**The Mad Professor: Coming Out as a Graduate Student Instructor with a Psychiatric Disability**

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*This presentation includes unpublished ideas. I am open to people quoting and citing, but please ask me for permission first, particularly as I may be incorporating some of these ideas into future manuscripts. Also, feel free to check in with me if you have any questions. Thanks!*

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Disclosure has become a significant part of my life. I experience ongoing tension between my desire to claim my identities, my concerns that I am not legitimate enough to claim them, and my fears of how people will react once I do disclose. This is largely due to discrepancies between how I see myself and how others perceive me, which perpetually places me in the difficult position of determining if I should disclose particular aspects of my identity or not. For instance, I am mixed race but people typically read me as White, which makes me worry I am not Asian enough. I am pansexual but people often read me as heterosexual, which makes me worry I am not queer enough. I have a psychiatric disability (specifically a diagnosis of Bipolar Disorder, Type II), but people frequently read me as non-disabled, which makes me worry I am not crip enough. Furthermore, all of these identities are marginalized, which means that disclosure places me at risk for prejudice and discrimination.

However, as a graduate student, instructor, and emerging scholar in a Disability Studies Ph.D. program, the issue of disclosure, particularly disclosure of my psychiatric disability, is increasingly arising in my daily life. In this paper, I explore what it means to disclose a psychiatric disability in the context of higher education, particularly as a graduate student instructor. First, I examine the cultural artifact of the “mad professor,” and how this image, which is so prominent in popular culture, differs from the dominant belief in higher education that mad people do not belong in the academy. Next, I explore current discourse around disability disclosure in higher education, focusing predominately on faculty experiences. Then, I discuss how emerging scholars, particularly graduate students, have been left out of the conversation on disability disclosure and share my own personal experiences with disclosure as a graduate student instructor in disability studies courses. Lastly, I consider ways to further discussions of disclosure, particularly as they relate to graduate students and other emerging scholars.

The idea of the “mad professor” or “mad genius” is relatively common in our cultural imagination of academics. As Tom Bartlett (2014) wrote in *The Chronicle of Higher Education*, “We are captivated by the idea of the troubled genius” (para 1). The characterization of the mad professor is often depicted by an old White man, perhaps with gray disheveled hair and glasses, who is introverted, obsessive, and eccentric. At best, he is incapable of conforming to cultural norms, and at worst, he is dangerous, diabolical, and villainous.

The trope of the mad professor emerges in a number of cultural products. For example, Terras (2014) analyzed representations of academics in 101 children’s books and found that, overwhelmingly, professors were portrayed as male (90%), White (98%), and either “crazy evil egotists” or “kindly, but baffled, obsessive egg-heads who don’t quite function normally” (para 3). The mad genius/mad professor also plays a central role in television shows such as *The Big Bang Theory* (Harbour, 2015), and numerous films such as *Frankenstein*, the *Back to the Future* series, or more recently, *Ex Machina*. Biopics, or films based on a reality, such as *A Beautiful Mind*, which features the story of schizophrenic professor John Forbes Nash Jr., provide further legitimacy to the idea that genius academics are troubled or mentally ill.

In her book *The Insanity Hoax: Exposing the Myth of the Mad Genius*, Schlesinger (2012) noted, “The mad genius is a beloved cultural artifact…It provides the perfect container for every romantic fantasy about both madness and genius—and doesn’t have to be any more precise than that to be useful” (p. 171). Schlesinger and other scholars who have set out to debunk the myth of the mad genius argue that many hold on to this belief because it “levels the playing field” – in other words, intelligent or creative people may be gifted, but this gift is tempered by the “curse” of mental illness.

However, Schlesinger’s (2012) approach to challenging this dominant belief is inherently ableist – ultimately, she argued that this stereotype is harming intelligent and creative people by “demeaning their work as the product of a disordered mind” (p. 175). She failed to consider or address the question – what about people who are actually mad in the academy? And furthermore, what about people who—like me—are mad, but do not fit the other typical characterizations of the mad genius, such as women, people of color, and queer people?

Additionally, despite the common depictions of the mad professor in popular culture, the general belief exists within higher education that mad people do not belong in the academy – particularly if they have other marginalized identities. As Price (2011a) claimed in her book, *Mad at School: Rhetorics of Mental Disability and Academic Life*, this conviction largely results from the fact that mental disabilities are associated with a lack of rhetoricity, or a “failure to make sense, as measured against and by those with ‘normal minds’" (Price, 2011a, p. 26). To be denied rhetoricity is to be denied expertise, which is viewed an essential component of university instruction. Price (2011a) observed that in addition to ideas about expertise, there are numerous other commonplace beliefs in higher education that “intersect problematically with mental disability,” such as: rationality, criticality, presence, participation, resistance, productivity, collegiality, security, coherence, truth, and independence (p. 5). As a result, instructors with mental disabilities are often expected to “pass,” or attempt to appear and act as non-disabled as possible. This pressure is fueled by the idea that “unsound minds have no place in the classroom” (Price, 2011a, p. 33).

However, in her 2011 piece “It Shouldn’t Be So Hard” in *Inside Higher Education*, Price responded to the assertion that people with psychiatric disabilities do not belong in academia by simply noting that we are already here. She argued that the question is not *should* mad people be allowed in colleges and universities but rather, what should higher education do since we are already in these spaces? In other words, because we are already present in colleges and universities, how can institutions alter their policies, practices, and cultures to eradicate ableism for people with psychiatric disabilities? In the context of disclosure, how can higher education create spaces in which students, staff, and faculty can share their disability status or identity if they choose without fear of prejudice, discrimination, or other consequences?

Generally speaking, much of the current writing on disclosure discusses students sharing their disability statuses with faculty and Disability Resource Centers (e.g., Olney & Brockelman, 2003; Riddell & Weedon, 2014). However, scholars are also increasingly considering if and how faculty should disclose disabilities to colleagues and administration (e.g., Kerschbaum & Price, 2014; Pryal, 2014a). Despite the presence of faculty with psychiatric disabilities in higher education, little is known about their experiences with disclosure. Furthermore, many of the disclosure stories that do exist are from tenured faculty with job security (Price, 2011b; Pryal, 2014a). Pryal (2014a) notes in her article about the “disclosure blues” that the disclosure process is much riskier for those without job security. She described the story of a female professor in a full-time contingent position at a Research-1 university, who said she would only disclose her psychiatric disability “under subpoena” (para 15). This woman claimed, “They hired you for your mind. Why would you volunteer that there’s something wrong with it?” (para 16). While the woman also shared that she personally did not believe having a psychiatric disability meant there was something “wrong” with one’s mind, she also noted that she did not feel confident her colleagues and administration would hold the same sentiment, making disclosure risky, particularly given her status as a non-tenured instructor. Another contingent professor at a different R-1 university said that while she might joke about her “neuroses” with colleagues she considers friends, she would almost never discuss treatment she has sought for these neuroses, or mental health issues that are viewed as “more serious,” such as medication or depression due to the stigma that accompanies these aspects of psychiatric disability. While stigma against people with psychiatric disabilities permeates every aspect of culture (e.g., Overton & Medina, 2008), this professor observed, “In academia, one’s brain is supposed to be the most essential asset one has” (para 18).

Compared to conversations around disclosing to colleagues and administration, there has been less discussion about faculty disclosing to students, specifically in the context of the classroom. In her article *Identity Politics and Invisible Disability in the Classroom*, Kornasky (2010) called on faculty with non-apparent disabilities to disclose to students as part of positive disability identity politics, but it is significant to note that she does not discuss how certain non-apparent disabilities, such as her hearing loss, might differ from others, such as psychiatric diagnoses. Pryal (2014b) supported Kornasky’s appeal for faculty disclosure, but also questioned if it is really fair to ask faculty—particularly contingent faculty—to disclose to students, noting that doing so places people at risk of losing their jobs and may also result in additional work for faculty with psychiatric disabilities due to increased mentoring.

While discussing how the disclosure process for tenured and non-tenured faculty may differ is important, I contend that we need to open this conversation up even more to include graduate students. Graduate students are emerging scholars, many of whom are experiencing college instruction for the first time through teaching assistantships. However, there has been very little discussion of how graduate students should handle the tensions around disclosure. As a graduate student and teaching assistant, I am in a unique position and exist in a liminal space—I am simultaneously an instructor and a student. However, I have only had limited dialogue with others, including mentors, about how to navigate this space in terms of disclosure, particularly in the classroom. For example, a very recent blog post in *Conditionally Accepted* shared the story of a graduate student and adjunct instructor with Bipolar I Disorder who has not felt comfortable disclosing his disability, though he is out as trans\* to his colleagues, supervisors, and students. His experience is not unique; according to the National Center for Education Statistics (2008), approximately 20% of students pursuing doctoral degrees have a mental illness, though few are talking openly about their experiences with a psychiatric disability in academia. Therefore, this is a conversation we need to have in addition to the ongoing dialogues about disclosure for students and faculty.

In my personal experience, disclosure of my psychiatric disability has been a complex process, fraught with often contradictory feelings of empowerment, fear, anxiety, and relief. I am highly cognizant of the dominant assumption in higher education that instructors should be authoritative figures in the classroom who command students’ attention and respect, and that disclosing my psychiatric disability contradicts this expectation.  I am also acutely aware that as a young queer woman, I already receive messages that I do not deserve respect in the classroom. For instance, in a recent course for which I served as a teaching assistant, I learned from a student that a group of men in my class were commenting on my body and objectifying me throughout my lecture. And at the end of the course, a student did not provide feedback on my pedagogy but did leave me his phone number on his teaching evaluation, suggesting that the student viewed more as an object of desire than an instructor.

To add to this marginalization by disclosing my psychiatric disability places me at risk for being further disrespected and perhaps even dismissed by some students. Given that my career is just beginning, this feels, and in fact is, dangerous. For instance, good teaching evaluations, which then help secure strong letters of recommendation, will greatly assist me in obtaining gainful employment after earning my doctorate. However, studies show that women and people of color receive lower scores on teaching evaluations due to their marginalized positionalities (Huston, 2006). In a recent course in which I disclosed my psychiatric disability, I did receive mostly positive evaluations, but observed that I also received comments that were very dissimilar to feedback I received in courses I taught at my previous institution, in which I did not disclose. For instance, I was surprised to see that I, a notorious over-planner and perhaps even a bit of a know-it-all, suddenly exhibited a “lack of preparation for class” and “seemed clueless.” Or that my “personality needs work.” Although the specific rationale behind the aforementioned comments could be read as in various ways, the comments directly connect perceptions of my affective disposition to my abilities as an instructor. Hence, it is quite possible that, for some students, my disclosure of my psychiatric disability made them feel I was "clueless," "lack[ed] preparation," or that my "personality need[ed] work.

Despite these risks, coming out allows me to be more authentic in the classroom, particularly in a Disability Studies course. As someone who regularly discloses my disability in everyday life, spends time in community with other disabled people, and uses mad or crip humor regularly, it would be harmful to my self-concept to act differently or hide aspects of my identity in a classroom context. However, it is important to acknowledge that sometimes being authentic feels potentially more dangerous than rewarding. For instance, one of the most difficult points of disclosure occurred after a student shared a story about a man with Bipolar I Disorder that he knew, who was currently in jail. This man had gone off his medications, experienced a manic episode, and then had beaten his father until he was in a coma. Despite the fact that research indicates people with mental disabilities are more likely to be victims of violence rather than committers of violence, the link between people with mental illness and danger/violence is widely held. What would it mean to say, after this story, “I have a similar diagnosis to this person” in class? At the same time, what it would mean to say nothing? To remain silent? Ultimately, I decided to disclose as part of a larger conversation about the widely held belief that people with mental disabilities are dangerous, and how the entertainment and news media promotes this misconception. However, navigating the tension between choosing to disclose or not disclose can be exhausting, and I did not do so lightly or without concern for consequences.

Perhaps the most rewarding aspect of disclosure is that coming out places me in a position to better support disabled undergraduate students, many of whom are also have psychiatric disabilities and are also trying to work within an ableist university environment. As an undergraduate, I struggled significantly with my desire to appear “normal” and be a “good student” and my need for assistance and support. I never registered with the Office of Disability Resources at my undergraduate institution, and rather sought accommodations informally from faculty. I was fortunate the vast majority of professors were willing to accommodate me without documentation, and if a faculty member refused, I simply dropped the class—a luxury I was afforded because I designed my own major. I operated this way as an undergraduate primarily because I viewed my psychiatric disability through a medical lens. I thought something was “wrong” with me, and I was terrified other people would find out and treat me differently. While most of my faculty did support me, I never found a mentor who was able to relate to me or show me that there were other, more affirmative ways to approach my life with a psychiatric disability. However, by the time I entered my doctoral program, I had immersed myself in disability studies, and had developed a disability identity. I knew I wanted to handle the next part of my educational journey differently. So, I registered with UIC’s Office of Disability Resources and now use accommodations, and felt comfortable disclosing this to my undergraduate students, both in class and in one-on-one meetings.

After I disclosed that I am disabled and, as a graduate student, use accommodations in my courses, I had multiple students share that they felt more comfortable disclosing their own disabilities and registering with UIC’s Disability Resource Center. Due to my experiences, I posit that the liminal place I occupy as part instructor, part fellow student may have facilitated these students’ readiness to disclose and seek services. Specifically, because I modeled disclosure and my own process of seeking services and accommodations as a graduate student instructor, other disabled students may have felt more comfortable doing the same.

Moreover, several students also came to me for advice on how to navigate being a student with a mental disability.  For instance, a student newly registered with the Disability Resource Center emailed me, and asked how I emailed my professors to request extensions on assignments, using my accommodations. Another student who disclosed she had major depression asked me what accommodations might be possible for her, and what accommodations I used and found most beneficial. She expressed surprise at many of my suggestions. For example, she had never even considered the possibility that accommodations such as permission to take breaks during lectures, note-takers, or trigger warnings specific to her experiences were options for “us.” Additionally, her use of the collective pronoun "us" seemed to denote her linking our experiences together in a way that further emphasized how my role modeling disclosure encouraged her to disclose her disability identity with me and discuss how to go about seeking services. Thus, in this course, disclosure was a risky yet also empowering experience.

However, as an emerging scholar, I will likely need to deal with disability disclosure in different ways as the classroom context and my role in the university evolves. For instance, when I think ahead to the job search process, I have already considered that while I may place this presentation and panel on my curriculum vitae for some disability studies positions, I may remove it for positions in other programs or departments, such as gerontology. For some disability studies programs, particularly ones who have already hired faculty with psychiatric disabilities or have made a commitment to hiring diverse and disabled instructors, I may feel comfortable disclosing. However, for other programs, disclosure may place me at risk for not receiving full consideration, not being asked to interview, or not receiving positions. Then, once I am hired, whether it be in a contingent or tenure-track position, I will need to rethink and likely renegotiate if, when, and how I disclose depending on the culture of my specific department and institution.

In conclusion, I hope this paper serves as a way to begin and continue much-needed conversations about disclosure of psychiatric disability in higher education, particularly for graduate students and other emerging scholars. I also want to call on faculty members, particularly those with psychiatric disabilities, to engage in dialogue with their graduate students with psychiatric disabilities about their experiences, their decision to disclose or not, and how to navigate an ableist university system, as graduate students but also as future faculty members. At the same time, as Pryal (2014b) observed, I want to acknowledge that people with marginalized identities are already asked to mentor far more than their peers with dominant identities, and so we also need to be having conversations about how the university structure can be changed to recognize and reward this type of much-needed mentoring. Ultimately, we—and by that I mean people with psychiatric disabilities—are increasingly present in higher education, as undergraduate students, graduate students, staff, and faculty, and we need to be having ongoing discussion about the complex nature of disclosure, its risks, and its rewards.

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