

Up for Tenure, Facing Depression



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Most ambitious people in academe and industry keep mental illness a secret. But when those who succeed in spite of their illness are open about their struggles, it can give hope to those who face similar challenges. In that spirit, I offer my story.

Recently, the full professors of Claremont School of Theology rendered a unanimous vote to recommend that the Board of Trustees award me tenure.

In the academic world, tenure is a significant accomplishment to which many aspire from the early days of graduate school. It means job security – no small thing in these economic times. It also means I have the academic freedom to pursue the research of greatest interest to me and I cannot be fired because someone in the institution disagrees with the politics of my work.

One of the steps to get to this point was for me to keep records and evidence of the teaching, writing, research and service in which I have engaged, and then submit a curriculum vitae with said accomplishments listed in a particular rank and order. It quantifies what I've been doing for the last seven years or so.

I wrote two single-authored books; co-edited an anthology; and wrote seven refereed journal articles, six invited journal articles, six book chapters, six commentaries, three book reviews and two encyclopedia entries. I gave 10 keynote presentations and presented on over 40 academic panels or conferences. This is the stuff of tenure.

As I compiled lists and corresponding documentation, I became acutely aware of what was not on paper.

I recall the experience of developing my career while living with severe depression. I experienced my worst suicidal ideation in the first year of my doctoral program. My mental and physical health was severely compromised for most of my doctoral program and through the majority of my pretenure academic career.

Many times I attempted to hide the reality of my condition and its impact on my work.

- Always choosing the most expensive hotels during my guild's conferences so I could sleep in between academic sessions and return to another event.
- An in-patient hospitalization during one academic year that no one on my job knew about because I called it "a family emergency."
- Committing to publishing or presentation obligations when I felt well, that I simply could not manage when I became ill before the deadline.
- Taking numerous low-paying preaching and speaking opportunities to pay for the bills I incurred during my doctoral program because I was managing a chronic medical condition without viable health insurance.
- Asking my adviser to mediate homework assignments with other faculty because the medication I was on scrambled my brain's ability to process information or drive in straight lanes.
- Doubling my student loan debt in one year so I could finish the degree and get a job with medical benefits.
- Lecturing on material I knew well because I lacked the focus to read for more than 10 consecutive minutes and could not prepare for class.

In short, it was difficult.

- There were senior scholars who told me that I should not reveal or write about depression before tenure, one of whom called me "reckless and crazy" for the idea.
- Intimate relationships were often compromised when I chose between what-was-healthy-for-us and what-would-keep-me-alive.
- I had to learn to admit when I simply could not do what I wanted to do or what I had promised I would do.
- I lost countless hours of productivity to the inertia of depressive days and weeks.
- I was always conscious of all that I could not and did not do.
I spent years trying to save my career from the perils of my internal world. A look at my C.V. suggests that I was successful. But there is nowhere on the page to tell the story about the life of my mind.
For me, and thousands of other people in the world, living with a depressive condition also means working with a depressive condition. Work is more challenging because of silence, stigma and shame and sickness. If I take "mental health days" off for all the days I need them, I will have no income. This is my job. I felt like my choices were limited.
While there is no category for articulating the challenges, there are also no lines for saying how I survived. There were adversities, but there were also advocates.
- The adviser who could distinguish my intellect from my illness, and facilitated my leaving residency so I could relocate to a place with greater support.
- The fellowship coordinator who brainstormed ways for me to find additional funding as the medical bills and relocation expenses piled up.
- The nonprofit colleagues who coached me in navigating county health services.
- My supervisor who took my revelation of depression in stride, indicating that "we all got something Monica."
- My fellow academics who wrote or whispered about their shared experiences of trying to read and create when their minds failed them, or medication made them loopy and tired.
- My therapists who supported relocation for a new job when we both knew it undermined the stability I had recently attained – new doctors, new friends, new weather patterns.
- The memoirists whose writings were like air when I needed to know that I wasn't alone.
I work at an institution that doesn't require me to focus on one aspect of my identity, passions or interests. I have mentors who support the work I do in both the academy and the wider public. I have colleagues I truly consider friends and allies. None of this is on paper either, but it makes the "life of the mind" much better.
I cannot name what separates my story from another. I don't think it has anything to do with faith, blessing, intellect, perseverance or medication. I know too many people with those qualities and a different outcome. There is an inexplicable grace to survival and success. Down deep, I suspect that it is the flip side of that coin that robs life without cause or consideration. We don't get to choose which side lands on us each day. Rather, we live, we work and we do our best. And we tell the stories of what can't be seen on paper.

Bio

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