

Mad Academics: Mental Health Autoethnography

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Abstract

This paper explores the emerging field of mental health autoethnography in academia, examining its potential to challenge stigma, foster understanding and contribute to identity development. Through a comprehensive review of autoethnographic works by academics with mental health conditions, the study investigates the complex interplay between personal experiences and broader societal contexts. The paper addresses key themes including stigma, identity formation and the challenges of disclosure in academic settings.

The paper highlights how autoethnographic approaches allow scholars to navigate the delicate balance between personal vulnerability and professional identity, often serving as acts of resistance against traditional mental health narratives. It examines various methodological approaches, from collaborative autoethnographies to more experimental forms and their effectiveness in conveying the nuanced experiences of living with mental illness in academia.

The paper reveals that while mental health autoethnographies offer powerful tools for advocacy and personal growth, they also present significant risks, including potential professional repercussions and the re-traumatization of authors. The paper concludes by emphasizing the transformative potential of these narratives in destigmatizing mental illness within academic institutions and beyond, calling for more inclusive and supportive environments that value diverse mental health experiences.

This review contributes to the growing body of literature on mental health in academia, offering insights into the complex decision-making processes surrounding disclosure and the potential of autoethnography as a method for both personal healing and broader social change.

Keywords: Mental health • Autoethnographies • Social relationship • Psychosis

Introduction

Mental illness autoethnography offers both opportunities and risks for scholars. This approach allows academics to share existed experiences with mental health challenges, potentially offering valuable insights and contributing to destigmatizing mental illness within academia and society. However, academics who disclose their mental health struggles may face professional scrutiny, stigma and questions about their competence. The personal nature of such writing can blur lines between professional and private life, affecting relationships and perceptions within the academic community. For early-career academics or those on the tenure track, this approach may be viewed as a risky career move [1].

This paper reviews mental health autoethnographies authored by individuals within academia, exploring how scholars navigate personal mental health experiences within their professional contexts. The review focuses on autoethnographies written by academics about their own experiences with mental illness, excluding accounts of observing family member's mental health struggles or papers by professionals tangential to academia.

Mental health autoethnographies illuminate the subjective meanings individuals ascribe to their life experiences and how these connect to broader social relationships and structures [2]. They engage with broader social issues and injustices, particularly those affecting marginalized populations [3,4]. This allows for a unique exploration of the intersection between individual experiences and societal structures shaping mental health narratives.

By examining these academic mental health autoethnographies, this paper aims to shed light on the unique challenges, insights and potential

benefits of such deeply personal scholarly work within the academic community, contributing to a broader understanding of mental health discourse in academia.

Literature Review

Making the case for mental illness autoethnography

Mental health autoethnographies provide invaluable insights into the subjective experience of mental health conditions, challenging traditional psychiatric approaches. These accounts highlight the complex interplay between individual experiences and societal factors, emphasizing the importance of addressing deeply personal and existential aspects often overlooked in conventional approaches.

For instance, Johnston autoethnography traces his journey through psychosis, institutionalization and recovery, revealing how stigma can persist long after the acute phase of the condition [5]. Similarly, Larry et al., collaborative work presents a dialogue between a person with lived experience of psychosis and a practitioner, centering on the concept of ontological security and how a fundamental loss of personhood contributes to the distress associated with psychosis [6]. These narratives collectively challenge the traditional psychiatric paradigm by emphasizing the subjective, moral and social dimensions of mental health experiences. They highlight the enduring impact on personal identity and social relationships, extending far beyond immediate medical concerns and advocate for more holistic, person-centered approaches to treatment and support.

Fox emphasizes the value of autoethnography's unconventional textual representation in capturing the complexity of irrational thinking patterns associated with Obsessive-Compulsive Disorder (OCD) [7]. He suggests

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that by experimenting with style and form, autoethnography can yield knowledge that goes beyond standardized diagnostic criteria, challenging more traditional, clinical approaches to mental health research and diagnosis.

Lauren et al., note the growing recognition of research's emancipatory potential, particularly when individuals with lived experience of disability engage in the research process [8]. This perspective aligns with earlier work arguing that research itself is a form of power [9,10]. By actively participating in research, people with disabilities can challenge oppressive structures and narratives that have historically dominated disability discourse.

Smith-Chandler et al., further emphasize the transformative potential of sharing lived experiences through research [11]. This approach not only provides authentic insights into the realities of living with a disability but also serves as a mechanism for empowerment and social change. By sharing their own stories and analyses, researchers with disabilities can contribute to a more nuanced and authentic understanding of disability experiences.

Maria provided a comprehensive overview of mental health issues in academia, focusing on the challenges faced by academics and PhD students [12]. The author highlights the disproportionately high rates of mental health struggles among academics attributing this to the stressful nature of academic work and pressures like publishing requirements [13,14]. The author emphasizes that individuals with mental health struggles face persistent stigma, even within academic institutions that purport to teach diversity and relationship management. This stigma is prevalent across various demographics, regardless of age, gender, or whether the diagnosis pertains to oneself or a family member [15]. Maria underscores the paradoxical situation where people with mental health issues find themselves in jobs likely to exacerbate their struggles, within a culture that stigmatizes their conditions [12]. This observation highlights the need for systemic changes in academic environments. The author advocates for creating more welcoming environments for individuals with mental health issues, recognizing their valuable contributions to departmental and field diversity.

Autoethnography represents a unique intersection of personal narrative and academic inquiry, blending introspective storytelling with rigorous intellectual analysis. This methodological approach serves as both a research process and a resulting text, encompassing cultural exploration, self-reflection and emotional expression. Autoethnographic works delve deeply into the researcher's experiences and emotions, weaving their perspective throughout the context of their investigation [16].

The power of autoethnography lies in its ability to contextualize personal experiences within broader theoretical frameworks and analytical discussions. This approach creates a rich intellectual space that resonates beyond the individual author, developed shared understanding and social connection. Autoethnographic writing is versatile, embracing various forms such as narratives, poetry, journal entries, or experimental prose.

For many researchers, engaging in autoethnography can be a liberating experience, offering an escape from conventional academic writing styles. This freedom holds significant potential for not only the researcher but also the subjects of study and the audience [17]. By embracing autoethnography, scholars can create powerful, evocative works that contribute to both academic knowledge and broader societal understanding.

However, the process of creating and sharing mental health autoethnographies is not without challenges. As Fixsen proceedings, often contend with concerns about exposing a 'flawed' identity and the responsibility of representing others within their narrative [18]. The act of writing and publishing such deeply personal accounts can suggest anxiety about fair representation and potential consequences.

Despite these challenges, mental health autoethnographies have the potential to stand-in connection and understanding. Fixsen describes the relief and gratitude expressed by readers who recognized their own experiences in the published work, highlighting the power of these narratives

to resonate with and validate the experiences of others [18].

Mental health autoethnography offers academics a unique opportunity to explore and present their experiences with mental illness through multiple lenses. This approach allows researchers to embody various roles-such as patient, family member and scholar-within their narrative, blurring the lines between cultural insider and outsider. By adopting this multifaceted perspective, academics can create an exact account that reflects the complexity of living with mental illness while maintaining a scholarly focus. The autoethnographic method enables researchers to present their "self" as a dynamic, performative entity rather than a fixed, singular identity. This postmodern approach to self-representation allows for a more comprehensive exploration of the mental illness experience, acknowledging the fluid nature of identity in the context of mental health challenges.

Through reflexive chronicling of personal experiences, mental health autoethnographies can stand-in a deeper connection with readers, encouraging them to reflect on their own lives and experiences. This engagement extends beyond mere self-disclosure, aspiring to create a "provocative weave of story and theory" that combines personal narrative with academic analysis.

The form of autoethnography

Mental health autoethnographies offer unique insights into the complex interaction between personal experiences and societal contexts. These works encompass diverse approaches, including collaborative autoethnography, interpretive autoethnography and performance autoethnography [19]. Each approach requires authors to carefully balance personal narratives with collective experiences [20]. Collaborative autoethnographies offer another dimension to this field, study the experiences of multiple academics [21]. These works provide a multi-faceted view of mental health in academia, highlighting both shared experiences and individual differences. Such collaborative efforts can stand-in a sense of community among academics with mental health challenges and provide a more comprehensive understanding of the issues at hand.

These autoethnographies demonstrate remarkable diversity in form and presentation. Some scholars opt for traditional academic formats, incorporating diagrams and theoretical frameworks [22,23]. Others embrace more creative approaches, utilizing poetry or musical compositions to convey the emotional nuances of living with mental illness in academia [24,25]. Some blend multiple styles, integrating poetic interludes into research papers or combining visual art with analytical text [26]. Experimental autoethnographies may rely on fictionalized narratives or include interviews with others experiencing psychiatric illness [27,28].

Clarke autoethnography about psychosis employs a nonlinear narrative style and poetry to convey his experiences [29]. This fragmented approach mirrors the disjointed nature of psychosis and memory, challenging readers to piece together the narrative puzzle. The deliberate use of disorienting techniques serves multiple purposes:

- Echoing the confusion often experienced during psychosis.
- Subverting expectations of traditional illness narratives.
- Encouraging readers to engage actively with the text.

Woods approach aligns with observation that conventional narrative formats may inadequately capture the essence of madness [30]. By experimenting with form and perspective, the narrative addresses what describes as the "disjunction between the content to be narrated and the possibilities inhering in conventional narrative forms" [31].

Insider research in autoethnography shares commonalities with indigenous ethnography, positioning the researcher as an integral part of the group under study [32]. This insider perspective serves as both a methodological and analytical tool, transforming autoethnography into a political, socially conscious and potentially transformative act [33].

Anderson had given three criteria for analytic autoethnography: The

researcher must be (1) a full member of the research group, (2) visibly acknowledged as such in published texts and (3) committed to developing theoretical understandings of broader social phenomena [34]. In mental health autoethnographies, this often involves the researcher's public disclosure as a member of the psychiatric diagnosis community.

These autoethnographic accounts can simultaneously embody characteristics of indigenous ethnography, insider ethnography and personal experience narratives. This approach allows for a deep, reflexive examination of mental health experiences within the academic context, while also contributing to broader theoretical understandings of mental health, stigma and identity in higher education.

Gregg reflects on the challenges and potential pitfalls of autoethnographic research in mental health studies [35]. One primary pitfall is the tendency to become overly immersed in the cathartic aspects of storytelling, blurring the line between autobiography and autoethnography. Wall emphasizes this distinction as crucial for maintaining scholarly rigor [36]. Gregg describes how this blurring of boundaries led to resistance against imposing structure on her thesis, resulting in what Stahlke describes as an "evocative, formless and unruly" piece of writing [37]. The consequences were significant, with the author struggling to complete her thesis and experiencing acute distress. This reflection serves as a cautionary tale, highlighting the need for a balanced approach that honours personal experience while maintaining academic rigor. It highlights the importance of clear methodological guidelines and structures in autoethnographic research, particularly when exploring emotionally charged topics.

The diversity in form and approach of mental health autoethnographies not only reflects the unique voices and experiences of individual academics but also challenges traditional notions of scholarly work. By pushing the boundaries of academic expression and communication, these works contribute to a deeper understanding of mental health experiences in academia and beyond.

Stigma

Grant explores stigma and "othering" in mental health and addiction contexts, focusing on their impact on identity formation and social interactions. Stigmatization is defined as the critical labelling of individuals based on perceived character defects, leading to exclusion and "othering." This process involves viewing others in polarized and negative terms, as "not like me" or "not as good as us," deeply affecting identity formation. Drawing on Goffman work explains that stigmatized individuals are often seen as "not quite human and dangerous" [27,38]. In alcoholism, Denzin illustrates how individuals are paradoxically perceived as both sick and lacking willpower [39]. Grant explores the concept of "exclusionary othering," as defined by Canales referring to the use of power within relationships to exclude and subordinate [27,40].

The fear of stigmatization often drives individuals with mental health conditions to conceal their symptoms and engage in elaborate performances of normalcy. Goffman describes stigma as a process that "spoils" one's identity, leading those with potentially stigmatizing conditions to carefully manage information disclosure [38]. This management is essential for individuals with OCD, who must decide whether "to display or not display" their compulsions and obsessions in various social contexts. Brooks illustrates this struggle through personal experiences, such as hoping students won't notice daily cleaning rituals or feeling exposed when compulsive behaviours are observed [1]. The motivation behind concealing OCD symptoms extends beyond social discomfort to preserving essential aspects of life, such as employment or personal relationships.

Stigma theory elucidates how individuals manage culturally undesirable attributes like mental illness. This aligns with social constructionist perspectives examining how certain symptoms are perceived as problematic [41]. Mental illness is deeply intertwined with concepts of deviance and abnormality Allan leading individuals with "spoiled identities" to often attempt to pass as "normal" to avoid social discrimination [42].

The choice to hide a condition like mental illness frequently stems from experienced or anticipated stigma and serves as a protective strategy against potential social repercussions [42,43]. The likelihood of an individual attempting to pass is often correlated with the level of societal acceptance for that condition [44,45]. Research indicates that psychosis diagnoses tend to be more heavily stigmatized compared to other psychiatric diagnoses [46,47].

Mental health autoethnographies plays an essential role in addressing and challenging stigma associated with mental illness. At the core of these narratives lies a fundamental tension between the desire to speak out and the need to protect one's reputation and fragile sense of self. The concept of a 'flawed identity' in these autoethnographies is complex, as authors often possess multiple identities, including those of scholars, teachers, or clinicians.

Corrigan et al., highlight how public stigma can be internalized, leading to self-stigma among individuals with mental health conditions [48]. This internalization process can deeply impact an individual's self-concept and willingness to seek help or share experiences. Empirical studies, such as those by Liggins et al., (2005), demonstrate that even in healthcare settings, people with mental health conditions often feel invalidated and marginalized [49].

The impact of psychiatric diagnoses on stigma is particularly significant. Labels such as schizophrenia can place individuals at heightened risk of public stigma and increase the likelihood of internalizing social stereotypes. Autoethnographic work vividly illustrates how the stigma associated with mental illness can persist over time, leaving a lasting psychological and social imprint.

For academics engaged in mental health autoethnography, there's often an initial sense of reassurance derived from the perceived objectivity of peer reviewers and journal readership. However, this sense of security can be tenuous, particularly when considering the potential readership beyond the initial peer review process. Fixsen points out that subsequent readers may include colleagues and managers, triggering concerns about revealing a "flawed identity" and potential shame, concepts explored in depth by Goffman in his work on stigma [38].

John et al., explore the stigma surrounding Attention Deficit Hyperactivity Disorder (ADHD) in academic settings and its impact on identity development [21]. Their autoethnographic study uncovers complex layers of stigma experienced by individuals with ADHD in professional and academic contexts. The authors describe exposure to negative attitudes towards ADHD, including "secondary stigma" negative attitudes expressed towards traits associated with ADHD, even when not directly linked to the diagnosis. John et al., acknowledge internalizing some negative cultural perceptions about ADHD, a common experience leading to self-doubt and negative self-perception [21]. They highlight the relatively recent acceptance of adult ADHD as a clinical diagnosis, contributing to widespread misunderstanding and stigmatization. The prevalent perception of ADHD was often limited to severe cases, excluding the experiences of "successful high functioning people having ADHD." The authors emphasize that the most detrimental forms of discrimination are often subtle, unconscious biases permeating society's attitudes towards those with ADHD and other learning disabilities. They reference research confirming negative perceptions towards people with ADHD, highlighting findings by Csoli et al., suggesting that even when educators hold ostensibly positive beliefs, these attitudes may not always translate into supportive actions due to unconscious biases [50].

Procknow examines stigma and "sanism" in academia, particularly in adult education [51]. The author highlights how mental illness has been marginalized within academic diversity discourses, describing this exclusion as the "nadir in AE's historiography" [51]. "Sanism," defined by Mark as the mental othering of individuals with mental illness, is portrayed as both a cause and consequence of silencing mad-identified students' voices and experiences in academic settings [52]. Procknow points out the striking absence of mental health consumers from American academic discussions,

noting that adult education draws minimally on the experiences of mad-minded graduate students [51-55]. This exclusion extends beyond mere representation to inadequate disability supports and accommodations. The author introduces "saneness" as a construct permeating academic structures, arguing that it, like whiteness or able-bodiedness, is a social construction largely ignored by critical pedagogy. This omission has allowed "sane pedagogy" to become an invisible, yet powerful, force on university campuses. Procknow calls for greater attention to how students without sanity navigate these sane-centric academic environments [51]. Procknow introduces several key concepts to analyze and challenge mental illness stigma in academia [51]. These include "sane supremacy," described as the dominance of sane populations over those with diagnosable mental disorders, based on the perceived psychic inferiority of the latter. The concept of "sane privilege" is also explored, drawing parallels with other forms of privilege such as white privilege. The "pedagogy of saneness" is introduced as a critical lens to examine how educational practices reinforce sane-centric norms. By challenging the normativity of saneness, suggests that lacking *mens rea* (a sound mind) would no longer be viewed as abnormal. Through this theoretical framework, provides a powerful critique of mental illness stigma in academia, particularly in relation to autoethnographic research. The author challenges the academic community to confront its sane-centric biases and create more inclusive spaces for diverse mental health experiences, ultimately calling for a reevaluation of how mental health is understood and addressed within academic discourse and structures.

Identity development

Autoethnographic research provides a unique platform for exploring identity development, particularly in the context of mental health experiences. This approach allows researchers to examine the complex interaction between personal narratives and broader social-cultural contexts, bridging lived experiences and theoretical frameworks.

The process of engaging in autoethnography offers researchers a space to analyze transcendental data and construct meaningful knowledge from their lived experiences [56]. This methodology is particularly powerful when examining identity development in the face of mental health challenges, as it allows for a subtle exploration of the self over time.

In mental health autoethnography, researchers often employ a refractive lens, examining past experiences from a current perspective. This temporal distance facilitates a deeper understanding of identity formation and transformation. By positioning the subjective self as both researcher and participant, the author creates a dynamic narrative that evolves within the social-cultural context of the study. The interweaving of personal narrative and theoretical reflection presents significant opportunities for adult learning and teaching. By narrating possible selves through disparate voices or archetypal characters representing various aspects of personality, researchers can effectively construct meaning while simultaneously analyzing and representing data. Culkin notes that this autoethnographic approach lends itself to a *bildungsroman* organization of story, naturally linking the examination of identity development and possible selves over time to adult development and learning theories [26]. This structure allows for a comprehensive exploration of how individuals navigate and construct their identities while coping with mental health challenges.

The *bildungsroman* approach to autoethnography allows researchers to track their spiritual and personal development over time, providing a comprehensive view of identity formation. This method is particularly valuable for understanding the subtle experiences of individuals with "invisible wounds," highlighting that they are not a monolithic group but rather diverse, often high-functioning individuals with complex narratives. The fragmented narratives that emerge from autoethnographic research challenge existing power inequalities experienced by invisibly wounded learners. They promote a deeper understanding of identity development and demonstrate the broader benefits of autoethnographic inquiry in socially responsible education. Long-term engagement with autoethnographic practices, such as journaling over extended periods, can facilitate a deeper understanding of one's true identity. This process often involves uncovering

and confronting "invisible wounds" and gradually shedding the masks we wear in our daily lives. While this journey of self-discovery can be emotionally demanding, it offers significant potential for healing and personal growth.

Fox et al., explore how "coming out" as having a mental illness in higher education through autoethnography contributes to the development of professional identity [57]. Their work highlights the complex interplay between personal experiences, disciplinary traditions and societal perceptions in shaping academic identities. The authors present contrasting experiences of two academics, demonstrating how different disciplinary contexts influence the integration of mental health experiences into professional identities. In social work, mental health experiences can enhance professional identity, becoming a source of expertise that contributes to teaching and research. However, in fields like organization studies, disclosure can be more threatening due to the lack of a tradition valuing lived experience. Fox et al., demonstrate that while autoethnographic disclosure can enrich professional identities in some contexts, it remains a complex and potentially risky endeavor in others [57]. This underscores the need for continued efforts to destigmatize mental health experiences across all academic disciplines and to recognize the value of lived experience in diverse fields of study. The authors draw attention to the historical context of social exclusion and "otherness" associated with mental illness, contributing to the sense of being "alien" within academic settings [58]. They highlight the potential for role conflict as academics attempt to manage multiple identities across various domains of their lives, further complicated by the blurring of boundaries between work and domestic life.

Explore how mental health and disability autoethnographies can inform our understanding of identity development, particularly in the context of transitions to adulthood. The authors address a critical gap in existing literature, which has often problematized these transitions and focused on service and parent-oriented perspectives [59]. Recognizing this gap, employed autoethnography to capture lived experience narratives, delving into the complex and diverse experiences of disability in relation to adulthood. They discovered that various structures and relationships played essential roles in shaping their recognition as adults, both by others and themselves.

John et al., provide a compelling exploration of how ADHD impacts identity development, particularly for adults diagnosed later in life [21]. Their autoethnographic study reveals the complex interaction between professional success, personal struggles and the transformative impact of receiving an ADHD diagnosis. The authors describe how ADHD became an integral part of their identities, shaping their career trajectories and self-perceptions. Despite achieving professional success, both researchers had experienced non-linear career paths, characterized by periods of uncertainty interspersed with moments of significant achievement. A significant theme in their autoethnography is the persistent feeling of being an impostor, even amid professional accomplishments. This sense of disconnection and the fear that their success might suddenly unravel are common experiences for many adults with ADHD, reflecting the impact of the condition on self-esteem and identity formation. The authors highlight the reflective effect that receiving a formal ADHD diagnosis had on their self-concept. For many adults with ADHD, the diagnosis provided a framework for reinterpreting past behaviours and traits previously seen as personal failings. This shift in perspective allowed for a more compassionate self-understanding and a reevaluation of past experiences. John et al., work demonstrates the value of autoethnography in exploring the nuanced experiences of individuals with ADHD. By sharing their personal narratives, they contribute to a deeper understanding of how ADHD shapes identity development, particularly in the context of professional and academic achievement [21]. Their study highlights the importance of recognizing and validating the experiences of adults with ADHD, challenging stigmatizing narratives and promoting a more inclusive understanding of neurodiversity in professional and academic settings.

Disclosure and "coming out"

Fox et al., provide a critical examination of the challenges surrounding

mental health disclosure in higher education through autoethnography [57]. Their work highlights the complex interplay between personal agency and institutional barriers that academics face when considering whether to disclose their mental health conditions. A diary entry cited by Fox et al., reveals the stark reality of persistent stigma in academia: "When I mentioned separately to two people in the summer of 2018, writing an ethnographic article and potentially disclosing some personal mental health information I was shocked at their immediate and strength of response [57]. Separately one responded it was a bad idea and something "you should never do as it was too risky" and the other simply "do not do it, it will have a negative impact at work". This account underscores the enduring perception of mental health disclosure as a professional risk within Higher Education Institutions (HEIs). Fox et al., argue that such reactions reinforce the notion that academics with mental health conditions may be viewed as "alien" or "other," potentially risking their career prospects and professional standing [57]. The authors' analysis suggests that despite increased awareness of mental health issues, HEIs still struggle to create environments where disclosure feels safe and supported. They posit that the use of autoethnography in this context serves not only as a means of personal expression but also as a form of resistance against institutional norms that stigmatize mental health conditions. The deep impact of disclosing mental health disorders in higher education through the lens of mental health autoethnography. Their work highlights the complex interaction between personal and professional identities and the role of stigma in shaping decisions about disclosure. The authors present a compelling account from the second author, whose experiences illustrate the internal struggle many face when contemplating disclosure. Diary entries reveal a deep-seated fear that revealing her mental health needs could potentially destroy her established competent identity. Contends with questions about her "real identity," wondering if her professional persona is merely a facade concealing someone who "cannot cope and beset with anxiety issues that make me incompetent". The authors highlight internal conflict, where the fear of being perceived as "unreliable, incompetent and unemployable" acts as a powerful deterrent to disclosure. This fear underscores the persistent stigma surrounding mental health in academic settings and the potential professional risks associated with disclosure. Note that attitude towards disclosure fluctuated over time. Fox et al., expressed readiness to "out myself" and envisioned being a catalyst for change in her HEI's organizational culture [57]. However, this initial enthusiasm quickly gave way to caution as concerns about loss of standing and differential treatment resurfaced. The authors argue that this vacillation reflects the complex nature of identity in the context of mental health disclosure. RG simultaneously inhabits multiple identities: The competent professional proud of her achievements and the individual who struggles with anxieties and is triggered by certain situations.

John et al., provide a compelling exploration of the risks and potential benefits associated with disclosing mental health conditions, particularly ADHD, in academic settings [21]. Their work highlights the complex decision-making process involved in "coming out" with a mental illness in academia, balancing personal vulnerability against the potential for broader social impact. The authors acknowledge the anxiety surrounding their decision to publicly disclose their ADHD diagnoses. This anxiety reflects the persistent stigma and potential professional risks associated with mental health disclosures in academic environments. Despite these concerns, emphasize their belief in the importance of breaking the "uncomfortable silence" that often surrounds mental health issues in academia [60]. Their research aims to contribute to an emerging dialogue about faculty wellness and mental disorders, challenging what they perceive as a prevailing culture of judgment and shame. By sharing their personal experiences, the authors seek to shift the narrative around mental health in academia towards one of openness, tolerance and accessibility. John et al., call for future research to provide a more comprehensive portrait of the challenges faced by academics with ADHD and other mental health conditions [21]. They emphasize the need for insights into effective support systems that could foster a more inclusive academic workplace. Importantly, the authors express hope that their disclosure will serve as an example for students, potentially encouraging greater openness and reducing stigma

around mental health issues in academic settings. This aspect of their work underscores the potential for personal disclosure to have broader educational and social impacts.

Holmes provides a subtle exploration of the risks associated with "coming out" with a mental disorder in academia through autoethnographic research [61]. The author's personal experience highlights the complex interplay between academic pursuits and mental health, particularly in the context of eating disorders. Holmes acknowledges the potential personal risks involved in autoethnographic work, referencing experience of how writing about anorexia reignited her relationship with the disorder [62]. This highlights the delicate balance that researchers must maintain between the deep personal and potentially triggering subjects. The author's own experience reveals the varied reactions from friends and family to her choice of research topic, ranging from surprise to concern. This underscores the social implications of disclosing mental health issues in academic contexts, where personal and professional boundaries can become blurred. Holmes describes her wariness about re-entering academic research after recovery, given the punishing role it had played in her anorexia [61]. This highlights the potential for academic pursuits to intersect with mental health challenges in complex and sometimes harmful ways. The author's experience of feeling compelled to produce a "perfect" autoethnographic account echoes, illustrating the potential for academic pressures to exacerbate or mirror aspects of mental health conditions.

Morales et al., provide a deeply personal and insightful exploration of the challenges surrounding mental health disclosure in academia [63]. Their work highlights the complex decision-making process and potential risks associated with revealing mental health conditions in professional academic settings. The authors note that disclosure of mental health issues remains a significant struggle for many academics. Citing a study by Price et al., they point out that nearly one-third of faculty members surveyed had not disclosed their disability to anyone in their workplace [64]. This statistic highlights the pervasive hesitation to reveal mental health conditions in academic environments. Morales et al., share a personal account of navigating academia as a bisexual woman of colour with Posttraumatic Stress Disorder (PTSD), depression and anxiety [63]. The author describes the constant struggle to maintain a facade of wellness, often resorting to socially acceptable excuses like having a cold to explain depression-related symptoms. This perpetual masking of mental health challenges takes a significant toll, both emotionally and physically. The fear of being perceived as "not cut out for the job" or "too sensitive" to meet the demands of academic work looms large in the decision to disclose. Morales et al., highlight how these perceptions can potentially impact career progression, particularly in the context of tenure considerations [63]. The authors emphasize the importance of finding trusted confidants in academic settings, noting that it often takes months or even years to develop such relationships. The process of disclosure is described as a gradual and cautious one, often contingent on the other person first sharing non-work-related information.

Procknow provides a deeply personal and methodologically rigorous account of disclosing mental health status in academia, specifically focusing on the author's decision to reveal their schizoaffective disorder [51]. This autoethnographic study offers valuable insights into the complex process of mental health disclosure in academic settings. The author describes entering the Ontario Institute for Studies in Education (OISE) in 2016, as a full-time student, carefully selecting a course with curricular attributes that would allow for critical reflexive praxis as the setting for their disclosure. This thoughtful approach highlights the strategic considerations involved in mental health disclosure in academia. Procknow details a meticulous data collection process, gathering observations before, during and after the disclosure event [51]. The author's methods included taking field notes during class, journaling weekly throughout the semester and documenting interactions with teachers and students. The author's attention to detail extended to observing classmates' facial expressions, gestures and postures to gauge their comfort levels post-disclosure. Procknow also noted whether students asked questions about the diagnosis and symptoms or sought clarification on terminology, providing valuable insights into how

mental health disclosures are received in academic settings [51]. Procknow acknowledges the subjective nature of the data collected, recognizing the potential influence of their mental health condition on perception and interpretation [51]. The author grappled with critical questions about distinguishing between reality and potential symptoms of their condition, demonstrating a commitment to rigorous self-reflection in autoethnographic research. The study's findings are presented in thematic categories, tracing the author's journey from non-disclosure to disclosure and exploring how they learned to navigate academic spaces with their disorder both hidden and revealed. This approach provides a longitudinal perspective on the impact of mental health disclosure in academia.

Maria offers a subtle perspective on the impact of disclosing mental illness in academia, highlighting both the potential risks and benefits associated with such disclosure [12]. The author's personal experiences underscore the variability of outcomes that can result from revealing one's mental health status in academic settings. Maria recounts that disclosing their mental illness at a previous university not only failed to improve their situation but potentially exacerbated it [12]. This negative experience aligns with broader research on discrimination faced by individuals with mental health conditions. The author cites a study by Antonio et al., which found that 79% of people with depression experience discrimination in at least one area of their lives, underscoring that the fear of negative consequences following disclosure is not unfounded [65]. However, Maria also presents a contrasting experience from their current academic position, where disclosure has had a positive impact [12]. The author notes that in this more supportive environment, they feel they are making a difference in how people with mental illness are perceived. This positive outcome suggests that the impact of disclosure can vary significantly depending on the specific institutional culture and individual circumstances. Maria's account contributes to the broader discussion on mental health disclosure in academia by illustrating that while disclosure can lead to negative consequences in some instances, it can also be a powerful tool for challenging stigma and promoting understanding in supportive environments [12]. This perspective emphasizes the need for academic institutions to create cultures that not only accept but value the contributions of individuals with mental health conditions, thereby encouraging open dialogue and reducing the risks associated with disclosure.

Discussion

Mental health autoethnographies in academia serve as powerful tools for advocacy and activism, challenging stigma and promoting understanding of mental health diversities. By sharing personal narratives, academics engage in a form of disclosure-based activism that allows individuals with psychiatric diagnoses to reclaim their identities and challenge societal perceptions [66].

For many individuals with mental health conditions, their diagnoses represent concealable identities, necessitating a complex process of visibility management [67]. The decision to "come out" through autoethnographic writing is a deliberate act of visibility that can contribute to decreasing stigma surrounding mental health issues in academic and broader social contexts.

These autoethnographic accounts align with the tradition of ex-patient movements, which have generated significant literature examining the impact of medicalization on both individual and societal levels [68]. By situating personal experiences within this broader context, academics engaging in mental health autoethnography contribute to a growing body of work that critiques dominant narratives surrounding mental health.

The process of creating a mental health autoethnography presents both challenges and opportunities for personal growth and academic contribution. As describes, the initial stages can feel like assembling a complex puzzle, with the researcher-participant struggling to discern the broader context from individual pieces of raw data. This perspective gradually gives way to a more comprehensive understanding as the researcher engages in iterative

analysis and self-reflection.

Mental health autoethnographies often emerge as powerful acts of resistance against traditional, paternalistic models of mental illness and diagnosis. As observes, authors of these narratives frequently adopt a stance of challenge and defiance, seeking to disrupt conventional examples that have historically silenced those with lived experience of mental illness.

This resistance is rooted in opposition to traditions that have excluded psychiatric patients from participating in the interpretation of their own conditions. As McMahon articulates, "I am part of the Silenced Manifesto, defined by and hidden behind a dominant discourse" [69].

By positioning themselves as voices of resistance, these authors challenge the traditional power dynamics in mental health discourse. They assert their right to interpret their own experiences, contribute to theoretical understandings of mental illness and critique the systems that have historically oppressed individuals with mental health conditions.

In essence, mental health autoethnographies become powerful tools for social change, challenging dominant narratives and paving the way for more equitable and compassionate approaches to mental health care and understanding.

Autoethnography as a research method has faced criticism from various quarters. Atkinson cautions against treating narrative voices as unquestionable sources of authenticity [70]. In the mental health arena, concerns have been raised about the potential for "disability tourism" in first-person perspective research [71]. The apparent contradiction between emphasizing "lived experience" and embracing poststructuralist theory has been noted by scholars like Rose [72]. This tension highlights the need for subtle approaches that recognize the complexity and diversity within mental health experiences. Critics argue that autoethnographic approaches may perpetuate a socially atomized view of the self, potentially hindering collective political engagement [73]. Watson advocates for the use of autoethnographic and performative methodologies, particularly for nuanced conditions like Depersonalization/Derealization Disorder (DDD), to lay the basis for future research [74]. The author highlights the transformative power of sharing personal stories and experiences in reshaping perceptions and discussions around mental health conditions. Watson concludes by emphasizing the significant role autoethnography can play in destigmatizing mental illness within academia [74]. The author's work which focuses on Depersonalization/Derealization Disorder (DDD), demonstrates how autoethnographic methods can provide valuable insights into the lived experiences of individuals with mental health conditions.

Conclusion

Emphasizes that healing, as explored through mental health autoethnography, is not an end goal but rather the beginning of ongoing efforts to improve our lives and the lives of others. This perspective highlights the cyclical nature of personal growth and the potential for autoethnographic research to catalyze positive change beyond the individual. Argues for the significant potential of autoethnography in mental health nursing, particularly as a means to challenge stigma and bridge the gap between healthcare providers and recipients. The author emphasizes the historical importance of mental health professionals engaging in autoethnographic work, especially concerning their own mental health experiences. By engaging in and with autoethnographic accounts, mental health professionals can contribute to a more inclusive and empathetic approach to mental health care. Posits that this practice of writing, reading, watching and being involved with others' experiences could signal an end to the exclusionary practices that have long dominated the field. Ultimately, mental health autoethnography invites us to engage with complex, multilayered narratives that have the power to heal not only the researcher but also those who encounter the work. It is a testament to the transformative power of introspection and the shared responsibility we have in telling and listening to these vital stories of human experience.

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