a diverse population, increase the possibility of a toxic culture developing. Conditions like these lead to poor mental health and decreased productivity. It seems staff and students can do little to change the environment in HE institutions. But they can take ownership of their own emotional responses within the environment and positively create a healthier climate in which to work and study, by being agents of change. This requires a shift in the dominant paradigm

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towards driving transformation from the bottom up, challenging toxic institutional culture, and improving mental health of staff and students. The new paradigm rests on the premise that people are not means to an end but are the end in themselves. When HE employees and students experience being cared for and developed, instead of being used, they have better mental health and are more productive. The ideas I present in this chapter offer readers the opportunity to reflect on their own practice and the practice of HE institutions generally, in promoting positive mental health in the spirit of care. After all, nourishment of the human mind is surely a core purpose of HE institutions.

### **Preamble**

The very nature of teaching and learning in universities today can easily contribute to stress and anxiety. For many students, the transition from school to higher education (HE) is an emotional experience. So much that is new—location, friends, subjects, teachers—can create tension for students, in addition to meeting assessment deadlines and sitting examinations. Academic staff can also experience tension from multiple sources, including institutionalised pecking orders, subject allocations, workload, expected research outputs, applying for research grants, taking leadership roles, and managing staff, all of which can contribute to stress and anxiety. When stress levels increase, interpersonal relationships tend to sour, and this can increase interpersonal conflict. Working as a human resource (HR) manager in HE in South Africa, I observed October as usually the worst month for staff conflicts and tension between staff and students. By then, staff were physically and emotionally drained as the academic year drew to an end. Staff faced pressures of marking, submitting term marks, completing syllabi, reworking manuals, and planning for the forthcoming year. The soil for tension was fertile.

In this chapter I share insights from my experience working for more than 30 years in various capacities in HE in South Africa, and in recent years in the UK, and I explain the theoretical thinking

that has influenced my practice. I offer insights, suggestions, and approaches that others may find useful for reflecting on their own experience of trying to reduce emotional stress and strengthen mental health while working or studying in HE institutions.

I worked in HE in South Africa from 1985, first as an academic teaching in fields such as ethics, religious studies, philosophy, and psychology of education. I then gained management experience as the Head of a Department, later as Vice Rector, and then as acting Rector of a teacher training college (Taung College of Education) in Taung, Bophuthatswana, a previous homeland in South Africa. Second, when teacher training colleges were merged with technical colleges in 2002, I was appointed HR manager of a mega Technical and Vocational Education and Training (TVET) college with six campuses in the North West province, a position I held for nearly 15 years. During these years in academia, and perhaps especially so given my position in HR management, I experienced considerable conflict that resulted in emotional stress and trauma for me and my colleagues, especially from student unrest and staff discontent resulting in strikes. But through it I gained first-hand experience in understanding how thoughts, feelings, and behaviours are intertwined with our emotional responses.

In 2021 I moved to the United Kingdom (UK), where I now consult with schools and colleges on well-being. I work closely with the UK National Health Service, training in mental health programmes face to face and online. I am also involved in community development, counselling, and volunteering in non-governmental and community-based charity organisations to promote mental health and well-being at grassroots level. In addition, I run my own mental health consultancy, specialising in therapy for post-traumatic stress disorders and other kinds of stress.

Social constructivism, the sociological theory recognising that knowledge is constructed through interaction with others (see, e.g. Berger & Luckmann, 1991; Schunk, 2012), underpins my understanding of the contextual nature of learning and the open-ended, unfolding nature of knowledge generation. Because I have

firm roots in participative, collaborative, and visual arts-based approaches to co-creating knowledge (see, e.g. Huss & Bos, 2022), which itself is entrenched in praxis, i.e. action to change society, this helps to ensure that I instinctively treat people as human beings and not as objects. Learning throughout my years in HE, I have long tried to ensure that in all my work, with individuals or with organisations, the discussion of opposing ideas from practice and theory remains a focal point for knowledge to emerge. I have been influenced particularly by chaos theory (see, e.g. Lorenz, 2001) within the broad framework of systems thinking, and I rely heavily on existentialism to ground my ontology in the values of humanism. Consistent with my belief that we human beings are each responsible for creating purpose or meaning in our own lives, I uphold democracy and human equality, collaboration, and participation, and I practise and advocate for mutual care.

From a Human Resource Development perspective, I have been influenced by Bushe and Marshak's (2015) Dialogic Organisational Development (OD) theory as a valuable model for staff development and organisational change. Rooted in systems thinking, Dialogic OD is a bottom-up approach that rejects using external consultants as experts to drive change, an idea embedded in traditional Diagnostic OD. Organisations are seen as meaning-making networks rather than as living systems that need fixing. Often, conversations that act as catalysts for changing mindsets are not had in the echelons of a senate boardroom, but in the dialogue and interaction of students and staff around a water fountain or from a lowly paid janitor reflecting with colleagues on how best they could be managed. Emerging knowledge and wisdom change mindsets, reduce emotional toxicity, and improve well-being in HE.

The change of mindsets in organisational development most influential in my work is the Care and Growth model of Etsko Schuitema (2022). This model refutes the commonly held principle in management theory that leadership is defined by achieving results through people. Although it may sound counterintuitive to some, by caring for and making people ends in themselves and

not means to an end, positive people development and production outputs are achieved. Caring for and developing staff and students cultivates a positive culture of well-being that supports positive mental health.

Over the past 10 years, my attention in psychology has turned to the importance of how space (location, distance, and direction) and metaphoric language impact our psyche. I immersed myself in the work of Grove and Panzer (1991) and of Lawley and Way (2017) to understand Clean Language and Clean Space concepts, which seek to minimise the influence of the facilitator in therapeutic relationships, and to track symbolic language in spatial relationships between objects. I have used Lucas Derks' work on Mental Space Psychology (MSP) (2018) and on Social Panoramas (2005), along with Clean Language and Clean Space concepts, to form a theoretical platform for my understanding of human relationships and mental health in HE. MSP has been described as a paradigm shift in psychological thinking, as its premise is that space is the primary organising principle of the mind.

In other words, cognitive development begins within space, namely, the womb. When a baby is born, it moves from one space into another unfamiliar space, a foreign environment, which leads the infant to map the world in terms of direction and distance. The cognitive development of mapping the world eventually leads the infant to find their bearings in a space with its own meaning. As the infant develops language, it starts to describe space in 3D terminology using words such as up, down, under, far, near, etc. Mental space is the medium that allows us to function and navigate in and through the world as external space. We project images of people (and objects) into our social panorama (the space around us), so that when we imagine someone, we can project that person in our mind's eye into a particular location in external social space. For example, distant friends whom we hardly think of, we may experience at a distance; they are small, and to the rear. But an angry boss, we may experience and locate up front, face to face, large, close, and breathing down our neck. Moving people from one location in the social panorama to another changes the

emotional impact they exert and the meaning they convey. MSP is useful in coaching teams and in therapy and can be successfully applied in HE to help staff and students deal with negative emotions, poor relationships, stress, and diminished mental health.

### **Ideas on improving mental health in HE**

Based on my work experience and theoretical influences, I offer some ideas that may provide useful guidance in a HE environment marked by rapid change; ever more diversity among staff and students; economic, social, and political challenges; and administrative pressure. The ideas can usefully help to answer this important question: “How can we work effectively and harmoniously in this HE environment while maintaining our own emotional well-being and mental health, as well as that of our colleagues and students?” I agree with many observers that staff and students of HE institutions are impacted negatively by the neoliberal ideology that permeates how HE institutions are managed and run. Strain and stress caused by the competitive management that neoliberal ideology fosters both cultivates and sustains toxic culture (Smyth, 2022). Staff suffer poor mental health, which negatively affects the support they can offer students (Brewster et al., 2022).

I share the concern of many that mental (ill)health is generally on the increase globally. In the United States of America (USA), one in five adults has experienced a mental health problem in their life (Reinert et al., 2022). Statistical data for the UK indicate that one in four people will experience mental health issues in any given year, and one in six adults in any given week (Baker & Kirk-Wade, 2023). In Australia, one in five adults reports a mental illness over the same period (Australian Bureau of Statistics, 2022). That is not to say that mental ill health is so chronic that it lasts for an entire year, but it will be experienced for some length of time within the 12-month period. It may emanate from stress, anger, moodiness, anxiety, depression, bereavement, or addiction, any of which can impact negatively on mental health and impede optimal functioning. Whether this increase in the scale of mental

ill health recorded in statistics is due to more people being diagnosed with mental health issues, to mental health losing its stigma and becoming more openly spoken about, to an increase in environmental triggers, or to some mix of these or other factors, is open to research.

In this chapter, I focus on the poor emotional well-being of staff in HE caused by factors in their work environment, such as toxic work culture, work overload, personal burnout, and stress resulting from technologisation, marketisation, and massification (Brewster et al., 2022). A toxic workplace culture generally features factors such as poor management, physical and psychological abuse, bullying, mobbing, favouritism, exploitation, intimidation, discrimination, harassment, unfair workloads, and the violation of human rights. Workplaces are dysfunctional not just because of leadership styles, but also because of governance through oppressive policies and procedures, as well as the role of subordinates in instigating and sustaining the toxic culture.

A further concern is the rate at which toxicity in HE culture is being reported and documented. Over the past 10 years, concern has grown among staff and students globally about toxic cultures in HE and their impact on mental health and well-being (Morrish, 2019). The neoliberal ideology driving institutional change in HE transforms these institutions into replicas of capitalist business enterprises, with market-related forces dictating management and governance. The neoliberal approach makes HE institutions susceptible to toxic behaviour taking root, since people are made means to financial ends. The Higher Education Policy Institute (HEPI) in the UK published a report on mental health among HE staff (Morrish & Priaux, 2020) based on statistical data from 17 universities from 2009/2010 to 2017/2018. A staggering 170 per cent increase in the number of staff accessing counselling signals the significant decline in staff mental health over this period. I am concerned about the negative emotions felt and expressed in toxic HE cultures that lead to poor mental health among people in HE.

Recently, in conversations about mental health in HE with South African and UK academics, I sense there is agreement that—

post-COVID—stress, anxiety, and frustration have increased among students as they struggle to readjust to full-time student life and to meet submission deadlines that require students to attend classes for optimal performance. Teaching staff struggle to keep up with new teaching methods as a result of evolving technology. Junior staff are not always consulted on work allocations, leading to additional stress, strain, and perceived abuse, which, in some instances, result in conflicts among staff. Conflict among students spills over into lecture rooms, and staff are experiencing these conflicts on campus. When academics were asked whether there were HR mechanisms in place to deal with grievances, abuse, and internal conflict, the answer was simply, “Yes, there are.” However, I am even more concerned by what they did not say, namely, that the HR policies and procedures are not effective to address staff grievances. Instead, they indicated that staff perceive HR processes and policies as pure tokenism. In other words, HE institutions have HR policies, but in some or perhaps many institutions these policies are only minimally or not at all implemented to address toxicity in HE culture and champion the well-being of staff, students, and others who are affected by this toxic culture.

A report by publishing house Elsevier and UK research company Ipsos MORI (2020), on how leaders in universities were responding to shifts in the HE sector, raised my concerns even further. The report used both qualitative and quantitative methods to solicit data from heads of HE institutions, senior executives, and research service executives across Asia Pacific, Europe, North America, and Brazil. The rest of South America, and Africa, were not included in the research. What struck me about the findings and underlined my concerns is the absence of matters concerning staffing, apart from the drive to attract the best staff and students. The report and its findings make no mention of staff retention, support, and well-being, or of the mental health of staff and students. The report highlights shortages of other resources such as funding, infrastructure, and technology as areas of concern, but makes no mention of the HR component.



This is a major concern for me. I uphold the axiom that an education institution is only as good as the staff and students it recruits, trains, develops, supports, and nurtures. The Elsevier and Ipsos MORI report paints a picture where staff and students are a means to an end. Outputs, targets, deliverables, performance management reviews, and funding are prioritised at the expense of a HE culture that supports well-being and positive mental health of staff and students. The Care and Growth Model of Schuitema that I discuss below highlights the fallacy of this approach and calls for a radical redress of priorities so institutions do not operate from the business mindset that uses people as a means to an end.

These three concerns I identify above—the increase in poor mental health globally, workplace toxicity identified recently in HE institutions, and mere lip service to HR policies and procedures to support human well-being—need to be addressed. Students and staff who are exposed to toxic HE cultures can face stress and anxiety that often leads to depression and mental illness. Some may be resilient and overcome trauma, or they may exit the system for more satisfying workplaces. The majority, however, will have to challenge themselves and the system in order to flourish. Doing nothing about mental health in HE is therefore not an option.

### **Trauma: The new buzzword**

Trauma has become a buzzword in the field of mental health. There is valid concern about the emergence of a victim-acquired personality trait, where virtually everyone claims to be traumatised. This view is often expressed on campuses among students who claim to be victimised, bullied, or unfairly treated by peers and teaching staff, and who are often labelled as belonging to the snowflake generation. The idea that childhood trauma is responsible for all mental health issues has been popularised by many trauma experts such as Gabor Maté (2022), but it disregards that children are extremely resilient and can usually overcome the effects of childhood trauma on their own, without external

intervention. The destigmatising of mental illness, a more open society willing to discuss mental health, and the diagnostic drive to access mental health support have encouraged the word trauma to be used almost to pandemic levels in everyday speech.

Overstating trauma as the root of all mental health problems dilutes the real impact of trauma. However, trauma has increased in many societies. The rise in gender, race, family, and societal violence has led to more diagnoses of acute trauma (once-off), chronic trauma (repeated or sustained, such as abuse), and complex trauma (multiple and varied events over time). Working in HE can cause staff and students to feel traumatised if the institution displays the characteristics of a toxic culture due to the disturbing consequences of embedding a neoliberal agenda. It must be acknowledged that traumatising may be a result of experiencing trauma directly or merely witnessing a traumatic event, referred to as vicarious trauma.

Trauma is defined in various ways, but the common thread in these definitions is that trauma is an emotional response. Through this lens, when the survival brain, the amygdala, is triggered by external threats (sounds, feelings, sights, tastes, and smells), the hormonal system, including the adrenal glands, release hormones, particularly cortisol, which prepares the body for the fight, flight, freeze, or fawn response.<sup>1</sup> Yet I have a different perspective. I believe trauma is not an event. Rather, it occurs as a subconscious response when a violation of human values is experienced. When a person's values are trampled upon and disregarded, their response is often trauma. When a person feels dehumanised, and the event that caused this contrasts starkly with their values, they lose their sense of dignity and worth. When a person is attacked, or perceives they are attacked, for their integrity and authenticity, they experience being wounded or hurt. Not surprisingly, the English language term 'trauma' derives from the Greek term 'trauma' meaning wound. The emotional impact of being dehumanised, being treated as an object, can produce poor mental health. If the emotional wound is not worked on, the effects may linger indefinitely. Wounds make us sensitive and they need to be soothed;

simply picking at the scabs can be equivalent to re-traumatising the wounded person and prolonging the emotional burden.

Trauma is now more commonly identified as a cause of mental ill health partly as a result of work done in the United States by the Substance Abuse and Mental Health Services Administration (SAMHSA) (2014), which has made this approach more popular and has inspired legislation to this end for government departments. In the UK, the terms trauma-informed approaches, trauma-informed practice, and trauma-informed care are used interchangeably across education, health, and social care sectors and systems. A trauma-informed approach acknowledges traumatic events, experiences, and effects that accompany people experiencing poor mental health. It aims to ensure that these people are treated and cared for appropriately to avoid re-traumatising them through lack of knowledge, skills, or systems. Hence, 'trauma' is the buzzword in any health setting these days.

### **Controlling emotions: You have them or they will have you**

Understanding emotions is a good place to start in order to understand the decline in mental health in HE. This is because trauma cannot be uncoupled from emotions. Emotions are the communicative process between thoughts, feelings, and behaviour. What a person thinks about a traumatic event (stimulus) evokes an emotional response that is translated into a feeling, which in turn manifests in the body as behaviour. This process takes place because of the mind–body connection. We think with the whole body, as the entire neurological system is at work in trauma. Hence, trauma expert Bessel van der Kolk (2015) emphasises that trauma is locked up in the body through the mind–body connection.

Researchers have constantly tried to define and categorise emotions. William James (1890) identified four basic emotions: love, fear, grief, and rage. Ekman and Friesen (2003), based on facial recognition research, identified six: surprise, fear, disgust,

anger, happiness, and sadness. More recently, using short emotionally evocative videos, Cowan and Keltner (2017) used a statistical inference model to trace emotional responses and categorise them into 27 categories. Emotions tend not to be isolated, but layered or textured by other emotions. In this sense, emotions are experienced subjectively as an array of feelings in response to stimuli. The permeation of the array leads to multiple categories of labelling emotions.

### *Reframing emotions*

Only when we understand that emotions are a language and not a possession can we move away from a categorisation approach into a functional approach when researching emotions. I contend that to experience positive mental health in HE, emotions need to be reframed. We need a new way of approaching what those in HE experience almost daily. Emotions are messages—nothing more, nothing less. Emotions, as messages, are part of the communication process that we use to engage with ourselves and others. We live in two worlds simultaneously: the reality of the inside world, which represents what we are aware of through our senses, and the reality of the external world, which exists apart from us and constitutes our environment. We communicate what we think and feel through our emotions as internal messages—what we say to ourselves. We then express our emotions as external messages through communication with the outside world, observed through our language (verbal and non-verbal), attitudes, and behaviour.

### **What mindset shift is needed to improve mental health in HE?**

If trauma is becoming the common experience of staff and students, it is interwoven into the fabric of emotions as messages. The Cognitive-Behavioural Therapy (CBT) model would ask a victim of trauma: “What are you thinking, and how does that

make you feel? And when you think that and feel that, what do you do behaviourally?” The process begins with a thought. Students, staff, and management all have thoughts about everyday experiences in HE. Some of those thoughts must be negative to solicit negative emotions that play out in negative behaviour, leading to poor mental health. I contend that these thoughts come from a mindset that asks: “Why am I here in this institution in the first place?” Ultimately, staff and students, when unhappy and experiencing poor mental health, will ask themselves that question.

Schuitema’s (2022) model that I mentioned above offers a framework to address mindsets in institutions. Called the Care and Growth Model, it has been tested for trustworthiness and efficacy on four continents, and at its heart lies humanism. In my view, no one has expressed humanism better than Fromm (1961), writing more than 60 years ago in what was then common patriarchal language. I do not support the patriarchal disposition, but otherwise recognise the validity of Fromm’s view that humanism is:

a system centered on man, his integrity, his development, his dignity, his liberty. On the principle that man is not a means to reach this or that end but that he is himself the bearer of his own end. Not only on his capacity for individual action, but also his capacity for participation in history, and on the fact that each man bears within himself humanity as a whole. (p. 147)

The Care and Growth Model’s contribution to addressing mental health is through explicitly identifying people—in the case of HE, staff, and students—not as means to an end, but as ends in themselves. When employees or students experience their managers or teachers as people who care and are interested in their growth, the power dynamic between them changes. The key to shifting the mindset and the power dynamic is to change the core question from “What do I take or get?” to “What can I bring or offer?” But with the neoliberal ideology now on firm footing in HE, the

dominant mindset is one of taking, seeking to maximise financial benefit while minimising financial cost.

In typical business-model thinking, business entities want to get as much as possible for as little as possible, so they need to be agile, lean, and able to outperform competitors. In the HE context, universities appear to have applied or adapted this strategic ‘business’ thinking. To lower costs, universities have reduced staff numbers. To raise income, they seek to expand their ‘market share’ by increasing the number of fee-paying students, through variously applying technology and increasing the diversity of qualifications students can gain. These moves entail maximising the time, effort, and performance, the so-called productivity, of academic staff, to meet the greater student load. But they also increase the workload for administration staff by creating the need to capture metrics, conduct performance reviews, and carry out other tasks involving data and accountability. These moves to maximise income and minimise expense, and all of the tasks they make necessary, are with a view to ranking the university as highly as possible among all universities, against which they are now competing when marketing their product—academic credentials, in the form of graduation certificates.

But education is not a product, HE is not a business, and HE institutions such as universities and colleges are not companies. Two core understandings about HE—what it is and what it does—have been subverted in the push to embed neoliberalism. HE is not an industry or a market. Publicly funded HE is a public service, to provide HE that through teaching and research benefits not just individual students, but communities, nations, and potentially humankind. As such, these institutions were not formed to compete against each other but to work in concert, for the common good. HE institutions should therefore not be required to maximise their own financial support, effectively by selling academic credentials to students who have effectively bought them through the fees they pay, in the style of a market transaction.

In the contemporary neo-liberalised HE environment, however, the public university has to a considerable extent been

privatised, with the competitive, profit-maximising mindset this entails. A culture of ‘take’ or ‘get’ overshadows a culture of ‘give’ and ‘offer’. The emphasis is on delivering ends as if in a competitive commercial arrangement, not on caring and developing people for the common good. This scenario is reciprocated by staff who want to take as much as possible out of the institution, raising conflict between managers and employees. When institutions and staff have a new mindset, moving from understanding work life as what can I get out of my employee or what can I take from my employer to what can I offer and give for mutual benefit, then positive mental health can be cultivated. Staff and students who perceive and experience that the institution is interested in them as people first and foremost, that they are cared for, and that they are being developed, are more likely to be productive and loyal. This mindset is aligned with Corporate Humanistic Responsibility (CHR) principles (Koon & Fujimoto, 2023) that are “rooted in positive psychology, such as promoting employee engagement that encourages employees to bring their whole selves to work and find meaningfulness in being cared for by their organisations” (p. 3).

CHR encourages institutions to adopt a humanistic approach that places staff wellness over institutional performance. I believe this can happen only when the dominant mindset celebrates care and growth, where people are appreciated and treated not as means to an end but as the end in themselves. When people are no longer treated as cogs in a wheel but as individuals, their dignity, self-worth, and self-image improve, resulting in better mental health. Staff and students who are treated as humans are better placed to experience positive emotions. These positive emotions will influence their internal dialogue—what they say to themselves about themselves and others—and how they communicate with colleagues.

### **Strategies for change: Changing mindsets, reframing emotions, building resilience**

How are mindsets changed? Dialogic OD represents a paradigm shift from conventional Diagnostic OD and offers an approach in which all employees, from top to bottom in the organisation, have a voice in influencing policies, procedures, and the manner in which the institution is run on a daily basis. The key to successful Dialogic OD is the creation of safe spaces for conversations to take place. Safe spaces refer to the climate that is created with positions of power suspended. Communication, dialogue, and conversation take place, but rank is unimportant in terms of what is discussed. Positions taken, points of view held and expressed, and the manner or duration of each member's contribution are not curtailed in any way while they have the floor. What matters is that the employees' voices are heard. The only constraint on having a productive critical conversation is failure to uphold the human values of trust, respect, collaboration, equity, justice, and honour. The role of the facilitator is to maintain these values as boundaries that hold the conversation—the content of what is being raised. These spaces are referred to in Dialogic OD as containers.

HE is now dominated by a culture of competitiveness. Output targets drive processes. Awards for academic excellence, published research, and international recognition may be motivating and rewarding, but they can also have a negative impact on those struggling to become recognised in academia but who have not achieved an award. HE institutions can be a very lonely place for those who, by their own choice or less ability, are seen as under-achievers. There is nothing wrong with competition per se, but there is a problem when competitors lack emotional intelligence and compassion, take glory in their own grandeur, and celebrate their achievements at the expense of others. The underperformers' emotional feelings, coupled with their low self-image, negatively impact upon their mental health, which in turn perpetuates a vicious cycle of underachievement. Unless there is a culture of caring that supports well-being in the institution, these negative



feelings contribute to a decline in mental health among staff and students.

The traditional HR response to a toxic culture is to ensure that there are remedial HR policies in place, such as protection for whistle-blowers or for those who report grievances and harassment, along with reporting structures that are confidential. HR is often reluctant to intervene directly, especially if the perpetrator is from management. However, for the victim, the need for remedy becomes a matter of concern, as perpetrators will never find themselves guilty of misconduct. In simple terms, a referee cannot be a referee and a player at the same time. Conflict in the workplace is an abuse of power, and the suggested model calls for a levelling of power. Power can be balanced only when there is no pulling of rank or positional lobbying.

In Dialogic OD, these safe spaces function as containers that hold conversations among equals, serving as vehicles where knowledge emerges from the interactions of staff. A facilitator holds the dialogues in tension by acknowledging the worth and value of all participants and ensures that no power play, rank, or inequality interferes with the process. In this respect, the facilitator's role is to contain the dialogue and emotions within the container. It is these containers, where all staff feel safe, protected, and equal, that allow difficult questions, suppressed desires, contentious issues, and strong emotions to become the fertile ground for emergent knowledge as robust and critical conversations take place. These containers are creative spaces to think outside the box, gain common understanding, become meaning-making employees, and bring about generative change in organisations.

HE institutions host a variety of staff (academic and support) and students who follow the dogma embedded in the various disciplines of the institution. When those in leadership and management find it hard to change, it can be a result of their allegiance to their respective paradigms. Working within closed systems limits the ability to be flexible, adaptable, and fluid in addressing the demands of a rapidly changing world. The older the institution, the deeper the traditions, and the more likely management is to

follow tried and tested practices that have made these institutions great. When the tried and tested practices are led and implemented by top management leaders, supported by susceptible followers, and strengthened by conducive environments, victims can be bullied, mobbed, overloaded, and emotionally abused as staff and students, especially if they challenge the status quo.

### *Containers as safe spaces*

The concept of a container refers to both the facilitator and the safe space; anxiety will be felt by the facilitator and participants. Hence, the atmosphere in the space will carry both positive and negative emotional energy. The dialogue is Hegelian, with juxtaposing views, variant personalities, and emotions all contributing to the emergence of something new. It must be anticipated, for example, that when a director is called out by a junior for harassment, tempers will flare. Participants will feel anxiety, and the container must allow for moments of silence. Relaxation and breathing practices can be utilised by the facilitator to calm the emotions. The energy that flows in the safe spaces must be channelled, and energy is strongest at the boundaries, according to systems thinking. The facilitator sets the boundaries by summarising and redirecting the questions being discussed, interjecting with phrases like ‘what if’ or ‘imagine’. The ‘what if’ and ‘imagine’ questions, accompanied by metaphors of change, allow participants to tap into their subconscious minds and think differently, outside the box. These facilitation skills help create a safe space and encourage dialogic discussions that lead to mindset changes, thereby reducing toxicity. Change occurs through mindset shifts brought about by self-reflection, prompted by seeing things from someone else’s perspective and experiencing their feelings.

Another role of the facilitator in ensuring functional containers is to bring sense and meaning to the activities and conversations by maintaining continuity. The sense of continuity gives all participants a handle on where they are in their dialogue in relation to the past culture and the desired future of wellness. The

positive container relies heavily on the authenticity of the facilitator. An honest, open, safe dialogical space rests on the facilitator being present in the moment, sensing tensions, hurts, despair, and emotions at play for all who speak. Facilitators need to be able to suspend their own judgements and knit together the emerging ideas in a non-directive and non-imposing way so that generative change can take place.

### *Open Space Technology to find a voice*

Dialogic facilitators embrace Open Space Technology as a communicative technique to nurture conversations in a container that allows emergent knowledge to surface and the group to co-create meaning for change. Open Space Technology can be run as a creative café where invitations are sent to all staff affected by the toxicity to address a concern over a cup of coffee. Each participant writes on a sheet of paper an idea related to the problem they want to have addressed. The collected sheets become the agenda for the meeting and are placed randomly on the wall. Each person states what they want addressed and provides reasons and motivations for their ideas.

To accomplish this, those attending the meeting need to adhere to the four principles of Open Space Technology: whoever comes to the meeting is the right person, whatever happens in the dialogue is the only thing that could happen, whenever it starts is the right time, and when it is over, it is over. Time is irrelevant when dialogue is taking place, which underpins the concept that change is generative and not planned. In the context of HE, this is bound to be irksome to many who want structure and time frames to be honoured and not altered.

### *Rituals to embed change*

Once new knowledge that triggers a mindset change emerges within the group, it must be quickly embedded within the department or institution, depending on the scale of the required

change. When a common agreement is reached on what needs to be done, by whom, and when, anchoring it in the mindset of all employees is crucial. One way to accomplish this is through developing rituals. Rituals can be created through visual poster campaigns, using colours, symbols, signs, songs, catchphrases, slogans, daily e-mails, and incorporating a slogan into daily conversations. These rituals reinforce beliefs and feelings by reminding employees of the ongoing change. An effective way to use rituals is by incorporating a tagline in greetings. The message that emerges from the discussions should permeate the entire ethos of the institution and become a part of daily communication until the thoughts and plans are subconsciously put into action. For example, I implemented a ritual in a college where the middle managers (of whom I was one) named their action learning set 'Curatio – we care'. The phrase 'we care' was used in all e-mails, greetings, and posters, and embroidered on golf shirts. The message was clear to all: as middle managers, 'we care', and we were open to being held accountable to our slogan.

### *Building resilience through identity*

A useful technique I have adapted from Derks' Social Panorama (2005) and Mental Space Psychology (2018) uses the concept of the Sovereign Self in identifying problems that underpin many mental health issues such as anger, anxiety, and depression. This technique requires the people participating to locate a personification of themselves associated with anger or anxiety (that they themselves have identified) and to calibrate this personification in terms of size, direction of gaze, elevation, and colour. The participants are then asked to imagine a positive resourceful image of themselves, in a different place, where they do not display anger or anxiety. They imagine the positive self-image having the ability to transfer knowledge, skills, and resources to the negative self-image. They then imagine a giant image of themselves directly in front of them, within a metre, so they can start to associate with this image, their new Sovereign Self. They can now move

the original negative image, which has received the resources from the positive image, to the place of the Sovereign self, which absorbs that image.

By evoking their imagination, participants make the image of their Sovereign Self into a magical figure like a huge statue, gold and glistening with sunrays. Relocating the problem self with its learnt new resources into the Sovereign Self allows the transferred resources to become solidified in the new identity, leaving the participants free of anger or anxiety, in control, and able to cope with the problem self. This technique enables participants to form a new identity. By learning how to facilitate this belief, participants can use it on themselves and to help colleagues do likewise. This way the technique builds resilience among staff who have experienced poor mental health through their HE employment.

### Postscript

In HE institutions, like in any other institutions, good mental health of those involved rests on individual staff looking after not just their own well-being but also the well-being of peers. They do so by caring for and developing one another, not as means to an end, but as human beings just as they are themselves. Acknowledging this, the institutions must create the culture, policies, and governance framework that put employees first, recognising that sustaining satisfied staff who are willing and able to work hard is essential for achieving strong institutional performance. When a culture of caring is in place right across a HE institution, conversations will be less confronting, emotions will lift, mental health among staff and students will improve, and the toxicity experienced by many in HE institutions will dissipate. Most significantly, people will cooperate with each other, the positive consequences of which are far and deep. Indeed, these positive consequences are likely to stretch well beyond the university in space and in time, which is the very purpose of HE for the common good of society.

Across society, including in all institutions, mental health is vital. Yet it has a particular imperative in HE these days. As I

have explained in this chapter, staff in HE institutions can find it extremely difficult to perform the work asked of them while the embedding of a neoliberal agenda disrupts so much of the long-standing earlier approach to HE, which did not depend at all turns on market forces, numbers, and relentless competition among individuals, institutions, and so forth. Here I have argued for a different approach with new techniques and especially with a mindset of what it means to be human in HE. It is only with a duty of care, with understanding that all lives matter and that mental health is everyone's business, that HE can best engage in teaching and research to serve the interests of all. And that is surely where the future of HE lies.

### **Suggestions for consideration, discussion— and action**

At an institutional level, HR departments generally engage in OD practices. However, I believe department managers should be trained in using Dialogical OD approaches to deal with matters of concern in their own departments and to assist in organisational change. Being proactive and immediately addressing matters that are perceived as traumatic within a toxic culture removes lag time in policy implementation and development. Driving OD from the bottom up removes the criticism that only lip service is paid to HR policies and procedures when dealing with toxicity. Dialogic OD's strategies using Open Space Technology, having containers as Safe Spaces, and facilitating critical crucial conversations, can all facilitate change and can be called for by any staff member feeling overwhelmed, victimised, or experiencing mental health issues. Line managers attuned to staff and student mental health needs have an obligation to take action as a duty of care and can implement Dialogic OD processes.

Departments in HR concentrate on closing skills gaps based on their training analysis. However, to improve poor mental health and change mindsets, they need to incorporate soft skill training. By that, I mean they need to concentrate on supporting staff by

offering training that impacts individual well-being and the culture of the institution. CHR emphasises the need to concentrate not only on job skills but also on humanism to promote training and development that impacts on being human at work, including developing staff well-being (Koon & Fujimoto, 2022). Traditionally, well-being has been linked not to training, but to events such as excursions, team-building exercises, and outdoor activities for staff. The impact of such events is limited, often because of poor attendance, and poor weather does not offer a return on investment for HR departments. Training programmes on Mindfulness, Breath Work, Conflict Resolution, Emotion State Management, and Social Panorama are more beneficial in helping staff to improve their mental health.

At an individual level, staff and students must experience their worth as humans. Staff mindsets can be changed, but only when staff feel and experience that they are cared for and that the institution is investing in their individual growth, such as can be achieved through a Care and Growth approach. All staff and students should be cared for across the board, horizontally and vertically, within the HE institution. After all, in a change model, all participants are activists, all are held accountable, and all understand their role as catalysts for change. Change is the responsibility of all, with individuals collectively seeking and contributing to the common good.

### **Questions for discussion**

1. How can HE institutions be held accountable for the well-being of staff at a department, faculty, and institutional level without external litigation?
2. Which human rights values could positively contribute to a flourishing work climate in HE, and (a) how could they be embedded in the mindset of staff; (b) how and why could they be helpful; and (c) how could they make HE institutions more agile and adaptable to achieve positive change?

3. How might victim mentality due to trauma, betrayal, and co-dependence from their past aggravate negative emotions in the present life of staff and students in HE, and how can these past-traumatised people be distinguished from those actually suffering from stress, burnout, abuse, bullying, and/or victimisation in the present?

## Notes

- 1 'Fawn' here indicates an attempt to please the source of threat and avoid conflict.

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