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Escaping from a Black Hole: Facing Depression in Academia

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[1] This essay will consider some common causes of and ways of coping with clinical depression and anxiety in musical academia, specifically discussing its potential impact upon both teachers and students. One of the primary contributors to depression in junior faculty is the anxiety associated with functioning in an academic environment without the security provided by tenure. While the tenure crunch is thus a common cause of faculty depression, it is certainly not the only one; depression may be brought on by a wide variety of factors—also in tenured faculty. These factors may include ongoing faculty-administration and faculty-faculty conflicts, dissatisfaction with the amount of research time allocated, frustration with inefficient bureaucracy, poor student behavior and performance, etc. Depression in students is frequently associated with apprehension concerning their ability to meet academic expectations. Also, among undergraduates, especially young adults who are away from home for the first time, the challenges posed by "unsuccessful" relationships, especially sexual, can lead to serious depression, negatively impacting their academic performance. Although this article is largely a subjective account of a single individual's experience, many readers will recognize their own, their students', or their colleagues' struggles with depression. It is hoped that, by reading this account, faculty and administrators will better understand the real and unique disability that is caused by clinical depression. Ultimately, I shall delineate strategies for identifying clinical depression and discuss ways of coping with it in an academic context.

[2] The term "depression" is somewhat infelicitous in describing this condition, since it may imply that it is solely an emotional state of mind and not also a physical condition. For this reason, many have refused to recognize clinical depression as a disability, imputing it to emotional weakness of some kind. But scientific studies have

demonstrated that clinical depression is indeed a physical disability—although it is generally less visible than some others—because it is caused by chemical imbalances and especially deficits in the brain. While we know that there may be (and usually is) an interdependence between mental states and the chemistry of the brain, clinical depression can also occur in people who are otherwise well-adjusted simply because they have inherited the physiology of depression.

[3] There is a widespread popular belief that artists, composers, poets, performers, and intellectuals have a greater propensity or predisposition to suffer from depression than the general population. Famous cases in the history of music, like that of Robert Schumann, are cited in support of this contention. However, the scientific facts suggest that a certain proportion of the population in general experiences serious depressive disorders without regard to occupation or walk of life. The reason people believe that artistic personalities are more prone to depression than the average person may be simply that depression in the famous attracts greater attention.

[4] In my family, my sibling and I both suffer from exactly the same type of clinical depression; therefore it is highly probable that we inherited it from our mother, who endured it without ever being properly diagnosed. As an academic, a condition that negatively impacts my ability to think, write, and teach is especially painful, and overcoming it has posed constant challenges.

[5] Until I was diagnosed with clinical depression in 1997 at the age of thirty-nine, I was ignorant of the medical condition. Growing up, I had been aware that my mother, an artist, suffered from some kind of "mental anguish" but, in line with the common belief that artists are innately different, I attributed my mother's ailment to her "artistic personality." At one point during my early teens, my mother believed herself to be seriously ill, but the doctors could find nothing physically wrong with her. Under these circumstances, she was briefly hospitalized in a psychiatric ward. In the early 1970s, depression was still poorly understood and treatments were crude and ineffective. My father, brought up in England in the "stiff upper lip" tradition (which, incidentally, has served him well), could not understand what was wrong with my mother. Somehow, my mother recovered, and she was never readmitted to a

psychiatric ward. Fortunately, as she aged, she seemed to be less prone to moodiness and exhibited remarkable inner strength and fortitude in facing the purely physical illnesses of her last years. To this day, my father suspects that my mother suffered from some quite different physiological ailment that the doctors failed to identify; while he now knows more about depression on account of his children, he remains unsure whether my mother really suffered from it.

[6] We know that depression has psychological as well as physiological components; the two are intertwined. Constant pressure—and concomitant anxiety—extended over a long period can have a negative impact both psychologically and physiologically. The tenure process *per se* almost seems designed to foster anxiety and depression in junior faculty. Since the tenure clock generally lasts at least six or seven years—and considerably longer if tenure is denied—the scholar in a tenure-track position invariably finds him or herself under unceasing pressure for a lengthy time period. During the probationary period, the person is expected not only to publish first-rate scholarly work, but also to perform well in teaching and service, while being subjected to constant scrutiny.

[7] A serious problem with the current tenure system as it exists in North America is that the granting of tenure does not rest entirely on individual performance, but also rests on political factors such as relationships between the various administrative levels—especially on those actors responsible for assessments and judgments—and the individual. For example, there may be ongoing tensions between department members and the chair, or between the department and the college, the college and the university, the president and provost, etc.—conflicts which prevent an objective evaluation of tenure worthiness. These “wild cards”—since they tend to be beyond the individual’s control—can easily lead to sustained feelings of helplessness, alienation, rage, and hopelessness which, in turn, fuel depression. Given the continually rising standards over the past several decades, it is not uncommon for the accomplishments of junior faculty to far outstrip those of senior colleagues; thus, another factor which may impact negatively upon junior faculty is jealously on the part of senior faculty and/or administrators.

[8] In 1997, I came up for tenure at a small private college. I had been hired as the music theorist of the music department by a composer who considered himself far superior to the other tenured members of the department, and who himself had been recently tenured and made chair by the president against the recommendation of the department. Hence, immediately upon being hired, I had no choice but to step into a political quagmire. For the first three years, the chair and I enjoyed an excellent personal and professional relationship. During this "honeymoon" period, I began to organize important conferences, became widely published, and—perhaps more significantly—came to realize that my colleagues, whatever their faults, were not as incompetent as the chair made out. All of these developments began to cause friction between me and the chair.

[9] During the final three years of my tenure clock, my relationship with the chair grew increasingly strained. Colleagues believed that the chair had become jealous, that he could not bear being outshone by an untenured faculty member. Recognizing that the chair was using his influence to undermine my position, I became increasingly anxious about my future; therefore, I tried, unsuccessfully, to find another job. A subvention from a private donor to support publication of a book growing out of one of the conferences I had organized became a further bone of contention, as the chair tried to divert the funds from the very specific purpose for which the money had been intended. Thus, when it came time for my tenure case to be considered, although I received unanimous support from the department and from top "outside" experts in the field, the chair—through his "privileged" relationship with the president—worked hard to ensure that I was denied. To the end, I and my colleagues believed—or at least hoped—that fairness would prevail. Since my teaching and research were both strong, the reason given for denial was "lack of service." Everyone at the college knew this charge to be bogus. I appealed, and a significant number of outside distinguished scholars supported my case. But the president turned a deaf ear. Through the grapevine, I learned that my problem was that I had not "broken bread with the president." Thus, I had been dismissed for "political" reasons.

[10] Fortunately, I had won a NEH Grant to College Professors to work on my writing, so that it was unnecessary that I teach one more "lame duck" year at the college. At this point, I fully believed my career as an academic research scholar and teacher to be over. The years of anxiety about completing my doctorate, finding and then holding onto my job capped by the shock of losing my tenure battle became overwhelming. With the loss of my position, I could no longer afford my house, and was forced to sell in a down market (for a second time) and move back to Canada. It has been said, not without justification, that sometimes "academia is the only profession that eats its own young."

[11] Once back in Canada, I suffered a loss of hope and will to live. The physical symptoms were uncontrollable shivering in the morning, insomnia, lethargy, headache, anxiety, and inability to concentrate. I was taken to a general physician, who immediately diagnosed me as clinically depressed. He referred me to a psychiatrist who put me on a carefully supervised regime of medication and counseling. Over the next six months, under his guidance, I made a remarkable—even miraculous—recovery. Not only was I able to complete a monograph, but I also found a new position that was—ironically—far superior to my previous one. I had landed on my feet!

[12] In my new position, I faced many of the same challenges as I had in my old position, but because I was at a much larger, professionally-oriented state (rather than private) music school with more checks and balances, I was able to earn tenure. However, the road to tenure, even at this new, better university (rather than college), was not without its challenges, and, in view of these I constantly faced the threat of "relapse." When I was first diagnosed with clinical depression, it was widely believed that one could—and should—stop the medicine once the depressive episode had passed. And so, after I assumed my new position, I tapered off and eventually ceased taking the medication altogether. For a few years, I was relatively stable, but as new pressures related to the next tenure consideration began to build up, my anxiety increased and I suffered a relapse. Now I was put on a different medication which, although ultimately helpful, was extremely difficult to assimilate. Indeed, for the first

several months this medication proved almost unbearable: in truly medieval fashion the cure seemed as bad as, if not worse than, the disease. However, I persevered and managed to overcome that episode. Eventually, after receiving tenure and consulting with my physician, I tapered off the medication: I thought that I was finally "out of the woods."

[13] But it was not to be. When I had been defeated in my first tenure battle, I had also lost standing with my wife. This setback, compounded by other problems, eventually led to a bitter divorce. To cope with this life crisis in 2003, I was put back on the medicine by my GP, and had to endure yet another painful re-accommodation. Gradually some semblance of order began to return to my existence: I remarried and rebuilt my life. During this period, I found new happiness with my current wife, and gradually tapered off and stopped the medication. In 2005, not long after my marriage, I won a Fulbright Grant to teach in my wife's home country for a semester. Unfortunately, she was unable to spend much time with me because she had to remain at her job in the US and, as a consequence, I suffered terribly from loneliness and culture shock. Furthermore, by the time I realized that I had suffered yet another relapse, I found myself without access either to appropriate medical attention or medication. Immediately upon my return, it was recognized that I had suffered my worst relapse ever. My GP tried several new medications, none of which seemed to do any good. In desperation, I saw a specialist, who put me on a recently developed medication with a promising track record. Again, the period of assimilation was long and difficult, but the symptoms finally subsided. Recent research indicates that a "maintenance dose" of medication is required to prevent relapse. Because relapses tend to increase exponentially in intensity (as has been my experience), it has been found preferable to keep the patient on the medicine rather than getting on and off different medications (as I had been doing). Since the last relapse in 2005, my condition has been successfully treated by the maintenance dose.

[14] As is clear from the foregoing, depression has been the bane of my existence, complicating my personal and professional lives immeasurably. During the periods of relapse and re-accommodation to medication, I still had to fulfill all of the

requirements of my position. While I did my best to continue writing, during periods of relapse my creative work would slow to an absolute crawl. For example, I recall that, in the last episode in 2005 which, fortunately for me, spanned the winter break, there were days when I was unable to write more than one or two sentences! There were times when I was terrified of entering a classroom or attending a committee meeting: I was afraid that my students and colleagues would notice that something was terribly wrong with me.

[15] The only potential advantage of depression over other disabilities is its invisibility: I was able to hide my symptoms so that only immediate family was aware of my suffering. However, in recent years I have become more open about my depression—hence my participation in the National SMT's Committee on Disability organized by Joseph Straus. I gained the courage to come out in part because I have acquired a better understanding of depression as a condition and can practice relatively effective coping strategies. On account of its "invisibility," depression is prone to pass unrecognized, and it tends to lurk in the shadows. Another reason for my current openness concerning depression is this: I have found that, in the practice of teaching, depression in students can become an important issue that *must* be addressed if they are to survive in their programs. In my own sixteen-year college-level teaching career, I have encountered a small but significant number of students who suffer from chronic depression. It seems to be more obvious among graduate students, especially those facing the pressures of passing major examinations and completing dissertations, but it also can afflict undergraduates. By participating in the SMT colloquium on disability in November 2008, I hoped not only to sensitize other professors to the problem, but also to inform them about its signs and symptoms, and suggest ways of coping with it in an academic setting.

[16] Since students at all levels may suffer from chronic depression, professors should be alerted to its symptoms and be able to offer advice on how best to deal with it. Students need to understand that depression is not just a "mood" but can be a serious condition requiring medical treatment. They should be aware modern science has developed batteries of medicines that greatly ameliorate the physical aspects of the

condition, but these medicines take effect slowly and are still somewhat imperfect. Unfortunately, a genetic test to determine the optimal treatment for a given individual remains a hope for the future. Furthermore, since the condition more often than not has a psychological component triggered by pressures specific to academia—especially to both junior professors and students—it is necessary to develop mentoring strategies to cope with these challenges. I shall return to the issue of mentoring shortly.

[17] Since I began coping with my own depression, I am increasingly able to recognize its concealed symptoms in junior colleagues and students, and then advise them on how best to deal with it in the course of their studies and teaching. A wide range of external factors can trigger chronic depression in students. These range from issues common to all young people (whether they are university students or not), especially broken relationships, to those relating directly to the pressures of their studies. In addition to these difficulties, international students, especially non-native English speakers, face a whole range of linguistic, cultural, and religious barriers that can make their studies exponentially more challenging and tend to isolate them, rendering them increasingly prone to depression. In counseling international students, I have drawn upon my own experiences as an international student in Germany (1986) and Austria (1989), and later a Fulbright Professor in Germany (1994) and Korea (2005); having experienced the isolating sensation of being "tongue-tied" that results from inability to speak a foreign language perfectly, I can better appreciate the hurdles faced by international students in the US.

[18] Some students suffering from depression who have come to me for counseling seem to have had the condition prior to beginning their post-secondary education, while others have had serious depressive episodes sparked by negative experiences encountered in the course of their studies. The most common symptom is when an otherwise intelligent and capable student suddenly seems unable to complete assignments in a timely manner. Sometimes, when students have confided to me the nature of their condition, I have told them that I am familiar with it. Usually, the best strategy, whenever possible, has been *patience*: a student has to develop coping

strategies because the available treatments for depression take time and perseverance to work, and the instructor has to be willing to wait sometimes extended periods to receive work owed. Over the past decade, I have told a few graduate students, whom I knew had to contend with related and similar conditions, about my own struggles with depression. The fact that I myself have experienced something analogous to their suffering has helped me to provide the kind of counseling and guidance that enabled them to prepare for examinations and complete their work on theses and dissertations. A certain openness about depression, its causes, symptoms, and treatment, combined with a heavy dose of patience have proven effective strategies for ameliorating this disability in students.

[19] Some outsiders may have an idealized view of academia as a civilized domain, an ivory tower in which ideals of honesty, integrity, ethics, openness, decency, fairness, and justice are upheld. In my sixteen years of professional teaching experience—during which time I rose through the ranks from assistant to full professor—I have witnessed numerous cases of blatant administration and faculty dishonesty, lying, unethical behavior, lack of transparency, double standards, and gross injustice. On search committees and personnel committees, I have observed candidates bullied by senior colleagues, superior applicants rejected on flimsy pretexts, not to mention cronyism and nepotism ranging from the subtle to the blatant. On awards committees, I have repeatedly encountered unfair practices. On personnel committees, I have seen major ethical breaches swept under the carpet in order not to rock the boat, and a great deal of mutual back scratching. In academia, administrators are often failed academics who, in order to compensate for their own mediocrity, devote themselves to bureaucracy, and then, forgetting their humble origins, become the worst kind of autocrats, seemingly appointed for life. Thus, the Ivory Tower continues to be a place inhospitable to seriously addressing such issues such as disability, racism, and sexism.

[20] While I have not personally encountered racism and sexism in academia, I am sure that it is still a problem. In today's context of political correctness sometimes taken ad absurdum, I have seen both race and gender misused to ward off valid

criticism. Unjust denial of tenure cases—exactly the kind of denial that causes widespread anxiety and depression in junior faculty—seems all too common; and, on the other side of the coin, tenure and promotions are frequently unjustly awarded for mere longevity (i.e., inertia), personal connections, fundraising, or as a victory trophy in a political battle, rather than for real accomplishment. If academia produces not only "the best and brightest" but also a certain kind of *idiot savant* ("learned idiots"), it is easy for a young scholar to be sucked into this black hole and sink into depression. Clearly, chronic depression is a disability that can be exacerbated by academia. I believe that we—and now I mean we senior, tenured faculty—need to develop formal processes to ensure that junior faculty who deserve retention on the basis of their work as teachers and researchers are mentored so as to ameliorate the psychological and physiological damage that may be inherent in the current tenure process.

[21] I have some very specific proposals. At least one year after a faculty member is hired in a tenure-track line, a senior professor, preferably from a different discipline, should be appointed by the administration to mentor that person. The junior faculty member should have the freedom to choose his/her mentor; the mentor should be a distinguished person with a proven track record as a scholar and teacher who is sympathetic to and interested in the well-being of junior faculty. Once the mentor has been identified, the university administration and the specific academic unit should indicate their expectations in terms of publication, teaching, and service both to the new faculty member and the mentor. Thus, if a book or its equivalent (i.e., a sustained major study), in addition to a group of articles, is required to satisfy the publication prerequisite for tenure, this expectation should be articulated in a timely manner. Additionally, assuming some committee service is necessary, the amount appropriate to a junior faculty member (who needs time to develop his/her portfolio of publications) should be set forth.

[22] Teaching and supervision of students is an area where interpersonal problems frequently arise; here, if there are issues involving junior faculty, especially if a person needs to be redirected or even disciplined, the mentor should be kept informed of problems and participate in their resolution. Whenever the probationary faculty

member is evaluated by tenured faculty for reappointment, the mentor should also be involved in the process and kept informed of issues that the administration and senior faculty believe must be addressed, both in the short and longer term. In summary, the role of the mentor is to provide the junior faculty member with an unbiased advocate who can facilitate three-way communication between junior and senior faculty in the same field and the administration, and afford probationary faculty some kind of protection in lieu of tenure. Another important function of a formal mentoring system such as I have outlined here is to protect the junior faculty member from the tenure bar being raised *after* the jumper already has left the ground.

[23] If we are to take cognizance of disability in music theory, as I think we must, then we must also recognize the importance of depression within that context. As a disability afflicting a significant population of students and teachers in musical academia, there needs to be a discussion of strategies for coping with it. It is hoped that this essay may constitute a first step in that direction.