In the spring of 2019, I won the lottery. I was offered a tenure-track job in English literature. Then, almost immediately, I stumbled into a depressive episode so acute I don't remember much of my first year on the job. I didn't know, at the time, that I was suffering from depression. I loved my new colleagues and students but struggled to accomplish much more than basic tasks. When I got home from teaching, I drank.

One night, I started thinking about my brand-new life-insurance policy in a way that terrified me. The next day, I sought help. I found a therapist and got a neuropsychological evaluation. When the doctor called to give me my diagnosis, there was gravitas in her voice. "I know this is scary," she told me. Then she diagnosed me with both attention-deficit disorder and bipolar II disorder. Bipolar "II" means I've never had a full-blown manic episode; my moods, instead, cycle between depression and hypomania, an elevated mood that manifests, for me, as an influx of ideas, taking on too many projects, rapid speech, and impulsive behavior.

I tried to put the bipolar diagnosis out of my mind, along with what my neuropsychologist called my "astounding level of self-deprecation." It was only when I shared my diagnosis on Twitter and began to speak with other academics who struggled with mental health that I realized that I was seriously ill. I began to see how my diagnosis explained the monumental efforts I made daily to mask my struggles, to seem like everyone else, to keep up. Most important, I began to realize that I could not continue to neglect my health to meet academe's demands to work every spare moment of the day, miss meals, and sacrifice sleep and exercise.

I felt so alone during my first few years on the job, but now I know I wasn't. I have since talked with over a dozen academics who have struggled with mental illness, including depression, bipolar disorder, post-traumatic stress disorder, and anorexia. All of them agreed that the way academe is structured exacerbates existing mental illnesses and, in some cases, causes them. And we agreed that while academics often talk colloquially about being anxious and depressed, we don't talk enough about mental illness, especially less common diagnoses like bipolar disorder. As one of the people I talked to said, academics pretend to tolerate neurodivergence when what they really mean is "it's acceptable to be anxious about all the work you have to do."

Everyone I talked to made it as far as they did because of support and understanding from people in power: mentors, advisers, program directors — a shared thread that gave me hope that, with more awareness, such personal efforts could become structural. By understanding that not everyone works on the same timeline, and by being receptive to disclosures and requests, we can likewise help those struggling with mental illness survive in academe. One of my interlocutors told me that, when she went to her adviser in distress, he asked her, "What do you need?" — and then he delivered it. "I think he saved my life," she told me.

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"It's definitely been a journey," Ravynn K. Stringfield, a visiting assistant professor at the University of Richmond, told me, "I've been in mental-health spaces for 10 solid years."

Stringfield's article on journaling and bipolar disorder, published in *Catapult*, helped me come to terms with my own diagnosis. She told me it was not long after her first semester in college that she fell into a deep depression. "Transitions get me," she told me. She experienced the same thing when she began graduate school, in part because she felt isolated and alone. In academe, "you don't see people," she remarked. After she began to "feel off" — staying awake for days, disassociating — Stringfield realized she needed help, so she set up numerous appointments with health professionals.

When I asked her how she manages her illness now, Stringfield told me that the last few years she's learned to lean into the shifts of her body instead of resisting them — like the seasons. "It's always easier said than done, though." When it comes to research and service requirements, Stringfield struggles to find consistency in the ebb and flow of the academic calendar: There's this "overwhelming sense of urgency I can't function under," she told me. "I work best under routines, I work really hard to establish them." So when a deadline pops up out of nowhere, as they often do in academe, "I get agitated, I get anxious," she said. These struggles are only compounded by the fact that Stringfield is a Black woman: "We aren't allowed to fall apart," she told me.

Stringfield added that being transparent with her students about her struggles has been helpful. "I come into the classroom with an ethos of care, and the unexpected thing that happens is students will reciprocate." These sentiments reinforce what Katie Rose Guest Pryal, in these pages, says are the best practices for accommodating neurodivergent students. Because professors have control over their syllabus, assignments, and classroom, Pryal says, an "accessible classroom is one antidote to structural problems in higher education."

A good first step to building a better academy, Stringfield feels, would be for more people, especially people in power, to be open about their diagnoses. "Those who can mask make it harder for those of us who can't."

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"Mental health isn't understood as medical in the academy," Olivia Snow, a scholar in critical-sex-work studies, remarked. Snow describes her experience in the academy as "a roller-coaster ride through hell." She got her Ph.D. in English literature five years ago and started doing sex work when she couldn't get a teaching job. She is still an adjunct, but she has forged a new path as an academic working under a pseudonym, writing for *The Chronicle*, *Wired*, and other outlets. She is diagnosed with major depressive disorder, general anxiety disorder and panic disorder, anorexia, and obsessive-compulsive disorder, but she spoke with me in depth about her experience with PTSD and CPTSD (complex PTSD, a condition caused by long term trauma), mostly from sexual violence. Snow's sense is that academics talk and speak about sexual violence in selective ways. "We'll talk about rape threats some scholars on #AcademicTwitter get, or the creepy comments male professors make to all female students, but when actual rape does happen, people downplay it. They complain that hearing about trauma is itself traumatizing."

In envisioning a better academy, Snow says we need to think about mental illness "critically instead of theoretically." She told me that academics are not centering the people who are most marginalized or working to get them the help they need to do their jobs. "We've intellectualized marginalization to avoid having to do real work that saves lives."

Ultimately, Snow says, “I don’t want to be treated like everyone else. I don’t need to be seen as normal. I’m not, that’s why I need accommodations. … I don’t care about being seen as *valid* or being *heard*, I just want to be able to do my job, and that means I need accommodations most people don’t.”

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Laura Bustamante, a neuroscientist and postdoc at Washington University in St. Louis, had a mental-health crisis leading to a psychiatric diagnosis her first semester of graduate school at Princeton. She was involuntarily hospitalized: “It can be hard to express to people how little control you have over everything, how much you lack consent, in these medical contexts.”

This experience had a deep impact on Bustamante’s relationship to herself: “I started out accepting the medical way of things. The framework of mental illness was just the truth to me. I felt ashamed, I wouldn’t tell people, it was my cross to bear. Accepting the label made me feel defective.” Then, one day, a former professor who was pushed out of the academy spoke at her school about how she wished she had known her own psychiatric diagnosis was a disability, so she could have asked for accommodations. For Bustamante, the talk was a revelation. “I heard the word ‘disability’ and it immediately resonated with me.”

Bustamante began to identify, proudly, as “neurodivergent.” It’s important, she said, to resist the language of deficits and disorders. She explained what neurodivergence meant for her. “I’m really empathetic,” she told me. “I really feel other people’s emotions. … I am consequently a good support for people. At the same time, if someone around me is in crisis, I really feel it. I’m more porous with my emotions. I react. That’s how my brain works, and it has strengths to it and certain challenges.” These challenges wouldn’t be so difficult to bear, however, if there was more “fluidity,” as she put it, and acceptance in the academy, in the world.

Bustamante is pushing to make those changes by being open about her disability. But she has to battle inertia: “There’s a lot of performativity around inclusion,” she told me. “I haven’t met anyone who’s like, you’re wrong, we shouldn’t be better about these things — it’s just easier to do things as you’ve been doing them. Without big pushes, there is inaction.”

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Ariel Lambe, an associate professor in the history department at the University of Connecticut, came out publicly about her mental-health diagnoses on Twitter after she got tenure in April

2021. She eventually published a piece in the *American Historical Review*, "Seeing Madness in the Archives." "Coming into my own in this identity," she writes, "I found the courage to speak out loud, break the silence, come out of hiding, and assert my mad self." She is now working on a book-length project on "unsilencing" severe mental illness.

Sabrina Mittermeier, a postdoctoral researcher and lecturer in British and North American history at the University of Kassel, in Germany, was halfway through a day clinic for depression when I spoke with her. Mittermeier attributes "100 percent" of her struggles to academe's culture of overwork and the instability of the academic job market. She described a "completely inhumane work culture — toxic conditions that simply won't improve."

What should those who are struggling do? "You just have to learn to say no, to drop out of toxic projects," Mittermeier said. But she acknowledged that, when she was an early career scholar, "I didn't have this luxury. I would say yes to everything, I presented at 10 to 12 conferences in 2019 alone. But I'm now at a point where I know what my boundaries are. At what cost?"

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Those of us who struggle with mental illness are desperate to fight the stigmas associated with our respective diagnoses, for others to know that our need for accommodation is not a personal failure, that we just operate, think, differently. And this is why it's crucial to accommodate us: to diverge is to differ, to deviate, to continually depart from a standard, a norm. It follows, then, that neurodivergent academics are trailblazers; they offer the academy something more than already exists.

Of course, the narratives that stigmatize neurodivergence do not come just from outsiders — they are internalized. And it's not just that we need accommodations; we need to feel unashamed seeking them. One professor with bipolar disorder told me, when I said I might disclose my diagnoses to HR, to be prepared for how devastating the process would be. "I cried," he told me, "because at that moment, it was in writing. I officially became a disabled person. I knew I needed accommodations, but I was ashamed."

I knew what he meant. When writing this essay, I suffered a hypomanic episode. I ran out of one of my mood stabilizers and thought I could do without because I'm on two, and I hate being on so many medications. I was not in a good state of mind to begin with; it was the end of an arduous academic year. I had traveled for invited talks and conferences an average of once a month, while teaching my classes and trying to finish my book. Even after speaking with so many people who have bipolar disorder and other serious mental illnesses, I was still in denial that I, myself, had a serious illness, that I, too, needed to take care of myself. A part of me still believed that I was not sick — just weak — and that I could “fix” myself without help. I am, after all, a professor. I couldn’t be that sick. I simply could not reconcile the version of myself who has accomplished so much with the version of myself who is disabled. It took another friend who struggles with mental illness to see I was in crisis, to see I was acting out of character, and to solicit help for me.

During the three weeks I was struggling with hypomania, I had moments of suicidal ideation, and, in these moments, I thought of the academics I interviewed for this piece. The conversations we shared helped me calm down, move forward, and not harm myself. When I began to think my daughter would be better off without me, I remembered my one source who lost her father to bipolar disorder: “In his suicide letter to me he expressed the same sentiments,” she said, “but he was wrong — he was a really good dad.”