

Dr. Davis Case Study

Surviving Social Work & Suicide: An Auto-ethnography of encounters with racism, sexism, heterocentrism, and mental health stigma in the 1st Year on the Tenure-Track

Introduction

Auto-ethnography (AE) is a qualitative research method that utilizes ethnographic methods to bring cultural interpretation to the autobiographical data of researchers with the intent of understanding self and its connection to others. Auto-ethnographies use personal experiences as primary data. The method has much to offer social scientists, especially those connected with raising cross-cultural understanding in a culturally diverse society. The purpose of AE is to retrospectively and selectively write about epiphanies that stem from, or are made possible by, being part of a culture and/or by possessing a particular cultural identity and analyze these experiences. As Mitch Allen says, an autoethnographer must look at experience analytically. Auto-ethnographers must not only use their methodological tools and research literature to analyze experience, but also in so doing, make characteristics of a culture familiar for insiders and outsiders. To accomplish this might require comparing and contrasting personal experience against existing research and/or examining relevant artifacts (Ellis, Adams, & Bochner, 2011). Layered accounts often focus on the author's experience alongside data, abstract analysis, and relevant literature. Layered accounts use vignettes, reflexivity, multiple voices, and introspection (Ellis, 1991) to "invoke" readers to enter into the "emergent experience" of doing and writing research (Ronai, 1992, p. 123), conceive of identity as an "emergent process" (Rambo, 2005, p. 583), and consider evocative, concrete texts to be as important as abstract analyses (Ronai, 1995, 1996). AE "is not about focusing on self alone, but about searching for understanding of others (culture/society) through self" (Chang, 2008 p. 49) Article length AE studies frequently cover emotive topics, sometimes including those conventionally kept private. With the exception of a few, there are limited auto-ethnographies documenting the experience of being in an inpatient psychiatric facility. However, mere self-exposure without profound cultural analysis and interpretation leaves this writing at the level of descriptive autobiography or memoir (Goodwin, 2017). AE has an ethnographic interest in telling us about a culture. At the same time, it tells about one life within that culture with great depth and nuanced detail. Through AE the researcher is able to plumb the depth of their own experience – their own internal dialogue and emotions - in a way that they simply cannot unpack the experiences of other research participants. Given this, AE allows an emotional complexity not easily available in other research methodologies. I believe this emotional complexity and vulnerability enables readers to enter into my life story and then make connections with the more universal human experiences and emotions of their own lives.

(Note: This introduction is not my own writing, but pieces of other authors work that I am in the process of citing appropriately. It is offered as an introduction to the method of auto-ethnography.)

Aim/Question

Throughout this work, I alternated between the use of personal narrative and existing theory to address the following question: How is this Black woman's experience (in this historical moment) similar or different from dominant narratives of navigating the first year of the Tenure-Track (TT)?

Methods

I began documenting my thoughts, feelings, the facts, and my emotions without knowing that these pieces of me would turn into data to be analyzed. I began writing, first of necessity in order to clear my soul so that I could put my effort and energy away from what was consuming me and do the writing that would "actually count"—publications on my area of expertise (intimate partner violence perpetration and interventions to help stop those behaviors). The second set of documents I wrote were to document the horror of what was occurring, not my thoughts and feelings, but the facts—the actual words people were saying, the actions they were doing, in case I ever wanted to sue for the egregious nature of it. The next stage of writing was for my own healing. The last of my writings/journals were reflections on the events that I considered may have contributed to my situation. It was during this last stage that I began to explore what autoethnography was as a method, examine relevant literature on the most salient topics (suicidality, being black in academia, high functional depression, mental health stigma, racism as trauma, etc.) and review other autoethnographies. I then went back and pulled any and all sources of data that might be helpful in capturing the whole story. These pieces of data included hand written journals, quickly jotted notes, journals captured in a journal app, emails received, emails sent, drawings, health records, text messages and video recordings. I reviewed/read the pieces that might in some way be relevant to explore, put the pieces together chronologically, read, watched, and reviewed each piece multiple times. I uploaded text into Microsoft Word, to help manage most data., but I did not code in the traditional sense. Instead, I reconstructed the events that occurred, using the data as both evidence to confirm or challenge my reflections and accounts of the actual events. Then, I what experienced autoethnographers advise--I just wrote. I sat the empirical literature that I gathered on salient topics aside and later incorporated their findings into my analysis of work. I then significantly edited this work to fit within an academic journal. Finally, as a form of member-checking, I provided copies to a diverse group of trusted friends, family, and colleagues for their review and feedback. I also solicited two Black women scholars, whom I did not have a relationship with, in order to capture a more unbiased academic option of the work and areas for improvement. The feedback was heavily considered and used during editing as I finalized the current version of the manuscript. I selected the starting and ending points of data analysis by dates that were of significant importance. September 1st 2018 was selected because it was the official date my contract ended. January 14th 2020 was selected because it was the date in which a decision about who would could or could not sit on my tenure-review committee was made. This ending date was not in the first year on the TT, but the decision to be rendered on that day was based on the racial harassment claim investigation that I filed during my first year on the TT.

The Narrative aka (RESULTS)

1. Whew¹: Major Life Shift –The Move & Living the Dream

Over the course of four months, I completed and defended my dissertation, sold my beloved 1920's Chicago house, lived in a hotel with two small children for 17 weeks while my husband finished out the remainder of his contract as a principal, disseminated research findings at community sessions, and travelled back and forth between Chicago, IL and St. Louis, MO numerous times for major events. It took three trips to Arlington, TX for me to secure new housing because of an odd time in the market. All of this was for the prospect of living the dream—being in a tenure-track social work faculty position at a research-intensive university. I would get to study what I wanted/was most passionate about—conduct research how I wanted, encourage Black and Brown students to consider careers in research and get paid for it! I had arrived to an ideal that I had previously only dreamed of. I video recorded myself unlocking the door to my office with the newly obtained keys and entered the beautiful space for the first time. It felt like a surreal moment. Upon closing the heavy wooden door, I closed my eyes, thanked my Lord Jesus aloud and spun in a circle. During the first few months, amongst other duties, I sat at my computer eager to jump right into tackling the ambitious writing plan that I had carefully crafted. Yet nearly every time, I struggled to find a decent pace of writing—the one that I had just done a few months ago in writing my dissertation. Perhaps I wasn't working hard enough—I just needed to try harder. So, I stayed in the office late many nights in efforts to just push through this writers block. Yet, during those nights, I was still struggling for hours to draft a simple paragraph, and was no closer to my goals. How could this be happening? I was so puzzled, that I took inventory: data (check); computer (check); office decorated to fit my design “feng shui” (check); food (check); desire (check); happy intimate relationship status (check). Everything that I had previously required for writing good scholarly work was in place, yet I could not concentrate and worse than that, my lack in concentration meant that I could not produce. Furthermore, any self-compassion for readjusting to a major life change/transition was non-existent (Mehr & Adams, 2016). Even though a move for a new dream job was “good stress” and my health was in a vulnerable state (Terry, Leary, & Mehta, 2013; Hassanzadeh, et al., 2017) all I knew was that something felt off and I realized “Woah, I need help...maybe I need to see a professional?”

¹ Term definitions:

- Whew: Major life change
- Bam: Isms with family/community
- Wow: Microaggressions in Social work/Healthcare
- Pow: Medium racism or other ism in Social work/Healthcare
- Boom: BIG racism or other ism in Social work/Healthcare
- Ahhhh: the beautiful power of self-reflection (for all of us, but especially for white people)

2. BOOM: Biological Traumatic Event –Pill Mill Psychiatrist

I booked the next available appointment for the nearest Psychiatrist. At the first meeting after a 15 minute assessment and health history review, I was diagnosed with ADHD and prescribed a medication on October 5th 2018. During the assessment something felt off, but it wasn't just that the appointment was rushed. Until this day I can not describe the feeling in detail. It was just the internal voice that something was off; and as I walked from the office to my car, I searched the doctors name to ensure he was board certified. Sure enough, he was, so I ignored my internal voice and trusted his credentials—a decision I would later regret. After three days of taking the prescription things are actually WORSE, instead of better. The night of the fourth day on the prescription, I did not sleep. Instead, I laid awaking contemplating feasible plans of suicide. As morning arrived, I sat up in the middle of the bed as my husband got dressed for work. I said aloud *"I need help"*. He replied, *"what do you mean? You need help getting the kids dressed? What do you mean?"* I said *"never mind—I can't explain it"* and thought to myself, *"don't worry him—this feeling will pass"* as we each hurried off to pursue our days. As I arrived at the office, I sat down to write. As I stared at a half paragraph on the screen, one thought repeated over and over: *"just get through the day---just make it to the end of the day"*. However, the reason that I wanted to get to the end of the day was one that made me realize that *"Oh my goodness--I'm not myself...I REALLY NEED HELP!"* The only reason I wanted to get to the end of the day was so that I could carry out my suicide plan—one that was crafted for the nighttime. I jumped up and walked towards the main corridor where all of the executive offices were. I worked in a school of social work and all I needed to do was get to someone whom I knew was a mandated reporter. As I walked towards an administrators office, I paused for a moment to check if anyone less high up in the rank was around. I needed my help, but did my supervisors need to know I was in crisis—what if they fired me because I couldn't teach? Low and behold as I paused, I looked over to see that an office door was open. I entered and said the words that I knew would change everything *"I need help"*. The tears flowed for what felt like an eternity before I could utter anything else. Though I am not sure what order, I shared two sentiments. I do know that I said *"I can't stop thinking about killing myself"* and something attune to, *"I want to get help but I don't want to lose my job— is that even possible?"*. The person I disclosed to was everything that one could ever hope for in that moment and I will always be grateful for how they handled me in my most vulnerable state.

Hospitalization #1 (October 10th- 17th). My husband came to campus to pick me up and drive me to the hospital. I allowed the team to admit me on one condition—I had to be able to post the midterm online for my students. If I wasn't able to do that, the alarms would go off and any hope of getting help without anyone in administration knowing would go out the window. The hospital agreed and as I began the process of being admitted, I retained a vivid memory of what I was wearing. Dressed in a ¾ length sleeved black Anne Klein wrap-dress that ended at mid-calf with matching shoes, I certainly looked "put together", but the façade was already uncovered. I was permitted to have supervised access to my laptop and charger one last time after everyone went to bed. With my husbands help, I created the midterm and posted it. That would buy me at least a week since our next session was already pre-scheduled to be held online. The next morning, I met the hospital psychiatrist and shared what had happened. Before I could

finish my story, as I was sharing the name of the previous psychiatrist, he said *“That man is going to kill somebody”*. I was confused and thought *“why is he saying that?”* He proceeded to ask me if I had ever heard of a *“pill mill”* (Phillips, 2013). I had not. As he explained neurologically and biologically why the particular medication I was given worsened the apparent depression I was experiencing, he said *“there is no way that you should have ever been given that medication”*. I was filled with anger—I went for help and yet instead of getting help, I was taken advantage of to the point where it almost killed me. The hospital visit and inpatient stay for 10 days stabilized me enough to remove thoughts of self-harm. It was a one of a kind experience and although the care was excellent, it taught me the brokenness of the U.S. healthcare system in a way that I would have not otherwise been exposed. I was discharged, returned to work—full throttle and began receiving individual therapy. I was referred to a new psychiatrist—an *excellent* practice.

Hospitalization #2 (November 8th-12th). Over the next few weeks, I noticed something was off with the left side of my body, but I ignored it. It wasn't until my sister stopped me one morning and said, *“hey why are you dragging your leg along like that?”* She insisted that I go to an urgent care. I couldn't help but think what a waste of time the trip would be. I thought, *“I have too much work to do, I can not afford to be sick. This is silly, but I will appease her and go to the doctor”*. When asked by the attending physician what was wrong, I told him *“My left leg/foot isn't working right”*...He examined me and with a concerned face said, *“You need to go to the hospital immediately”*. I laughed and thought, *“What is this guy talking about?, It can't be that serious”*. He interrupted me and sternly said *“Ma'am this is not a joke, stop laughing, YOU ARE HAVING A STROKE! Either you let your sister drive you to the emergency room or I am calling an ambulance right now”*. I was hospitalized immediately for stroke symptoms. The entire left side of my body was weak, with the strength of my left arm and entire left leg/foot affected the most. After four days in the hospital, it was determined that thankfully I did not have a stroke or early onset of multiple sclerosis. Yet, there was no explanation for what was occurring. I was referred to a neurologist who ultimately suggested that these symptoms were a physical reaction to severe stress. It would take a few physical therapy sessions and almost two months for the left side of my body to return to normal functioning.

3. BOOM: Social Trauma Event 1 (Social Worker #1) November 30th 2018

Friday, November 30th was quite the day. I was excited to attend my first colloquium since joining the institution. This was an event in which a researcher from another institution gives a presentation of their research as part of the interviewing/faculty job application process. These types of presentations were usually intellectually stimulating and sometimes inspiring because attendees got to have a privileged view into new research studies/findings. But then the unthinkable happened—the presentation and the following events would change the trajectory of my first year on the tenure-track. After the presentation, I asked questions (per usual) and went about my day afterwards. To my surprise, an email was sent out to the list serv from a senior white scolding other faculty to *“watch how you ask questions during colloquiums”*. There were so few questions asked, that I felt this was directed towards me and I thought, *“What in the world had I said that warranted this?”* See Appendix A for a reflection on the colloquium and the

email. I stepped out into the hallway to ask others—and as I walked about, engaging with others trying to discover what I said that was so offensive or why this tone policing email was sent, I was met with a fairly consistent response—nothing was wrong with what I said. I recalled the specific questions and asked an administrator who was passing by of their thoughts. I was puzzled as to how theoretical questions could be inappropriate. They assured me that such questions were perfectly fine and conveyed that *“the email should have never been sent”*. As the administrator left my presence, that’s when it happened.... The second gut punch of the day.

4. BOOM: Social Trauma Event 2 – (Social Worker #2)

A group of faculty began to casually gather in the hall and informally discuss the candidates visiting campus. A person’s name that I knew came up. Then it happened, a senior white faculty member asked me, *“Is he gay?”* (regarding an applicant who was a Black man) My mouth fell open and my neck snapped to the left as I said *“What difference does it make?”* They replied *“Well, we couldn’t tell”*. I replied, *“Well obviously you can not tell someone’s sexual orientation by looking at them.”* They followed up with a comment that offered no indication that their inquiry was inappropriate.

Faculty Meeting A: Fighting back and minor traumas (December 4th 2018)

A couple of days later I received an invitation to attend a faculty meeting on how to recruit diverse faculty. In the meeting, I said something attune to the following: *“Well, first of all let’s try to retain who we already have and that requires examining how the faculty of color and minorities are currently treated”*. I went on to offer two specific suggestions, the first of which was *“if you have some issue with me please come talk to me about it in person instead of sending out a message on the entire faculty list serv”*. I went on to state, *“I have been asked some very inappropriate questions by members² of the search committee.....we need a training of the trainers by first starting with some LBGTQ+ training, which is offered right here on campus if you look for it. It’s one of the first things I did when I got here, because one can never have too much training”*. The meeting went on with further conversations. During the meeting on diversity, someone made harmful and shocking comments. I couldn’t process fast enough to keep up and respond quickly yet professionally so at times I remained quiet. Administration welcomed the honest nature of the conversation, noting that such open dialogue had never occurred previously. As I was encouraged to keep sharing my thoughts openly, I felt hopeful for the future but also horrified at some of the statements that were made in that meeting. This was the first faculty meeting I was able to attend³. A preplanned official faculty meeting for business as usual was set to occur a few days later, I wondered *“is this what faculty meetings are like?—what did I get myself into? Maybe the next one will be different?”*. I left with more questions than answers.

² Technically, I was only asked one inappropriate question by one person, but I phrased my statement in this way in an effort to not publically embarrass the person. Embarrassment was not my goal; rather it was highlighting the need for reflection.

³ Previous faculty meetings during the semester were scheduled at a time in which I was teaching, therefore I was unable to attend them.

Faculty Meeting B: Fighting back again (December 8th 2018)

Over the next few days, I reflected on my own inaction during the previously described faculty meeting. I questioned, *“If the opportunity presented itself, what would I even say?”*. I optimistically thought, *“maybe someone else will bring it up during the meeting and I won’t have to say anything”*, but that did not happen. At the end of the next faculty meeting, visibly trembling in fear to those nearby, I got up and read the following words, that I had entered into my diary entry the night before

Friday, Dec 7, 2018, 10:41 PM

“Hello, my name is Maxine Davis-1st year tenure-track faculty. Dr. Maya Angelou said that “Success is liking yourself, liking what you do, and liking how you it”. Dr. Cornell West says to “provide frank speech, free speech, plain speech, truth-telling in sentimental nation”. If I loose myself is the process of pursuing tenure then I don’t want it, therefore I decided to keep all of myself true to the fullest as much as I can and pursue tenure at the same time. If I don’t get tenure because I spoke frankly and plainly, I don’t want it. There is so much that I love about the School of Social Work yet I have concerns as well. The last meeting confirmed those feelings. The things I had to share were received by most and that lets me know that I’m in the right place and allows me to advocate strongly in recruiting diverse faculty. Yet, something happened at the last faculty meeting that made me very uncomfortable and sad. [REDACTED] opened his heart and it was ignored, minimized, and unacknowledged. This was unacceptable yet I failed to highlight it in the moment as a prime example of what we were discussing. We were discussing how to foster an environment that is supportive of diverse faculty both in recruitment and retainment. [REDACTED] said directly to [REDACTED], You have said to me “so what’s the deal anyway with this thing you say of *my friend*”. He then explained this is a common way of greeting in Africa. The room went silent then [REDACTED] said jokingly that she was of course being sarcastic in her comment. After she cut the silence in the room with the so called humorous remark, many of the faculty laughed. Even I, who had an instant discomfort, smirked in order to blend in, but I was not ok with the way that exchanged occurred or my response. I did not interject or ask us to rewind and examine why this is the exact thing that we mean when we say micro-aggressions. The things that build up over time for faculty of color (and in my non-medical opinion causes ulcers). These are the things that we teach students to notice and act upon but we failed to do that ourselves. I want to practice what I preach. I plan on being here for at least the next 15 years--I’m not going anywhere so you’re stuck with all this (blonde hair, big earrings and bad dancing abilities). I’m less concerned with smoothing things over and more concerned about us having deep dialogue on tough issues. This situation caused me to reflect on why I did not say something in the moment. That is all.”

It was received by most and challenged by at least one. The latter said, *“I teach diversity and I think instead of saying this openly, you should have went to the person quietly”*. I didn’t respond, but could only think, ma’am *“I teach diversity too and you’re missing the point. The point is that we all participated. It wasn’t just one persons comment that was harmful, but the silence and/or laughter of all of us.”* Thankfully, the holiday break was right around the corner.

Unfortunately, in all of my wisdom earlier in the semester, I decided to volunteer to teach an accelerated course over the break instead of teaching during the upcoming spring semester. It was stressful and I was not prepared for the intensity of the endeavor. By the end of the course, I vowed to never put myself through such torture again. Somehow, I managed to get good evaluations from students, but it was very evident that I was far from my best teaching ability. I

gave all of what I had in me as an instructor, but by this point I didn't have much left to give. The constant micro-aggressions had worn my self-esteem down to the core.

5. BAM: Trauma Event 3 –Family

Over the break, after the accelerated class concluded, I had a conversation with a family member in which sexuality was discussed. I reminded the person of what they had already known, that my first kiss was with a girl in 1st grade and that I had always experienced sexual attraction to boys and girls. Yet, I only pursued interest in men because it became very clear in my childhood that any other feelings were unacceptable. I brought this up to remind them that this is how people are born. The conversation resulted in a realization that I would never be fully accepted by one of my closest family members. I was heart-broken. I went to see my therapist the next day. I asked my husband to accompany me to the session. Although my had always known (since before we were married) of what I discussed with the family member, I was so worn down that I could only share the most recent trauma if he was present to support me as he always had done. My therapist was aware of most the work related and biological trauma, but this one was extra sensitive. Yet without this she could never understand the impact of being asked at work about a colleagues sexual orientation, so I shared. I cried the entire session. She encouraged me to sign an agreement that I would not hurt myself. I signed it, and in that moment I was sincere.

6. BAM: Trauma Event 4 –Church

I really needed Gods loving arms to wrap me. The next morning, I pulled myself out of bed and I went to a church that I had been visiting since relocating to Arlington. As I sat down, and the service began the pastor welcomed a woman on stage with a billowing African print skirt. She shared that she had written a book for children about gender and sexuality. It became clear, very fast, that the content was not affirming. I stood up, walked out and sat in the lobby. In that moment I decided, *“That’s the final straw, I’m tapping out”*. I did not ride alone so I waited in the lobby for the remainder of time as the rest of my family finished church.

Less than an hour later, I completed my suicide plan. The pain of this world would end soon and I would meet Jesus. The next thing I remember is waking up in the hospital. The moment I woke up, I was angry that my plan didn't work. I attempted suicide again in the hospital, was rescued by a nurse and was placed in a direct line of sight for at least 24-hour watch.

Hospitalization #3 (January 13th 2019 – January 17th 2019)

Being placed in direct “line of sight”, meant the I was front and center to the nurses station. I would hear nearly everything that the nursing staff talked about with complete clarity. Some of the comments about patients were so disparaging that I requested a pencil and began taking notes. I thought, *“What in the world is going on?! How could this be happening in a place where people were so vulnerable. This is nothing like the previous psychiatric hospital I stayed in. This is the antithesis of a therapeutic environment. This place is horrible and dangerous”*. Of all the conversations that I overheard at the nurses station, there was one conversation that stood out with clarity.

7. BOOM: Trauma Event 5 –Hospital

In a conversation on 1/14/19, a white nurse⁴ said something akin to “*why is there no white history month*”. A black nurse rolled her eyes as others joked amongst themselves. I decided that this harmful conversation needed to stop. I approached the white nurse and asked her to stop. I wrote down the names of two or three prolific anti-racist scholars and asked the black nurse to pass it to the offending white nurse. See Appendix B for the notes that were taken right after I talked to the white nurse. Ultimately I conveyed the message that “*Hey white nurse...that’s not ok, that’s actually very racist*”. The black nurse thanked me and gave me a wink. The next morning I awoke to the same group of nurses, this time quieter but occasionally laughing and pointing over at me. To my surprise the Black nurse who passed on the note for me, was laughing and pointing at me as well. That was a hurt that can only be felt and is a level of betrayal that is too difficult to describe. In that moment I wanted to say “*Hey black nurse, I thought I could trust you! Internalized oppression hurts you and your patients, but I get it gurl, standing up against racism by a co-worker can be costly*”. A few days later as I stepped down to a less intense unit, I saw that same black nurse in the hall way in passing. We caught each others eyes and she looked down in shame. She walked up to me not too long thereafter and simply said, “*I’m sorry*”. I simply replied, “*I get it*”. I was discharged a few days later.

On January 18th, with medical approval (if accompanied by a caretaker) and family disapproval, I was permitted to travel to California to present my research, which had been accepted to the Society on Social Work Research annual conference. I feared professional repercussions from within my department if I did not attend. I felt, I had no choice. Fortunately, it was the last time that I would allow work related stress to compromise my health to that degree. See Appendix C for a journal entry written at the end of the conference.

Healing & Recovery Begins: Out-patient Intensive after care

Fortunately when I returned from California to Arlington, I found a church that was a good fit for me. It certainly wasn’t sexual or gender minority *affirming*, but it wasn’t as hurtful as the previous one and to my delight, the pastor had written a book about Christians and suicide—it felt like the right home for me. But finding a church home wasn’t enough on it’s own—I needed therapy, so I continued with the doctor recommended step-down treatments. After about three half-day sessions of out-patient group therapy, those of us recently released from receiving intense in-patient mental health service found out that our very pregnant and lovely group therapist would be going on maternity leave and we would receive care from a variety of providers, depending on who was available. While it was made clear that this was not ideal, we were assured that the treatment facility was doing their best to make sure we were taken care of. As we began treatment the next morning, many of us noticed a familiar face. Ah, yes, this person led some group sessions at the hospital that many of us had just come from. I thought “*ok, what a relief, this should be fine.*”

⁴ I do not believe the individuals I refer to in this passage were registered nurses, rather some sort of nurses aid or technician. However, as a patient, almost any caretaker regardless of actual credentials could be perceived as a nurse.

8. BOOM: Trauma Event 6 –Group Therapy Direct Social Work Practice (Social Worker 3)

Then it happened. I my thoughts quickly changed to, “*this can not be happening right now—here? really?!* ”. But it *was* reality, and shaking profusely, I immediately wrote down in my group therapy notebook what this provider was saying to us during the session. See Appendix D for a copy of what I wrote, noting what the therapist said. A white woman in the group, who I later discovered had some indigenous heritage looked over at me in shock and disbelief. The look on her face read a pure, “*What the hell?!* ”. I shook my head, pierced my lips, and hunched my shoulders, holding myself together the best that I could. I could not fight this battle. I didn’t have it in me to fight racism in my own therapy session. That day, besides me, there was only one other black person in the group session. He was high as a kite and could not care less about what was said—if he even heard the comments. But true white allies were present (as patients) and would take it upon themselves, during their own therapy session to challenge white supremacy. In a moment that I will never forget, they stood up, walked out, one holding me as we walked outside while the tears poured down my face. Another group member went to the front desk to tell the administration what happened and that the entire group would not be returning for the remainder of the day because of the racist comments by the therapist. My peers demanded that this person not be our provider when we planned to returned the next day. We never saw that person as our therapist or while we were at the facility again. To my knowledge, from what was shared about the professions and employment of my peers, none of them were social workers or healthcare providers and I was the only person with a bachelors or graduate degree. Everyone had just recently been released from an in-patient psychiatric unit, with most if not all struggling through major depression and/or anxiety. Yet, they demonstrated true anti-racism activism and humanity, realizing that damage to one in the group, was damage to the entire group and such racism was a hindrance to everyone’s healing. Usually after group sessions, I returned to work and spent a few hours writing. That day, I could not work. Instead, I went home and laid in bed.

9. BOOM (April 2019): Trauma Event 7 –Social Work Faculty –The Letter (Social Worker 4)
See Appendix E for a copy of the letter and my initial written response as I notified administrators and filed a discrimination through the university Title XII/EEOC office.

10. POW: Don’t touch my hair (Social worker 5) Set the scene: Tiny long burgundy box braids cascade down my back, with many flowing over the front of my shoulder down to my waist. As I return to my office from a short break, I am greeted in the hallway with smiles and compliments. Oh your hair is so beautiful. She reaches in, holds a section of my braids and all I can do is stand there in shock while continuing to smile. We chat further, then say goodbye. I exhale deeply and can only think, “*WOW—in 2019, really?!* ”. I scold myself—“*Why didn’t I say something. I should have said something!* ”. As I vow to myself to craft a plan if it ever happens again, I text a friend and share the horror. Thank God for friends—especially the ones who are black women.

Healing & Recovery must continue

11. POW: I asked for an email statement to be sent out condemning “the letter”. I was met with deafening silence from administration. In a meeting 5 months later, an administrator said to

faculty “*this is some bullshit*” in reference to the letter—but it was too late. The damage of silence was already done.

12. Ahhhh☺: The power of self-reflection: Summer Lunch (Social Worker 1)

As I sat in my office using the best parts of summer to work on publications, I often left my door cracked slightly open for I needed to at least see humankind passing even if I could not socialize the summer away. This day was no different yet having my door slightly open may have made the following more comfortable for the person who visited me. The senior faculty member who sent to email to the list-serv some seven months ago, approached my office door and lightly tapped to make me aware of their arrival. Wow—this was certainly a surprise, because up until that point our interactions were awkward at best. I will never forget the following words they shared with such a genuine heart. They said, “*I have been doing a lot of reading over the summer and I just want to say I am sorry—I was really wrong and I wish I had done things differently*”. That led to a long conversation over lunch in which we shared and listened. It didn’t “fix” everything—there was no hug at the end—no kumbaya as we returned to the office from lunch. It was simply the beginning of an honest and meaningful conversation, one that I hoped would continue. Yet, it did offer something important towards healing—acknowledgement.

13. POW: You gonna pull back a nub!...Don’t touch my hair part II (Social worker 5)

Let’s set the scene: I am looking fly, small burgundy bouncy twists adorn my head and the white people are in awe (per usual) at my new hairstyle and overall beauty. I enjoy all the compliments, soak up all the attention and then it happens—I almost catch a criminal case. No black person wants to go to jail in Texas, but as she reached for my twists and I karate chopped her hand saying, “*now you know you can’t touch a black woman’s hair--watch out you gonna pull back a nub!*”, I felt the other white women nearby gasp in fear of what was about to happen next. Nothing dramatic happened, she pulled back her hand and thankfully I didn’t wake up butt naked in San Quinton. We all chatted on during the remainder of the event. Later on, she walked up to me on the sidelines and offered the best thing possible, acknowledgement and indication of self-reflection, which happened to also include an apology. “*I am so sorry for touching your hair—I don’t know what I was thinking, I’m sorry*”. I said, “*I don’t know what you were thinking either, but thank you for the apology, I truly appreciate it—honestly, I do*”.

14. Ahhhh ☺: (Social worker 5) There again was hope—white folks were capable of looking internally and acknowledging when they were out of pocket. Some took longer than others, but it happened nonetheless, and there lied another ray of hope.

Whelp, so much that--not too long thereafter,

15. BOOM: I discovered, from “the horses mouth” so-to-speak, that the deafening silence I experienced from administration regarding “the letter” was ultimately a race-based retaliation in response to me fighting for my academic resources (Social Worker 6). A social worker who displays characteristics consistent with those of someone with malignant narcissism is

dangerous. When they are also in a position of power, they are beyond dangerous to the profession—may God help us all⁵.

16. POW: One half-day mandatory culture and climate event was held in the fall of 2019 (another one the following semester). They were not horrible, yet they were far from what I asked administration for when I first reported the letter and requested action. I thought, “*Ok, well although not ideal, not advised, sometimes checking the box might have to suffice*”. By the time the finally events occurred, the bar of expectations had dropped so low that had we all sat and watch a Netflix series on racism and had popcorn, that probably would have checked the box enough for me. Ultimately, it became very clear that the efforts being made were more about administration saying “*look, we did something*” rather than creating real change.
17. On January 14th 2020 I received the final report of my discrimination filing. I later received notice that due to insufficient evidence, none the requests I made to prohibit the person (who I thought sent the letter) from evaluating me in the future would be granted. A huge part of me was disappointed, and definitely fearful for what this would mean regarding my future. Yet, I was also relieved that the process was over. I was tired and I would not appeal.

These were just the most poignant events (others occurred but space requires I select the most impactful).

The BAMS, BOOMS, WOWs, and POWS continue...**BUT STILL I RISE...**

Reflection

By the time I completed the end of the first year on the tenure-track, I felt as though I had been through enough trauma to last me an entire academic life. There were a few things that made it bearable: God’s grace and love, family, colleagues (allies and other minorities), allies in treatment, some administrators responses, the tribe, and ancestral legacy pushing me forward. Perhaps, the worst had happened and the rest of my time on the tenure-track would be smooth sailing. Nope, as evidenced by events described across #10-16, that was not the case. However, I left the end of that first academic year in a new space and indeed by Gods divine will, I had survived my lowest point. I wish I could say that I was able to move from survival into thriving, but that is simply not the truth. It feels like there is a new battle nearly every day and I’m waiting for one in particular to retire or die---grim I know, but honest. Some of the best lessons I have learned came from witnessing what not to do in a supervisory role. Although, I will likely fight the calling, I have a feeling that one day I will be in significant position of power within higher education. I can not forsake the value in learning first-hand the fallout and consequences of not cultivating a healthy departmental culture. My experiences have given me new insight on the challenges living day to day with an invisible disability, the variety of care and treatment

⁵ I can not go into detail here. I wish I could. The truth is, I enjoy having the beautiful privilege and freedom of being in academia, heading towards tenure (unfortunately an all but disappearing position). I am truly living the dream because I get to do research on the topics that I am most passionate about and I get paid to do that in **any** way I want, including writing this piece. It’s not about money, if it were, I would stay silent. But let’s be real, I love vintage 22K gold plated home décor and getting my hair done by my plaitologist way too much to write *completely* carefree. A plaitologist is a specialist who is an artist and hairdresser who has perfected unique skills in hair braiding, usually on African Americans or those in the African diaspora.

provided across psychiatric facilities and the danger of otherizing those who receive inpatient mental health care compared to those who provide such care. The lessons related to racism are familiar but ingrained in a different way. Now more than ever I understand the connection between capitalism and racism. Ultimately, I learned that higher education, social work, the nursing profession, and hospitals often contribute the harm to Black people that they claim to fight so intensely against. These institutions are ran by humans, who were more often that not, raised by a society which values white supremacy and capital gains over human life. So, from that sense, none of my experiences are shocking—they are actually to be expected. The issue is that I entered my role on the tenure-track, green as green could be. I had convinced myself that certain places were less dangerous than the “outside world”, the Trump era America and sadly—I was wrong. Nonetheless, I held a position of power that was valuable for advancing social work and I would not be silenced. I reached from the depths of my soul for my faith in God to guide me and reached back to the ancestors, the ones who I stood upon, to uplift me.

The following is the unedited poem written in my journal during a time someone in my department was intimidating me to not organize against injustice. I organized anyway and prepared the poem to recite in the event that I was asked why I persisted anyway. To the ones who encouraged or supported the efforts and/or helped in action that happened—THANK YOU! You know who you are and you will NEVER be forgotten.

Journal Entry: May 3, 2019

You see the truth is my daddy is a King

And God mandates that I walk in love, peace, and a sound mind---not fear
So what id say to anybody that's got a problem with it
Is build a bridge and get ova it. Endquote

I ain't pledge no allegiance to UTA
I pledge allegiance to God, Jesus Christ errrday
And I also took an oath TWICE to follow the NASW code of ethics

You see I got PhD in SOCIAL WORK, a Masters in SOCIAL WORK and ya girl got a MBA too
So yea social sciences run deep through my veins

Ain't no way I'm bout to sit here in silence while this dude without remorse has caused so much pain

You see I was hired to train social workers how to be social workers, so don't penalize me for doing my job. Teaching is done through action not words.

These students done worked so hard to live in this celebratory moment--they don't deserve to be subjected to having to listen to this dude and neither should I be required to listen to a voice that has caused so much pain to the populations we belong to and the ones we serve.

I got a strong lineage and in this moment I stand on the shoulders of ancestors who applaud my voice--so I'm good.

Congratulations to the graduates and never forget the important lesson of today: in the presence of oppression, social workers don't sit in silence, no matter what!

The marathon continues...

Signed Dr. Maxine Davis; doctorate earned from Washington University in St. Louis. Dissertation supervised by Dr.

[REDACTED]. Born and raised in St. Louis by the legendary Sister [REDACTED]. Trained in social work advocacy by the incomparable Ms. [REDACTED].

Discussion

Incidents of racism are even more likely to occur when the culture of the department has been sensitized to walking in fear through intimidation tactics, expect to endure common abuse of power, and have become numb to evil control. It is the responsibility of leadership to cultivate the culture of a department. I said what I said.

Scholars continue to reiterate the importance of knowing more about what drives young adults, particularly Black Americans to die by suicide. This work offers insight into one experience in which economic resource, education, unemployment, substance abuse, and domestic or community violence were not immediate stressors to a young Black woman. As a part of multidisciplinary practice, social workers, psychiatric nursing, and mental health practitioners must be self-reflective and aware of their own actions in their roles within the academy and in providing direct practice. The literature has discussed social work educators need to deal with their own biases about students (Watson et al 2017; Charles, Holley & Kondrat, 2017) but we also need growth around perceptions of fellow faculty members who experience mental illness.

I have been brave enough to disclose the truths and realities of direct-practice social work racism and macro-practice social work racism and heterosexism as an assistant professor on the tenure-track. To the readers I state the following: when someone survives abuse, violence and trauma (those which are intentional or unintentional acts), and garners the courage to share it, believe them. The confines of the academic publication page limits do not allow me to share all evidence, but nonetheless I will keep it indefinitely, in case there is ever a time when I become legally obligated to share it with authorities—it is rich and undeniable. As a profession, we have work to do in order to deconstruct racism. We must be intentional in that effort (starting at home first) and we must be vocal, challenging ourselves to resist perpetrating oppressive acts by engaging in constant self-reflection/professional development and embracing the strength it takes to call out others acts of oppression. Silence in the presence of violence, IS violence. In racism, in heterosexism (or anti-LGBTQIA), in mental health stigma and more, I urge you to speak up, speak out and always engage in self-reflection.

References

- Chang, H. (2008). *Autoethnography as method*. Walnut Creek, Calif: Left Coast Press.
- Charles, J. L., Holley, L. C., & Kondrat, D. C. (2017). Addressing our own biases: social work educators' experiences with students with mental illnesses. *Social Work Education*, 36(4), 414-429.
- Goodwin, A.J. (2017). "Us vs Them" inpatients or fellow inmates? An autoethnographic exploration. (Unpublished Doctoral thesis, City, University of London)
- Ellis, C., Adams, T. E., & Bochner, A. P. (2011). Autoethnography: an overview. *Historical Social Research/Historische Sozialforschung*, 273-290.

Hassanzadeh, A., Heidari, Z., Feizi, A., Hassanzadeh Keshteli, A., Roohafza, H., Afshar, H., & Adibi, P. (2017). Association of stressful life events with psychological problems: a large-scale community-based study using grouped outcomes latent factor regression with latent predictors. *Computational and mathematical methods in medicine*, 2017.

Mehr, K. E., & Adams, A. C. (2016). Self-compassion as a mediator of maladaptive perfectionism and depressive symptoms in college students. *Journal of College Student Psychotherapy*, 30(2), 132-145.

Perlow, O. N. (2018). Gettin'Free: Anger as Resistance to White Supremacy Within and Beyond the Academy. In *Black Women's Liberatory Pedagogies* (pp. 101-123). Palgrave Macmillan, Cham.

Phillips, J. (2013). Prescription drug abuse: problem, policies, and implications. *Nursing outlook*, 61(2), 78-84.

Terry, M. L., Leary, M. R., & Mehta, S. (2013). Self-compassion as a buffer against homesickness, depression, and dissatisfaction in the transition to college. *Self and Identity*, 12(3), 278-290.

Watson, A. C., Fulambarker, A., Kondrat, D. C., Holley, L. C., Kranke, D., Wilkins, B. T., ... & Eack, S. M. (2017). Social work faculty and mental illness stigma. *Journal of Social Work Education*, 53(2), 174-186.

(Note: This work is NOT APA citation compliant. Do not model your in-text or reference list after this document)