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When Bad Things Happen to Untenured People

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In my second year as an assistant professor, I carefully researched my university's tenure clock and parental-leave policies. My husband, Rob Salmond, was about to start a tenure-track job in my department. We wanted to have children. Our university had excellent family-leave policies and allowed up to two extensions on the tenure clock. Our departmental culture was tremendously supportive of junior faculty members with children. Professionally, things were going well. I had had my pick of a handful of attractive employment offers. I had just published an article in a top journal in my field, and two other pieces were forthcoming in another top subfield journal.

About a year later, we learned at our 20-week ultrasound that our baby had serious heart defects. As the pregnancy progressed, the news got worse: The cardiac lesions were among the most complex known to man; she had no spleen; and there were digestive-system problems, too.

It is impossible to summarize adequately Sophie's journey in a few paragraphs. The best I can provide is snippets. After Sophie was born, she endured six cardiac surgeries, three abdominal surgeries, and countless treatments and procedures. She spent 341 of her 722 days of life in the hospital, and—like many heart babies—struggled through nasty addictions to narcotics and sedatives.

Sophie suffered more in her short life than any human should ever have to. Much of the time, though, only the scars and the tubes revealed her sad story. She smiled a lot and usually waved at

passers-by in the hospital. At daily rounds, she would figure out who the attending physician was and command him or her to publicly perform "The Itsy-Bitsy Spider" by simply putting her index fingers together. We threw ourselves into her care and worked hard for her smiles. Those stopped in November 2010, but she lived until February, just a few days short of her second birthday. Sophie was the hardest fighter I have ever known.

When she was not hospitalized, there was no way to have others care for her. The job was too complex. So Rob and I juggled Sophie and tried to make some progress on work. We took her with us to conferences and did shifts. I'll never forget scurrying off to a morning panel in Chicago after a night of bouncing, soothing, and aching for Sophie as she went through another awful bout of sedative withdrawal. As her health deteriorated, we withdrew from any activity that would require travel, and pushed more and more research to the back burner. Without a doubt, it was the right thing to do. Sophie deserved every ounce of our attention and love.

The last six months—almost all of which were spent in the ICU—were the hardest. From day to day, and sometimes hour to hour, we simply did not know whether Sophie was heading toward death or toward recovery. In the first month or two, I tried to do research during my limited downtime. I was seven months pregnant with our second daughter and desperately wanted to complete a paper and release a data set I had planned to finish more than a year before. Over and over, I stopped midsentence and midcoding as a new crisis in Sophie's care emerged.

As the months dragged on, Sophie broke a lot of records, none of them good. One of her main cardiologists often asked me about my research. I always changed the subject. It was difficult to dedicate a single brain cell to research in those circumstances. Sophie's struggle, and the suffering and death around us, simply drained every ounce of my reserves.

Two weeks after Sophie died, I enrolled our four-month-old in day care and returned to work. I wrote and wrote and wrote. I signed up for conferences. In retrospect, I don't know what I was thinking. I have shared my experience with colleagues across the country, and the outpouring of support has been tremendous. But some interactions have been perplexing. "Now that it's all over, what's your strategy?" A perfectly innocent question, but incredibly out of touch. It's far from being "all over," even more than a year and a half after her death. For now, my strategy is to survive.

One of the more painful parts of getting back in the loop of academic life is seeing that other scholars have moved forward on ideas similar to those I was forced to throw off the stove during Sophie's life. I have no regrets, but it still hurts.

As a social scientist, I am usually wary of extrapolating from one case, especially an outlier. Nonetheless, I think there are some important lessons of interest in broader debates about tenure-clock flexibility. The most obvious perhaps is that horrendous things sometimes happen to untenured people. Although medical problems are often random, they tend to cluster or multiply once they've arrived. Many medical conditions do not respect the time frames set out in most university policies. Particularly, but not exclusively, if those challenges occur in addition to common events like the arrival of children, the standard of up to two tenure-clock extensions is woefully inadequate. (In the wake of Sophie's death, Rob and I each obtained a one-year extension on our tenure clocks.)

But should universities even be in the business of trying to level the tenure playing field? There aren't many professions in which difficulty performing duties results in a prolonged contract. On the other hand, in most professions, if an employee must leave for a while, the door for re-employment is typically left open. That is rarely the case in academe.

Universities—or perhaps it is departments—need to rethink this in some cases. Flexibility in the tenure process should be about a range of options wider than the number of extensions one can accrue. There are good ethical reasons for universities to be flexible. What's more, it's probably good business practice. Universities that value junior professors invest a lot of resources in them; to see that investment walk out the door because of bad luck is a shame.

A friend who is also an academic suggested that I deserve a one-year tenure-clock extension for each year that I have to live without my firstborn. That's unrealistic (and undesirable), of course. But the point is, for some people, legitimate challenges to productivity can be long-lived. Calculating the "appropriate" extension in cases like those is next to impossible, but it is worth trying.

I realize that the nitty-gritty of how much flexibility universities can provide is tricky. At the end of the day, even the most sympathetic institutions will probably feel the need to place a limit on the possible number of extensions. Whatever number is chosen, it will be arbitrary.

Flexibility does carry a risk of misuse. I have heard stories about scholars using parental leaves to hash out a couple of fantastic articles while their partner kept things under control at home. That infuriates me. But I have heard far more stories about scholars who have used those policies in the intended manner, to care for a child, and then gotten back to work.

Ultimately, flexibility requires some degree of trust that junior faculty are using policies for legitimate purposes. Most do not want to be untenured forever; they just want the appropriate amount of time to make their case.

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