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Title: Academic identity: active identity and body work in academia

Background and context

In this paper, I explore academic identity and how academic identity is an active project requiring conscious identity and body work. Traditionally, work in academia has been associated with huge amounts of flexibility, autonomy and freedom, balanced workloads and thus few stressors (Blix et al., 1994; Tytherleigh et al., 2005; Watts and Robertson, 2011). Within the last two decades, higher education has seen significant changes. Due to commercialisation and marketisation processes, academics experience increased pressures to perform and be successful as impactful researchers and excellent teachers (Hussey and Smith, 2002; Tilak, 2008; Gewirtz and Cribb, 2013). Academics are faced with league tables, student satisfaction surveys, the research and teaching excellence frameworks and performance-related pay or promotions, increased workloads and less secure positions. Against this backdrop, chronic health concerns and mental health issues amongst academics are becoming more prevalent, and stress-related illnesses, burnout or mental health conditions are on the rise (Abouserie, 1996; Taris et al., 2001; Opstrup and Pihl-Thingvad, 2016; Darabi et al., 2017). Fibromyalgia is a contested condition on the cusp of the physiological, psychological and somatic. It is characterised by chronic, wide-spread pain, fatigue, sleep disturbances, cognitive dysfunctions, increased sensitivity and psychological disorders (White and Harth, 2001). Prevalence of fibromyalgia ranges between 0.66% and 10.5% (Assumpção et al., 2009), with a male to female ratio of 1:9 (Grodman et al., 2011). Due to the variability and contested nature of fibromyalgia, disclosure of the condition is often difficult for diagnosed with fibromyalgia. Within academia, in particular, there is a culture that does not allow for open disclosure. Active identity work and body techniques are therefore required to manage the hidden struggles of invisible illnesses and undisclosed conditions.

Methodology and methods

To get as close as possible to the experience of individuals and to understand the life of academics with fibromyalgia, I use an embodied, phenomenological approach with metaphors and representations drawing on reflective lifeworld research (Dahlberg et al., 2008) and interpretative phenomenological analysis (Smith et al., 2009). The double hermeneutics of the researcher making sense of the participants making sense of their experiences, emphasises the interpretative and participatory nature of research, as the participants are asked to actively engage in the meaning-making process (Smith et al., 2009). As human understanding is based on metaphorical concepts that we employ consciously and unconsciously, we are bound by and live within a metaphorical environment (Lakoff and Johnson, 2003). By consciously drawing on metaphors and representations it should be possible to get closer to individuals' experiences and to find means to express the otherwise unexpressable. This is particularly so, when words fail the patients, as their experiences elude specific descriptions (Scarry, 1985; Sontag, 2003; Eccleston, 2016). My approach incorporates creative approaches to data collection to gain better insights into experiences and emotions, but also to even out the power differential between researcher and participants. I use timelines in combination with diary extracts and metaphorical representations in the form of identity boxes and created simulations and interviews, which allow for the generation and emergence of new meanings and knowledge (Brown, 2017a; Brown, 2017b).

Sample

Having obtained ethical clearance from the University of Kent, I recruited 20 participants from the United Kingdom, Australia and the United States who have been formally diagnosed with fibromyalgia. Only one participant is male. The participants are early-, mid- and late-career academics. Their positions reflect the wide range of positions available within academia, from PhD studentships, research fellows, lecturers, support officers to professorships. Participants' ages range from 31 to 62, with a mean age of 47.

Findings

A preliminary analysis of data drawn from timelines, interviews and identity boxes describes the life for academics with an illness on the cusp of the physiological, psychological and somatic and highlights the central themes of what an academic identity is and the active identity and body work required to accommodate life with fibromyalgia. The data demonstrates the difficulty of defining academic identity, but there is a clear tendency for established academics to have a more open and wider interpretation of what makes an academic than participants who are early-career academics or doctoral researchers. For established academics, career and identity are interlinked, but still separated, whereas early-career academics emphasise the need for publications, research outputs and conference presentations to establish themselves in their career, but also to be able to adopt an academic identity. Where participants discuss their illness experience, they comment on the difficulty of disclosing illnesses. This is more relevant with fibromyalgia as their concerns around stigma and embarrassment due to the somatoform nature of the condition. Those diagnosed with other health conditions in addition to fibromyalgia, actively use their "other" conditions when completing forms and disclosing medical issues. Academics take active steps to manage their fibromyalgia bodies. Participants present specific examples of adjustments such as heating pads, special support cushions or items of clothing. These treatment approaches and management strategies represent active body work. However, due to these visible, material representations of the illness, they strongly impact the academics' identity. Although academics may not openly disclose their health issues, the associated representations may lead to unwanted disclosure, which in turn makes necessary more active identity work for the academics to maintain a balance between the public academic self and the private ill persona.

Implications

This research shows how important it is to apply embodied approaches to research and alternative methods to research. It is often too easy to assume that academics and academia are privileged and powerful and therefore do not warrant for embodied, inclusive research. However, within academia there are still marginalised and unheard voices, and despite their eloquence academics do struggle to express certain aspects of their illness experiences. On the other hand, academics' reactions to creative and inclusive research as participants shows that there is a deep concern for meeting targets, applying criteria and developing the correct public face, for getting it right. This deeply entrenched attitude raises serious questions in relation to debates around "the deviants" of health concerns and mental health issues.

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