Reconstructing my identity
An autoethnographic exploration of depression and anxiety in academia
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Abstract
Purpose – The purpose of this paper is to offer an insight into mental health illness in academia, and its impact on academic identity.
Design/methodology/approach – The study adopts an evocative autoethnographic approach, utilising diary entries collected during my three-month absence from my university due to depression and anxiety. A contemporary methodology, autoethnography seeks to use personal experience to provide a deeper understanding of culture. In this personal story, the author explore her decline in mental health and subsequent re-construction of her academic identity in order to enhance understanding of the organisational culture of higher education.
Findings – This paper illustrates how, rather than being an achievement, academic identity is an ongoing process of construction. Although mental health illness can contribute to a sense of loss of self, identity can be re-constructed during and after recovery. Autoethnographic explorations of depression and anxiety in higher education provide a deeper understanding of an often stigmatized issue, but researchers should be alive to the political and ethical pitfalls associated with deeply reflexive research.
Originality/value – There is little autoethnographic research on mental health illness in a university setting. This paper offers unique insights into the lived experience of depression and anxiety in the context of academic life, through the lens of academic identity.
Keywords Higher education, Autoethnography, Mental health, Academic identity

PAPER TYPE Research paper

Introduction
I’m meant to be relaxing. He has messaged me to ask if I’m relaxing. But I made the stupid decision to check emails. And there it was, an email about modules and problems with students. And things that need sorting quickly. And things that I can’t work out an answer to. And I write a response to that email saying I’ll do whatever needs to be done and that I’m on leave today but I know it’s urgent. Why do I feel like shit because I can’t fix the problem? Or that I can fix the problem by saying I’ll do it but then knowing that I shouldn’t be trying to fix all problems? I just want to watch telly and chill out. And it’s my day off. And it’s his birthday. And I wonder if I’m close to burnout because yesterday I cried in the office when no one was looking. (July, 2016)

Eight weeks after I wrote the diary entry above, I called a doctor and told him I thought I might be suffering from depression. I had done the online test. The test said I was. I knew I was. The doctor asked me a few questions and confirmed that I needed to come into the surgery as soon as possible. It took a week to get an appointment. When I eventually walked into the doctor’s office, desperately unhappy, I barely knew who I was and what I was doing. My shoulders were permanently slumped. I did not care about my appearance. I felt numb:

I’m an academic at a university.

I think I’ve done too much.

The author is hugely indebted to the colleagues who supported the author during author’s time away from work and author’s subsequent return. The author would like to thank the two reviewers for their insightful constructive comments, and for helping the author in making the author’s manuscript a much stronger piece of work. Finally, to “him”: here’s to goats on plinths and a very happy married life together. We are a great team. Thank you for always being there.
Sent away with a prescription for anti-depressants and the recommendation of counselling (privately if I could afford it, or else wait six months), I trundled home and continued to think about work. I took a week’s holiday, and spent every day running over and over what I needed to do at work, and how I was going to do it. My brain never switched off. I woke up night after night at 2 am like clockwork, checking my work emails on my mobile phone. When I returned to work the Monday after my holiday, I spent most of the morning steadying myself. I was at the top of a ladder swaying violently from side to side, just waiting to lose my grip. Every couple of minutes, I felt what I can only describe as a “whooshing” go right through my stomach. Perhaps it was fear. Perhaps it was part of me, the healthy, strong, focussed me, leaving my body to find a home elsewhere. In any event, it only took one e-mail – one tiny message asking me to do something – to send me flying into the abyss. Goodbye ladder. Hello three months of sick leave.

I was fortunate to receive six free counselling sessions through my university almost straight away. In the early days, I swung between two equally hideous states. I either cried angrily, insisting to my counsellor that I had to get back to work immediately. Or I was silent, eyes dotting around the room glimpsing posters on suicide prevention and mindfulness trying to work out how on earth I got here and how I could wake myself up from the nightmare this clearly was. One day, my counsellor took a small wicker basket full of contrasting stones and pebbles from behind her, and placed it on the table between us. “This is your life”, she said. “Each stone represents someone in your life. Take your time. Which stone represents, let’s say, your partner?” I stared at those rocks. I kept staring. “There’s no right or wrong answer. Just go for what you feel is best”, my counsellor utters soothingly. Panic sets in. I want to pick one but I know in my heart whichever stone I choose will be a lie. I do not want to lie. I want this to mean something. And then it dawns on me and I say it out loud. “I can’t pick a stone that represents my partner”. And, triumphantly, with a sense of relief, “That’s because he doesn’t come to work with me”. A pause hangs in the air. My counsellor looks at me with sadness, and gently but robustly says “Elaine, I didn’t say the bowl was about work. I said it was about your life”.

In my 20s, I had trained as a commercial solicitor. I left private practice in my early 30s, driven by my love of teaching into higher education. For seven years, I built my academic identity. On the face of it, I was a healthy and confident individual. But I kept taking on more. Doing more. Not stopping. Trying to get the end of a “to do” list that perpetually re-filled. Work occupied my evenings and weekends, not always physically, but emotionally. Even when my laptop was switched off, my brain continued to whirr. Clearly work had become the embodiment of my life, and, eventually and inevitably, that came to a head. Alongside depression, I was diagnosed with high-functioning anxiety-high achieving and perfectionistic, busy and overambitious, outwardly super-positive, but inwardly wracked with worry. During my time on sick leave, the coping mechanisms I utilised at work continued at home. I created highly structured routines where I would work through entire series of television shows one by one, watching episodes at the same time each day. I ate only Coco Pops, relentlessly filling the cereal bowl, unable to leave any residual milk. I slept every afternoon in the same place on the sofa, with the same blanket tucked in exactly the same way. I “employed” myself as my own cleaner, making sure each room in the house was spotless by 12 pm on the dot.

I kept a diary during my time away from work. Looking at my diary entries, the repeated allusion to the eradication of my academic identity is striking. Much has been written about the construction of academic identity, but less so what happens when that identity is suddenly swept away. Equally, narratives on depression and anxiety experienced by academics are few in number. Using extracts from my diary, and writing autoethnographically, I seek to offer an insight on mental health illness in academia, and its impact on identity. Autoethnography, where the researcher becomes the researched, “writes a world in a state of flux and movement – between story and context, writer and
reader, crisis and denouement. It creates charged moments of clarity, connection, and change” (Holman Jones, 2005, p. 764). This autoethnography is not linear. You may find yourself frustrated at the messy structure. I am not, however, attempting to provide you with a neatly packaged story. My goal is to present an autoethnography that contributes to a greater understanding of mental distress by evoking an emotional experience. Rather than take a neutral, distanced stance, I encourage you to engage in a dialogue with the text.

**Academic identity**

I have let everyone down by being weak. My identity is revealed as a fraud. What do I tell my family? What do I tell his family? Will I go back? How can I go back? But I must go back and I will go back.

Sometimes it hits me. Pit of stomach lurch: I’m off sick. That’s now part of my identity. The girl who couldn’t cope. The girl who needs to be referred to Occupational Health. The weak one. The one colleagues won’t know if they can rely on. The girl with the question mark over her head. The facade is over. I tried for years to construct an image and in one fell swoop have destroyed it. I have proven to myself that I have a limit. See, you thought you could fly high, but you flew too close to the sun and now you’re falling. And everyone can see. Everyone can see you fall. Back you go to the level where you belong. (September, 2016)

The literature exploring academic identity is vast, complex and multifaceted. I do not pretend to provide a comprehensive account of academic identity theory here. Rather, this section is designed to give an insight into perspectives on the “vexed question” (Clegg, 2008, p. 329) of academic identities, the theories of identity that have influenced this paper and how I constructed my identity prior to my mental health decline.

Research into academic identity is overwhelmingly positioned in terms of the changing culture in higher education. Studies explore questions of identity through the lens of neo-liberalism (Harris, 2005), government policy, external funding requirements and the increasing commercialisation of higher education (Henkel, 2005; Taylor, 2008). Influenced by a reshaping of the university as a corporate enterprise, with Vice-Chancellors “increasingly prepared to describe universities as businesses” (Henkel, 2005, p. 163), disciplinary culture has transformed into managerial culture (Henkel, 2005, p. 159). Institutions are re-orienting their focus, prompted by external factors such as research (and, more recently in the UK, teaching) assessment frameworks that encourage the fetishisation of competition (Naidoo, 2016). Traditional notions of a “community of scholars” (Harris, 2005, p. 424) embodied by steadfastly held ideals of academic freedom and autonomy are under threat. Billot (2010) describes academics’ “increasing disconnect” with institutional adoption of economic objectives (p. 709). Such disconnect may be linked to an emerging narrative bemoaning the loss of a “golden age” (Taylor, 2008, pp. 27 and 30) of academia.

In the context of a rapidly changing environment, how do academics make sense of their identities today? Billot (2010) argues that academic identity “remains a dynamic and slippery construct” (p. 709) and that academics are “grappling with a fluid identity during continual change” (p. 718). Fitzmaurice (2013) and Taylor (2008) put forward a similar argument. Fitzmaurice (2013, p. 614) proposes that academics undergo “an ongoing process of identity constructions and deconstructions in the negotiation of a professional identity”. Taylor (2008, p. 30) also utilises the imagery of building works, concluding that “we need to accept that identities are continuously “under construction” and that those constructions are linked to the need for personal meaning”. Continuous change, it seems, requires continual re-imagining of our academic identities. However, the notion of re-construction is not unique to academia. Literature on the identity theory is firm in the idea that our sense of self is not set in stone. Instead, we engage in an ongoing effort of making sense of who we are, when situated in “past, present and future” experiences (Geijsel and Meijers, 2005, p. 423). Identity as a concept is theorised as a reflexive assignment put together via a multiplicity of individual choices.
impersonation in academia. One of Knights and Clarke (2014, p. 352). As another participant put it (2014, p. 345). All of these insecurities lead to tension between fulfilling their (career) aspirations and finding meaning from their work need to be fucking amazing how a deterioration in mental health can affect an academic report common mental disorder, and to report severe symptoms (McManus daily activities and distress (McManus and obsessions and compulsions, which present to such a degree that they cause problems with problems, forgetfulness and concentration difficulties, irritability, worry, panic, hopelessness, and obsessions and compulsions, which present to such a degree that they cause problems with daily activities and distress (McManus et al., 2016, p. 390). Women are more likely than men to report common mental disorder, and to report severe symptoms (McManus et al., 2016, p. 38).
Sadly, there is little empirical evidence detailing rates of mental health illness in higher education. However, anecdotal evidence, particularly through anonymous pieces published on The Guardian’s Higher Education Blog, points to a rise. In one blog post, an academic reported a “culture of acceptance” (Anonymous, 2014) of poor mental health in higher education, listing experiences of depression, sleep and eating disorders, addiction, self-harm and suicidal thoughts. Their blog post received an “unprecedented response” (Shaw and Ward, 2014) indicating high levels of psychological distress amongst academics. Work-life balance (or lack of) appears to be a common factor. A survey of University and College Union members from 2013 reported that more than half of the 14,667 respondents from higher education neglected their personal needs because of the demands of their work (Kinman and Wray, 2013, pp. 3-4). Academics working in higher education experience “considerably less” well-being than those in other industries (Kinman and Wray, 2013, p. 14).

I experienced a change in culture at work. My institution restructured and rebranded. A new research-focussed vision emerged. Staff who had previously concentrated solely on teaching (of which I was one) were encouraged to work towards the production of world-leading and internationally excellent research. Some colleagues moved on. Others, like myself, embraced the move towards research. Almost immediately, I started to write and send articles to a number of well-respected journals. My work was published. More research ensued. I spoke at international conferences, sometimes giving more than one paper. Sometimes I went to two conferences in two different countries in the same week. I enrolled on a doctoral programme. In the production of research, and in particular academic writing, I found fulfilment. Alongside this, I continued with my existing teaching activities. I explored new and innovative ways of working with my students. I provided academic and pastoral support. I was nominated for a number of student-led awards, and won the Law Teacher of the Year. I loved my job. Ultimately, I re-constructed my academic identity. Closely aligned with my values – compassion, community, competence, creativity, service and achievement – I carefully fashioned a sense of self as mentor, writer, speaker, influencer and woman on the rise. I had a close eye on promotion, regularly reading the criteria for advancement and seeking opportunities to fill gaps in my profile. Looking back now, whilst outwardly very confident, internally I was plagued with a continual feeling of self-doubt and a desire to be better than I was. My academic identity was a source of meaning for me. I was emotionally tied to my academic work, in all its forms, embodying Chubb et al.’s (2017) declaration that “to be an academic is to live academia” (p. 556). But then, with the arrival of my illness, there was nothing. A dark hole appeared. I fell right into it, and continued to fall. To me, I had changed overnight from rising star to a pathetic and unreliable individual. I told myself I had been found out. I was a fraud and everyone now knew it.

Breaking a taboo: why write about academic depression?

I know I’m not right. I’ve hidden most of the day in my office. But I’m taking each hour at a time. I then feel guilty that I haven’t got anything urgent to do. But I will do. And perhaps I should be writing. But I just want to make it to the end of the day. And I have. I haven’t cried. I haven’t gone mad. I’m not tip top but perhaps it’s all going to be okay. I really hope no-one tilts me off the tightrope I’m currently edging slowly along. (August, 2016).

When I became ill, I was in the first year of a part-time professional doctorate. My doctorate sets out to explore my life as a legal educator through an autoethnographic lens. In year 1, alongside my teaching and administrative roles, I spent time building my literature review, reading all the autoethnography I could manage. I amassed an extensive electronic library filled with autoethnographies. Not satisfied with my computerised collection, I also maintained a paper repository made up of five bulging lever arch files. I dedicated myself to learning about the history of the method, mapping its progress decade by decade.
By the time I went to the doctor to tell him I knew I was not well, I had completed over 10,000 words of my thesis.

The day I was formally signed off on sick leave, I banished the professional doctorate to my spare bedroom. I still remember the heavy awkwardness of the lever arch files as I lifted them, one by one, up the stairs. I can recall right now the sound they made as I methodically slid each one along the carpet, relegating them all to the darkness of the space under the bed. There was, I felt, no point in keeping the files where I could see them, as I would not need to use them again. I was wrong. Two months into my sick leave, prompted by nothing whatsoever, I suddenly lifted myself from my new home on the living room sofa, drudged upstairs, knelt down near the bed in the spare room and started to pull the lever arch files out from the void. I searched for the file marked J-M, and, once I had found it, sat on the floor and flicked through the pages until I came to a pink divider marked “Jago (2002) – depression”.

I had read Jago’s (2002) autoethnographic story of her struggle with major depression before, drawn from the consultation of academic annual reports, sporadic diary entries, fragments of her research writing and her memory (p. 734). Jago’s (2002) narrative chronicles a time of “emotional devastation, isolation and hopelessness, guilt and self-loathing, paralyzing darkness” (p. 733). Before my illness, I had read the piece with interest. The account explicitly detailed Jago’s descent into attempted suicide, and the guilt, fear and paranoia she felt as she returned to work as a junior faculty member. However, my chief motivation for keeping the article on file was because I had recently read Tolich’s (2010) criticism of the way in which Jago (and the Journal of Contemporary Ethnography, where the article was published) had handled the ethical dilemma of writing about her own experience. At the time, my focus was on autoethnographic ethics. I was trying to come to terms with my own anxieties about writing so publicly about my own life and the lives of others. Right then, academic depression was not at the forefront of my mind.

Resting my back against the bedroom wall, facing the window, I explored Jago’s autoethnography again. This time I saw the parallels. First, the sense of being utterly bewildered. “The scene feels surreal. How did I get here?”, asks Jago (2002), following a meeting with her dean to discuss her medical leave (p. 737). Then, the use of television to structure the day: “Time is punctuated by the Lifetime television schedule. *The Golden Girls, Designing Women, Moment of Truth* movies. TNT shows reruns of *ER* three times a day” (2002, p. 740). Finally, the feelings of identity loss (“The tenure time clock stopped. Reputation ruined” (2002, p. 740)) that so dominated my time on sick leave. Jago (2002) took me through her own “roller-coaster ride of depression” (p. 734) and shone a light on my own. Jago (2002) argues her story is the “story of the academy”, with the “endless demands on our time, the intellect, the stress” (p. 738). Of course, not all of us who experience the demands of academic life will become ill. Yet, Jago asks important questions: in academia, what counts as success? How can we make sure we cope, rather than crash? What can we do to improve our academic life?

Through autoethnography, Jago’s aim was to develop our understanding of depression, particularly in academia. She also wanted to show how we can approach the often highly stressful milieu of teaching, research, and administration. Her research is used extensively as an example of an autoethnographic exploration of depression in higher education. Yet, few have chosen to follow in her footsteps, and I struggled to find alternative autoethnographic illustrations of academic depression in peer-reviewed publications. Happily, the autoethnographic community is a supportive one, and I have recently been directed to Brewis’ (2004) account of her experiences with mental health illness. As with Jago’s work, I found myself nodding sadly at our shared personal history. I too had taken a “perverse pride” (Brewis, 2004, p. 31) in working every weekend, constantly launching new projects and activities, signing up for more conferences than was healthy and chasing
I was honest with everyone yesterday. I told three people – one from each aspect of my life: home, work, medical – that I was thinking about suicide. I’m convinced I’m not going to do anything because I went through all the different ways I could do it and decided they were either too painful or not for me. My favourite is walking into the sea. I like the sea. But then I thought they might not find my body for ages and everyone would be really upset waiting for it to wash up. Someone did that the other week. Walked out of the house in the middle of the night, all the way down to the
river, talking to dog walkers along the route. And then gone, washed up weeks later. All that waiting. I don’t think I could put people through that. Too much waiting.

That was me yesterday, in the darkness, whereas today I am fine. I’m up at 8am and enjoying the peace. And that’s what I told myself yesterday – it will get better, it always does. Telling everyone made me feel better. (October, 2016)

I have taken the decision to be explicit about being an academic that has experienced depression and anxiety. Like Jago, I have neither used a pseudonym, nor have I diluted the seriousness of my illness. However, in the process of writing this paper, I have frequently edited and deleted certain parts of my narrative. Some parts of my story did not even come close to being written into existence. I have chosen to tell my secrets, but I have also controlled the extent of my own disclosure. In doing so, I have had two overriding concerns: first, to protect myself, and second, to protect others who are part of my story.

Protecting myself

When Haynes (2011, p. 140) wrote about presenting an autoethnographic sexual symbolism paper, she spoke of the “double taboo”. For some, autoethnography balances “intellectual and methodological rigor, emotion, and creativity” and “strives for social justice and to make life better” (Adams et al., 2015, pp. 1-2). For others, it is derided as an “intellectual cul de sac” (Delamont, 2009, p. 51). Haynes was combining sex with a methodology that attracts significant criticism and, sometimes, sarcasm and mockery (Campbell, 2017).

I too feel the weight of the double taboo. A great deal of work has been done to increase the public’s understanding of mental health conditions, but we have far to travel. Disclosing my depression, through autoethnography, is the most risky piece of scholarship I have undertaken. However, I have one more element to add to this explosive mix. Here, I am not just writing about depression, using autoethnography. I am writing about depression, using autoethnography, in the context of the traditional, rational world of higher education. Mine is not a story about a past experience with an organisation I have long since left. It is a story about my relationship with academia – a relationship I intend to maintain for the remainder of my working life. I am torn between my desire to provide a rich, fully formed narrative for the academy, and the feeling that I need to protect myself from that very same organisation. As Haynes (2011, p. 141) notes, “It is somewhat of a paradox that an autoethnographer may increase the level of ‘passion’, detail and depth in the narrative while increasing her levels of vulnerability, exposure and disclosure, and hence leaving herself exposed to criticism and disapprobation, which go beyond the norms of scholarship to the competitive and masculine cultural norms of the public academic world”.

Helpfully, a number of autoethnographers have written about techniques they have employed when faced with their own ethical quandaries. Influenced by Doloriert and Sambrook (2011), Ellis (2007) and Sparkes (2007), for example, I very seriously considered fictionalising my account. Instead of allowing you to read my diary entries, I could have constructed a tale, drawn from – but not entirely made up of – my own experiences. Like Sparkes (2007, p. 522), I could have invited you to read a story about “the struggles of a composite and mythical (perhaps?) academic at an imaginary (perhaps?) university in England”. Of course, as you will have noticed, I did not follow that path. Rather, I read and re-read my diary entries, carefully choosing (and discounting) what to include. I omitted sentences I felt instinctively unable to share. I considered what I had already told family members and colleagues, and what I had kept from them. I visualised how I would answer questions about my illness, if asked by a stranger, a new friend, someone in senior management, and a student. In many ways, I was following Tolich’s (2010, p. 1605) advice to novice researchers writing about a stigmatized experience – to “imagine dressing up in sandwich boards and walking around the university proclaiming their stigma”.
Where Tolich and I differ is in our use of language. What he calls proclaiming stigma, I call opening a conversation on difficult matters. My experience with depression and anxiety is neither a weight on my shoulders, nor should it be. When I imagine traversing the university campus with my sandwich board, I am not followed by a bell-ringer crying “shame!”. Where Tolich (2010) and I find a common ground, however, is in our shared appreciation that “like an inked tattoo” (p. 1605), once the autoethnography is published there is no going back. Perhaps it is the fear of the immortality of the published piece that has kept me coming back to this paper, staring at sections, lines and words, and wondering if I should take delete them, alter them, or if I should have ever written them in the first place.

Protecting others
I do not exist in a vacuum. Even during my time away from work, I was still constantly coming into contact with people, whether that be family members, medical professionals, the shop assistant helping me negotiate the self-serve machine, the postman who knew I was always in the house to take neighbours’ parcels, or my colleagues calling to see if I was okay. I had connections with each one of those individuals, however, fleeting. If you were to read the unedited versions of my diary entries, you might come across experiences I had with other people. You might read the words spoken to me. You might see my response. Yet, I made a conscious decision to remove all names from my diary entries and reduce the level of detail about third parties to a minimum.

The issue of relational ethics has been the most troubling aspect of my experience with autoethnography. This is not the forum for a detailed exploration of the ethics of writing about others. However, I offer a glimpse into my thought process in the hope it helps you to understand my position. I eagerly consume autoethnographic narratives across a range of issues but am often left wondering whether the desire to tell a complex, truthful story has been prioritised over the writer’s responsibility to protect those who form part of the narrative (Campbell, 2017). In many cases, writers do not tackle ethics (in print at least), so, as a reader, I am unable to determine whether they have employed techniques to protect identities (they may well have done). At the other end of the spectrum, others are explicit about making the decision to reveal secrets about family members and close companions (see e.g. Ellis, 1995; Rambo Ronai, 1997). I sit somewhere in-between, making reference to people in my life but using no names, and changing details. Ultimately, I made a judgment call based on my gut feeling as to what was right. The unedited draft of this paper may have been richer, more truthful, but I was mindful that, on occasion, “the truth, it turns out, doesn’t really set you free” (Gore, 2013, p. 66).

A new academic year: a new academic
An entire year has passed since I walked into work seriously unwell, and walked back out again, unable to return for three months. Today, I sit at my desk surrounded by management meeting agendas, scribbled notes about new initiatives, teaching timetables, student references and, of course, autoethnographic articles I want to read. I am busy, but I am well.

The depression started to lift before I decided to come back to work. When my free sessions with the University counselling service came to an end, I arranged a transfer to a local private fee-paying therapist. I had weekly, intense therapy sessions. I ran three times a week with a women’s running group, just to get out of the house and speak to people. I was very poor at taking my prescribed medication and, as a consequence of putting on nearly two stone and deciding this was entirely the fault of the medication and not the copious bowls of chocolate flavoured rice cereal I consumed every hour, stopped entirely a few months after my diagnosis. I do not recommend this.
A colleague once asked me what it was I needed to get better. The answer I gave then, and I still give now is time. I needed time to process everything that was going on in my head. I needed time to just stop. I needed time to breathe, and go running on a cold and muddy Friday night at 7 p.m., and to work through why I felt I had to do more and more and more and yet felt no joy when each goal was achieved. There was no “aha!” moment of clarity. Only a sense that I was getting better.

When I came back to work, I did so on an extended phased return, using my accrued holidays to make the transition as long as possible. I started at two days a week for the first two months, increasing to three for the third. Mental health illness is a funny thing. My second month back I gave a keynote speech in London. Eight weeks later, I had a panic attack, spent the morning pacing the office in tears trying to breathe through the fear, and had to admit to senior colleagues that I had agreed to do things that I was not really ready for. At some point (I cannot really remember when) I picked my professional doctorate back up again. The lever arch files now reside in a container to the right of a brand new writing desk and chair in our spare bedroom.

The anxiety remained, and still remains to this day. It is always there, lurking in the background, waiting for the opportunity to knock me sideways. For some time, I spoke about my illness as though it was in the past (“when I was poorly”). Now, I find it helpful to think of myself as “in recovery”; a dynamic process where some days will pass by without incident and others are characterised by worry and nightmares and making sure I have a therapy appointment lined up. But I have constructed a new identity, a new academic me. This academic does not say yes to everything. This academic does not have work emails on her phone. This academic does fun things with her partner at the weekend, instead of gazing hopelessly at lists that never end. I have rebuilt a relationship with my academic self that will allow me to continue my career.

Identity is a project. Today I continue to be a mentor, writer, speaker, influencer and woman on the rise, but within a new context of balance, satisfaction and enjoyment. Sounds a little utopian, does it? But it is where I am today.

And, taking my cue from Tillmann (2009, p. 103; Tillmann-Healy, 1996, p. 107), I believe it is ethically right to end this story with a hopeful episode:

We’re definitely going to have our engagement photo shoot with some animals. We just have to!! I mean, goats! Happy goats standing on plinths! That’s what we saw today, when we went for a walk. And I genuinely, genuinely was not thinking about work at all. It was just us, looking at happy goats. I hadn’t even checked my phone for ages. But then my bag vibrated, and I was pulled out of the animal-related merriment and into my phone messages. “Congratulations!” And then another one. “Quite right!!!”. I turned to him. “I think my promotion to associate professor has been approved”. Of course, I couldn’t flippin’ read the confirmatory email because I no longer have work emails on my phone. But I just knew. And I was right. And the best thing about today was that I heard the news, felt happy, and then continued walking through the park chatting to him about our Netflix subscription, and how Linda McCartney makes the best vegetarian sausages, and what we’re going to give out as favours at our wedding next year. And then I went home and didn’t think about work. And then I fell asleep and didn’t wake up at all throughout the night. I think I’m going to be okay. (August, 2017)

References


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