

## Chapter 26

### You Don't Have to Keep Going

#### Reflections on Navigating Crises and Precarity as an Excluded Scholar

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Personal crises are not—or are not only—a simple matter of the cruel winds of fate. The likelihood of students experiencing personal crises is shaped by a complex matrix of influences, and systemic social injustice plays a major role. In this chapter, I reflect on my experiences of parenting and PhDing through a series of crises. I attempt to account for the complex, nonstatic experiences of privilege and oppression that have been at work in my journey in and out of academia and to link those experiences to broader social contexts and power dynamics. Overall, I argue that the program and career exclusions that I and other PhD students who have parented through crises have experienced are neither inevitable nor the tragic result of cruel happenstance. Rather, they are the result of systemically extractive and oppressive models, processes, and practices of doctorate programs, graduate student career education, and academic labor.

The calls to action here are twofold. First, at the institutional and departmental levels, we need to develop equity supports for PhD students experiencing crises. This will require nurturing solidarities between established academics, excluded scholars, and graduate students. Second, I want to inspire critical reflection among faculty supervisors, mentors, and colleagues who might be advising graduate student parents and early career academics experiencing crises. I encourage such folks to carefully attend to the lived realities of the students and their families. In particular, I urge advisors to consider the realistic, long-term implications of that person's specific experience of crisis (or crises) in the context of an academic labor market structured by exploitation, precarity, and oppression.

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## The Setup

I grew up in a rural community in British Columbia, Canada. The town was predominantly White, segregated culturally and physically from surrounding St'át'imc Indigenous Nations. Most of the White population consisted of relatively wealthy farming, logging, and public service workers. There was also a sizable underclass of poor White families to which I belonged. When I was a child, my single-mother family was brought into some St'át'imc friendships and survival networks in ways that sustained us and fundamentally shaped my worldviews.

For me, those relationships fostered a deep and early awareness of differentially classed, gendered, and racist violences. Although we all lived in fear of social workers, it was disproportionately Indigenous children who were taken into foster care (see Blackstock et al. 2020). My brother having his hands ruler-whipped by an elementary school teacher was remarkable only because he was the only non-Indigenous kid it happened to (see Cote-Meek 2014; Milne and Wotherspoon 2020). Very early on, I learned the wisdom of holding a determined, quiet terror of educators and the educated, even as I knew that my brother and I were safer than many others. Our privileges within and sometimes violent exclusions from educational systems were apparent long before high school.

Like many folks of my class background, I was actively discouraged from seeking higher education (see Bettie 2014; Hardy and Marcotte 2022; Westover 2018). The journey to grad school was long and fraught in ways that are beyond the scope of this paper to address. Suffice to say that throughout my postsecondary education, I weathered an array of crises related to my impoverished background. In particular, my mother's poverty and worsening health presented a constant stream of small and not-so-small family crises as she struggled with divorce, housing insecurity, labor precarity, mental illness, and substance abuse and developed life-threatening diseases and life-altering disabilities. These pressures were especially acute in grad school. However, except for occasional medical emergencies that could be decontextualized from the stigmas of poverty, they were something I never mentioned to program faculty. As a first-generation scholar, I had no interest in drawing attention to the gulfs I perceived between myself and those around me.

Scholars have recognized that the structures of graduate programs, academic careers, and parental leave policies often encourage women to delay pregnancy (Crawford and Windsor

2021). Among other things, this can increase health risks for themselves and their children. While I was writing my dissertation, I secured a one-year lecturer contract. I knew this might be my only chance to have a child while I was still in my thirties and was eligible for parental benefits. I had a planned pregnancy, gave birth, and went on maternity leave from the program. I was two weeks away from returning when doctors found a mass inside my baby's spinal cord, just below the brain stem. The prognosis was terrifying and life altering.

As the fraught process of securing treatment for my child began, my experience of parenting and PhDing through crises entered a new, far more intense phase. I entered a cycle of compassionate leaves and attempts to return to the program. I began regularly traveling across the country so my child could access experimental treatments and clinical trials.<sup>1</sup> I soon stopped telling people when I made attempts to return to my PhD. Many working-class folks had already accused me of having forgotten where I came from, of betraying my roots. I knew that the fact that I would take time away from my seriously ill, disabled child to pursue a degree that many members of my community believed I could not benefit from would be seen as a profound failure of motherhood and good sense.

The two faculty members I partially confided in had their own lived experiences of personal crises as academic parents. They were unwavering in their support, they listened, they provided advice, and they were willing to follow my lead. I will be forever grateful to them. My capacity to progress under these circumstances must be taken as a testament to the depths of their support and the quality of their mentorship. At the core of our interactions, though, was the abiding sense that if I possibly *could* complete my PhD, I definitely *should*, because it would surely be worth it in the end. And of course, the implied "end" was a tenured faculty position, which would also mean secure wages and medical benefits that I desperately needed.

I realize now what I should have realized then: I and (I suspect) the faculty members advising me were being guided by the same meritocratic ideals we sought to challenge in our teaching and research. We never made the connection that my situation, the oversaturation of the academic labor market, and the exploitative conditions of academic labor meant that I might well have been better off to quit (Catherine 2020; Cassuto 2015; Tennant 2020). Moving my child to multiple different health jurisdictions in pursuit of academic postings, postdocs, or tenure-track jobs would have endangered his life and well-being. The intensity of my caregiving labor meant there that would be no opportunity to engage in the normative, exploitative expectations that

early-career scholars will write for free, edit for free, engage in service for free, and teach for obscenely low wages without benefits (Caterine 2020; Home 2018; Rose 2020; Tennant 2020).

From the moment my child was diagnosed, I never had a chance. Every truck driver I ever met was ahead of the academics in terms of recognizing the differential value of postsecondary degrees for working-class folks. I reflect now and wonder: What would things have looked like if instead of receiving advice from tenured faculty, I had spent time with members of the entrenched academic precariat?<sup>2</sup> Folks who are disproportionately women, people who are racialized, people with disabilities, parents of kids with disabilities, people from working-class backgrounds, and so on (Arday 2022; Gagnon 2022; Home 2018; Ivancheva et al. 2019; Villar-Aguilés and Obiol-Francés 2022; Warnock 2016)? I look back at the long nights of PhDing by my son's hospital bed and have to wonder if we all would have been better off if I had closed my laptop, picked up my son's hand, and walked away.

But I did not. I kept going. I kept going through my child's spinal cord surgery, through his temporary paralysis, through rehabilitation, through Ronald McDonald House, through new disabilities, through endless cross-country trips for treatment, through drug trials, through years and years and years of chemotherapy. At the same time, the "regular" crises associated with my impoverished background continued apace as those closest to me wrestled with housing and food insecurity, exploitative and degrading work, health challenges, mental illness, substance abuse, and violence (including the yet-unsolved murder of my stepfather). I wanted the life of a professor, longed desperately to give my children the life I saw the children of professors having.

When I was eight months pregnant with my second child and my son was still in treatment, I successfully defended my dissertation. But this is not a story of triumph. As I said before, our vulnerabilities to personal crises and our capacities to weather those storms are intertwined with our experiences of power, privilege, and oppression. Despite the systemic disadvantages I faced, my capacity to get my PhD within these contexts was critically entwined with my experiences of privilege, in particular White able-bodied cisgender privilege.

And this is also not a story of triumph because the story does not end there.

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## The Takedown

One month after my second child was born and two months after I defended my dissertation, my partner was diagnosed with stage three cancer. Clutching my newborn in my arms, I stared blankly as he told me. Immediately I recognized that we needed help and that his geographically distant family were the only ones who could offer it. I consulted my vanishingly small group of academic colleagues and mentors and they agreed that the move was the only thing that made sense. As I contemplated life in a relatively rural city with one small university, I could see the door for an academic career closing on me. But there were no good choices left.

So while members of my cohort were publishing and writing applications for postdocs, I was breastfeeding a newborn, taking my eldest child to endless doctor and therapy appointments, flying across the country to pick up experimental medications, researching accessibility supports, administering my child's twice-daily chemotherapy, nursing a dying dog, taking my partner to oncology, to radiation, to surgery . . . the list goes on. Much of that time is blurry. I vividly remember the first time I changed an ostomy bag and the long nights of rocking my daughter to sleep, wishing I had more to give her.

I remember convocation in pieces. My partner was barely walking after surgery but insisted on coming. My family arrived late, my partner was in great pain, and my family was too far back to even see me. I remember, for some reason, how the university program failed to acknowledge my prestigious doctoral funding while others had been clearly listed. And worrying my child might need to breastfeed while I sat on stage. I should not have gone. It was never meant for people like us. People like me.

The depth of our precarity only became clearer when we arrived in our new city and moved into my partner's parents' basement. He was still in treatment, adjusting to emergent disabilities, and unable to work. I was ineligible for maternity benefits or other social supports due to the gendered structure of those social programs and having been in the PhD program. Suddenly the sole potential provider for a family in dire need of benefits, I desperately needed to find work to support us all.

I set about applying to every job with benefits that I could find, whether in or out of academia. I eventually secured a temporary part-time sessional position in intercultural learning. My daughter was still breastfeeding, and as I moved into a full-time temporary role, my partner

would drive her to the university a few times a day so I could feed her. My heart and my body ached as I left her, but that was just one of the everyday betrayals I needed to commit to keep everyone alive. I would wake every morning and have to decide: do I tend to my partner's ostomy bag and open wounds first or administer my disabled son's chemotherapy or breastfeed my hungry daughter?

At great expense to me and my family, I excelled at my job. I worked long hours. I worried about the long-term implications of working outside of my discipline in an instructional support role, but I was assured by faculty and administrators that this was my best opportunity to eventually secure a tenured position: I just needed to keep going. But as my second yearlong contract was ending, COVID-19 was setting in. My child was still on chemotherapy. Our family entered cycles of often-intense isolation that continued for years. Fears about the financial implications of the epidemic gripped the university. Despite a performance review that indicated that I had exceeded the terms of my appointment, my contract was not renewed. My partner, now permanently suffering from at-times debilitating episodic disabilities, had only temporary contract work. By then, there was no one around to tell me to keep going, to suggest what to do. Road maps and encouraging words had fallen away.

Although I applied for a wide range of positions, my academic credentials left me both overqualified and underqualified for local industry, government, and NGO positions. Through intense networking, I secured a temporary remote staff position at the university I had graduated from. It was outside my field and it offered no opportunity for building toward a faculty career, but it was employment. Over the next two years, I interviewed six times for versions of the same job as I cycled from contract to contract. Each time, health benefits for myself and my family would be suspended for the mandatory probationary period, even as my own health eroded. I applied extensively for other positions and repeatedly was the unsuccessful of two finalist candidates. The combination of unending engagement in the ever-expanding unpaid labor associated with university application processes and my intense caregiving demands eroded possibilities for writing or publishing.

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## On the Ropes

Back home, mine is a cautionary tale about to how academia is not for the rural poor. More difficult for me, though, has been my inability to meaningfully engage with the social issues that were the basis of my PhD. My dissertation examined links between deregulation, neoliberalization, and the bolstering of patriarchal White supremacy in the long-haul trucking industry. An entire chapter examined how these dynamics contribute to differential risks associated with collisions and carnage involving trucks. Just months after I defended, I watched in horror as a truck-involved collision in Humboldt, Saskatchewan, took sixteen lives and injured many others. The racialized, classed, and gender dynamics associated with the collision exemplified many of the issues I had outlined in my dissertation (see Kennedy et al. 2019; McLean 2017). In 2022, as I sat with my family in extreme isolation, I witnessed as the truckers' convoy and attendant glorification of patriarchal White supremacy shut down Canada's capital and many other areas in the country.

But I am nowhere in these conversations. I have to find adaptive footwear for my child, to measure and administer chemotherapy, to secure doctors' referrals, and to figure out how we will pay for the next hospital trip. I cannot do all that and be competitive for a secure faculty position; I cannot be part of the conversation if I am not in a faculty position that makes space for that work.

Constantly working late nights and largely uncompensated overtime, I eventually was hired remotely into a continuing but undervalued staff position in the field of equity, diversity, and inclusion. As I was still living in a distant city, the university returned to in-person work and my position was put at risk in a different way. I went through the brutal process of applying for a human rights exemption to continue to work remotely, which I received. However, I remained precarious in that twice a year I had reapply for the exemption. For three years, I would go downstairs and work alone in my basement every day, trying to imagine some way out or forward.

Instability is the hallmark of precarity, and my employment situation continues to fluctuate even as I write this chapter. Eventually I took a leave from my remote position and returned to the same precarious, local role in intercultural learning that I was in before the pandemic. Moving all of my child's extensive health networks to a distant, expensive city where

my partner has no work and we have no support is not an option. I have no choice but to keep going, but by now it is very clear that I am going nowhere.

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## Conclusion and Recommendations

Transformative changes are needed in academia in order to create truly just, inclusive, and empowering experiences for graduate student parents navigating crises. The constant perpetuation of, participation in, and even valorization of exploitative working conditions serves to magnify the privileges of some scholars at the expense of others. Responding to these injustices requires developing equitable practices and response mechanisms for PhD students and early career academics who are experiencing personal crises.

I urge those working at the departmental and institutional levels to consider the following as you revisit workplace culture, policies, and practices:

- Create opportunities for graduate students to receive advice from students who have left your programs without completing or who completed and garnered disproportionately lower benefits as well as from members of the academic precariat.
- Consider how “stop the clock” policies and other equity measures might inform inclusive hiring processes that refuse to punish people for becoming pregnant, for becoming parents, and for having children who are medically vulnerable and/or disabled.
- Study the intersections between graduate students’ work structures and social programs (such as parental leave, employment insurance, disability benefits, and so on). Identify opportunities to restructure to maximize access.
- Organize, support, and advocate for equitable treatment of the precariat even if that is not part of your lived experience.

This story is my own and I do not presume to speak for others. However, as I write it, I am holding close the stories of other graduate students and academic parents I know who have



navigated a wide spectrum of crises that threatened their academic future. In my experience, such people are almost always encouraged to keep going. I hope that this chapter will inspire some critical reflection about whether encouraging students to continue is always a reflection of the actual best interests of the student and their families. If we know that academia is unsafe, exclusive, and exploitative, then why are we still encouraging vulnerable folks to chase these careers? What are the consequences for them, their children, and their families?

I count the few academic folks who have stood by me as friends. I admire them, I am grateful to them, and my life is richer because of them. However, I think that there needs to be an intentional effort to cultivate more space for people who need to walk away from academia to be able to do so with dignity and with their sense of self fully intact. I often reflect on what it would have been like to hear that I did not have to keep going, that it probably would not be worth it in the end. The following are my recommendations for folks who support graduate students navigating personal crises:

- Attend carefully to the systemic oppression and power dynamics that negatively impact members of equity-denied and deserving groups. Members of these groups continue to face unjust pressure not to enter academia in the first place and/or to leave without reason. Here I want to differentiate such oppressive pressures from supportive encouragement to continue in the context of personal crises. More than that, I invite folks to reflect on the ways social injustice may factor into the experiences of graduate students and the advice they are given. Does encouragement place an undue burden of resisting social injustice onto that person or does it offer much-needed solidarity and support?
- Reflect on how your biases and lived experiences inform your advice. Are you telling students to keep going because you were able to benefit from a PhD? Is it as likely that they will benefit at this time and under their specific circumstances? How has the job market changed in the last several years? What challenges have other students from your institution had in securing permanent employment?

- Reflect on systemic and unconscious influences. Might you experience benefits from their continuation? What pressure is the department under to accept and support students to continue?
- Think expansively about supporting nontraditional career paths. Create space for graduate students to meaningfully consider *not* continuing and normalize exploring and pursuing alternate career paths.

There is an obvious gap in my lists. There are no strategies I can offer folks parenting and PhDing through crises. We keep ourselves afloat in whatever ways we can. But for all the individually unique ways graduate student parents' experiences of personal crises manifest, the relative impacts of those experiences are structured by social injustice and the exploitative conditions of academic labor. And it is not just us excluded scholars who are diminished as a result: postsecondary institutions, academic scholarship, and public dialogue all suffer for it.

It should not be this way.

It does not have to be this way.

It is time to acknowledge that the risks and impacts of experiencing personal crises while in grad school are borne unequally. With this acknowledgment comes a responsibility to identify mechanisms of collective action and solidarity so that experiences of personal crises while parenting and PhDing are not antithetical to academic flourishing.

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<sup>1</sup> Many treatments and their associated costs were not covered by the Canadian health system. They were accessible through fundraising and extended benefits. Nonetheless, the health system has protected us financially and in terms of treatment access. In contrast, many international students in Canada are not included in the nationalized health system; members of equity-denied groups receive differential access and care (McGibbon 2016), and folks in countries without a nationalized health system would have considerably different experiences.

<sup>2</sup> The academic precariat comprises non-tenured, contract faculty who are generally subject to exploitative working conditions, few benefits, low compensation, and little or no employment security (Burton and Bowman 2022; Standing 2011). The rise in unstable employment arrangements, the erosion of workplace rights and the increasing casualization of academic labor are strongly associated with neoliberalization (Rogler 2019; Rose 2020). Evidence suggests that women, racialized folks, people with disabilities, and folks from working class backgrounds are much more likely to be relegated to the academic precariat (Arday 2022; Gagnon 2022; Ivancheva et al. 2019; Villar-Aguilés and Obiol-Francés 2022; Warnock 2016).