

# Chapter 12

## Relational Pedagogies of Disability: Cognitive Accessibility in College Classrooms



Michelle Jarman and Valerie Thompson-Ebanks

### 12.1 Introduction

Students with disabilities are entering colleges and universities in growing numbers. Data collected by the U.S. Department of Education from 2008 to 2012 indicate that 11% of undergraduate students enrolled in two- and four-year postsecondary institutions report having a disability. From the 2008 data, 31% were identified as having learning disabilities, 18% reported diagnoses of attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD), 15% reported having psychiatric diagnoses, and 2% were on the autism spectrum (Raue and Lewis 2011). This chapter focuses on the unique access needs and experiential insights from a sample of students with disabilities, such as those listed above, specifically with non-apparent conditions to frame a larger discussion about relational pedagogical approaches grounded in critical disability studies. By relational approaches, we refer to teaching strategies designed to enhance a sense of belonging among these students within their larger campus communities.

The unique struggles and barriers to success for students with disabilities in higher education are of great concern in the field of disability studies. Although greater numbers of students with disabilities are entering postsecondary institutions and disability support services offices are now well established within the structure of university life, these students continue to face greater barriers than their nondisabled peers. Research indicates that students with disabilities withdraw from postsecondary education at higher rates than their nondisabled counterparts (Kranke et al. 2013; Wessel et al. 2009); in addition, disabled students have lower graduation rates, ranging from 21 to 34% (Newman et al. 2010) compared to a 58% graduation

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M. Jarman · V. Thompson-Ebanks (✉)  
University of Wyoming, Laramie, WY, USA  
e-mail: [mjarman@uwyo.edu](mailto:mjarman@uwyo.edu); [vthomps4@uwyo.edu](mailto:vthomps4@uwyo.edu)

rate among students without disabilities (U.S. Department of Education, National Center for Education Statistics 2016).

These graduation numbers are compelling, and the situation for students with psychiatric diagnoses is even more complex. In a national study of campus disability services, Mary Collins and Carol Mowbray looked specifically at these students, reporting that “86 [percent] of individuals who have a psychiatric disorder withdraw from college prior to completion of their degree” (2005, p. 304). Further, they found that disability support staff were often uncertain of the most appropriate accommodations or which supports would be most useful to these students. In a qualitative study looking at the support needs of students with psychological disabilities, Stein (2015) found that students benefitted greatly from accommodations provided by disability support services (DSS). In fact, many students in Stein’s study not only considered DSS support “necessary” to their academic success, but having support also made them feel less “alone” and more integrated into the campus community (p. 76). However, while disability supports and services on university campuses are becoming crucial to some students’ success, many students are unfamiliar with the system, unable to provide necessary documentation, or the supports offered do not directly address unique student needs.

A keyword in providing support for students with disabilities is *access*, but this term is also broad and contextual, so exploring the *meaning* of access is crucial to these efforts. In practice, access usually comes in the form of extended time, quiet testing environments, materials in alternative formats, note-takers, interpreters, captioning services, and audio texts, among other supports, but all of these involve diagnosis, qualification, requests, and granting of services. Tanya Titchkosky, who has written extensively about access in university life, invites a critical engagement with this term in order to better understand how processes and structures of disability access illuminate our perceptions of and relations to each other: “Exploring the meanings of access is, fundamentally, the exploration of the meaning of our lives together—who is together with whom, how, where, when, and why?” She suggests that such questioning allows us to “regard disability as a valuable interpretive space” (Titchkosky 2011, p. 6) that we can return to and reflect upon to better understand relations between people and the spaces and systems they inhabit.

Margaret Price has also critically engaged with the meanings of access, focusing specifically on the complexities of university life for students with mental disabilities. In her groundbreaking book, *Mad at School* (2011), Price argues that the very expectations of academic life are set up to exclude or at least create barriers for many students with mental disabilities. Price uses the term mental disability to be inclusive of anyone with a diagnosis associated with cognitive processes. This umbrella term links together people with psychiatric diagnoses, autism, learning disabilities, brain injury, distress, among other issues. She connects these diverse conditions because, in many ways, they are already discursively linked by their seeming incompatibility with traditional academic ideals of the rational, intellectual, and ordered mind. As Price explains: “I perceive a theoretical and material schism between academic discourse and mental disabilities. In other words, I believe that these two domains, *as conventionally understood*, are not permitted to

coexist” (2011, p. 8). Price sees addressing this schism as a necessary project if students, faculty, and staff with mental disabilities are really going to gain a sense of belonging in colleges and universities. In other words, this represents an expansive project of reimagining access—of reimagining academic spaces, expectations, and practices to not only include but to be informed by mental disability. To set the stage for this project, we engage with Price’s provocative question: “What transformation would need to occur before those who pursue academic discourse can be ‘heard’ (which I take to mean ‘respected’), not *in spite of* our mental disabilities, but *with* and *through* them?” (2011, p. 8).

Our approach brings together Titchkosky’s questions about the relational nature of access with Price’s appeal to inform campus culture and classroom pedagogy *through* insights from students with mental disabilities to frame the interviews in the following section. As students describe experiences with access and mental disability, they address disability services, faculty support, classroom dynamics, and personal relationships as elemental in shaping their sense of belonging and *un*belonging in campus life.

## 12.2 Participant Recruitment and Scope of Study

The eight interviewees discussed here were participants in a larger study designed to better understand student choices about disclosure and use of campus disability support services. Following the University’s Institutional Review Board (IRB) approval, an online survey was distributed in 2014 to all undergraduates at a Western U.S. land-grant university. The survey instrument included comprised 14 open-ended short answer questions and gathered demographic data such as gender, age, ethnic/cultural background, hours employed while a student, military status, relationship status, college credits completed, academic major, stop out experience (leaving college for one or more semesters), disability identity, including disclosure to the university’s disability services office, and whether or not students used any formal accommodation.

Of the 111 students who completed the online survey, 31 indicated that they have or had a disability during enrollment at the university. A total of 80 students did not report having a disability. At the end of the survey, students had the option to contact the researchers if they were interested in participating in a follow-up face-to-face interview. Ten students with disabilities completed face-to-face interviews, and notably, eight of the ten disclosed mental disabilities, including learning disabilities and psychological disabilities and one student diagnosed with Asperger’s syndrome. One of the interviewees had a physical rather than a mental disability, while the other had chronic pain so they are not discussed in detail here. An analysis and discussion of interviews with the nine students who reported having non-apparent disabilities is written up separately (Thompson-Ebanks and Jarman 2018). Data pertinent to the one student with the apparent physical disability was not included to

protect the identity of the individual, given that others can easily identify their distinct experiences at the university.

After completing the interviews, we were struck by the prevalence of mental disability, and the insight offered by these students. While one major interest of the interviewers was learning about student use of disability support services, a larger goal was to understand how students negotiated academic spaces and what barriers they had experienced, as well as what supports they accessed or personally put in place to be successful. As disability studies scholars, we have been particularly interested in disability studies pedagogy and universal design as these overlap with student insights. Grounded in student encounters with accessible and inaccessible spaces and contexts, this chapter engages directly with Titchkosky's relational inquiries and with Price's invitation to consider the "transformation" needed to produce a "sense of belonging" for students with mental disabilities within the academic spaces of the university. Using student voices as a starting point, the authors draw upon universal design principles and disability studies pedagogical approaches to map out relational approaches to teaching and learning.

## 12.3 Discussion of Interviews

### 12.3.1 *Overview of Interviewees*

This section introduces the interviewees (with pseudonyms), their self-described disabilities, their experience with stigma, access barriers, or disability support and advocacy, and how these have shaped decisions of disclosure and nondisclosure. As would be expected, disclosure of mental disability is dynamic and contextual, and these interviews capture students in a process of responding to social pressures as well as using their experiences to inform others' understandings. As stated above, all eight of the interviewees self-identify as having some form of non-apparent, mental disability. Notably, five of these identify anxiety and/or depression as the most significant condition they experience. Two female students, Sasha and Dana, describe anxiety directly associated with trauma—Dana's diagnosed PTSD is specifically attributed to military sexual trauma (MST). A male in this group, Michael, associates his anxiety with a congenital heart condition; he describes an emotional spiral as exams loomed—where nerves increased his heart rate, which increased his anxiety, and so on. Another in this group, Veronica, describes anxiety and depression compounded by an undiagnosed (and unsupported) learning disability. Ray, a male international student, struggles with depression, which has been exacerbated by intense familial shame. Of the final three interviewees, two have diagnosed learning disabilities: Joshua has dyslexia and Chris central auditory processing disorder (CAPD) with attention deficit disorder (ADD). The final interviewee, June, identifies as having Asperger's syndrome, and describes struggling at times with the complex social dynamics of academic life.

Half of these students describe seeking academic support from the university disability support services (DSS) office, but notably, four of the five students with anxiety or depression chose not to disclose to receive services. For the most part, students with psychological and emotional issues consider their diagnoses as individualized “problems” or worry that disclosure would lead to professors and peers misunderstanding their disability—or judging them as lazy. By contrast, students with learning disabilities and the student with Asperger’s describe actively seeking out support services and offer specific suggestions about improving academic supports. However, even with these contrasts, all of these students are sensitive to misperceptions and stigma, and articulate a desire for family members, peers, and professors to be more knowledgeable, understanding, and accommodating of mental diversity. As discussed in more detail below, these range from wanting families to believe in the realities of a diagnosis to wanting professors to better support their learning needs, individually and in classroom contexts.

### ***12.3.2 Social Context, Stigma, and Fluidity of Disclosure/ Non-disclosure***

While none of these students has a background in disability studies, as they articulate personal academic histories, they begin to unpack access as an interpretive space—identifying social barriers as well as experiences with ableism and saneism. Sasha received diagnoses of depression and generalized anxiety her freshman year in college. She struggles with panic attacks, and recounts a history of self-harm, including a suicide attempt connected to family trauma. Sasha has tried to share some of her experience with emotional distress in classroom discussions—when relevant—but has found some peers to be judgmental or invasive. In these situations, she grapples with conflicting impulses: wanting to share but not wanting to risk follow-up social expectations to share MORE. This is especially difficult because invasive questions (even those meant to be compassionate) often trigger emotional distress: “It’s just a lot easier for me to avoid triggering feelings by not bringing up the subjects at all.” Sara Ahmed’s (2010) concept of “inhabitation” is useful in understanding the dynamics of such social encounters. Ahmed explains that the work of inhabitation involves “extending bodies into spaces” (p. 11) in an effort to make these spaces inhabitable. However, social spaces are not neutral, and while Sasha attempts to orient her peers to her experience, their rejection closes down the potential of that exchange. Ahmed explains this in terms of “orientation” and “disorientation”: “If orientation is about making the strange familiar through the extension of bodies into space, then disorientation occurs when that extension fails. Or we could say that some spaces extend certain bodies and simply do not leave room for others” (p. 11). In effect, Sasha’s attempts to extend her bodymind experience and knowledge into these discussion spaces are met with failure, the

result being that she silences herself and her peers lose the opportunity to gain insight—and productive disorientation—from her unfamiliar, yet rich, perspective.

The pressure to silence herself extends to interactions with professors. She fears they will not think mental health is as important as a physical disability, and that they will think of her “as less of a student or less of a hard worker.” Sasha attempts to shrug these experiences off as “no big deal,” but then immediately corrects herself, admitting, “In reality it is kind of a big deal; it does affect my education.” Ironically, even as she knows anxiety and depression impact her ability to fulfill her academic goals, this fact also looms large as “... the biggest reason why I don’t really tell instructors.” Sasha knows that by not disclosing to instructors, she actively removes herself into spaces of isolation, withdrawing from discussions in which she would like to participate.

Other students describe similar self-imposed silences. Ray, an international student, and Michael, now graduated, also recount concealing their diagnoses. Ray fears peers and professors will pity him if they know about his depression. Based on his family’s religion, his mother views his depression—especially his suicide attempt—as sinful, so his family offers little support for therapeutic resources. With distance from his family, Ray now sees one source of his depression as his parents’ excessive fighting when he was a child: “The triggers happen sometimes when people fight ... like my roommates fight. I have these memories come back to me from when I was a kid.” Ray seems to allow himself to feel his emotions when they emerge, but he remains private about them, sharing only with very close friends.

Michael also keeps his mental and physical health conditions to himself. His anxiety, OCD symptoms, heart condition, and migraines were episodic and temporary when he was a student, so he never sought accommodation. Now working full-time, and reconsidering his undergraduate experience, he better understands how disability services might have benefitted him. As a student, migraines most affected his academics and work, but he was uncomfortable telling professors or co-workers about them. He suggests that unless people have had experience with migraines, anxiety, or disability, they often misunderstand the nature of persistent conditions. In his current position, when he misses hours or days at work, he worries that people assume he is “sick all the time when what’s really going on is that [he is] dealing with these persistent medical conditions or these persistent sometimes debilitating ... disabilities.” Michael is acutely aware, from his own experience with disclosure, that everyone brings their own understanding (and lack thereof) to conversations about disability, and he sees education as key to creating more accepting, inclusive environments.

June, diagnosed with Asperger’s in elementary school, came to college with years of experience navigating the schooling context and its mechanisms to support learning through Individual Education Plans (IEPs). At the university, June actively uses support services, primarily extended test time, and she usually speaks to professors early in the term to avoid misperceptions about her “quirks.” She sees Asperger’s as part of her individuality: “[T]here is no ... cookie cutter, every person has their own quirks, they have their own eccentricities ... people who have [autism] can’t always be put ... into one box, into one category ... it’s just really, really individualized.”

While June has enjoyed a very supportive family, a strong network of friends, and recognizes that people are “starting to understand” autism, she also describes instances of feeling patronized by classmates, as well as being offended by ableist language, specifically the word “retarded.” She explains, “Something that just really, really frustrates me is when people say something like, that’s so retarded, or such a retard, and sometimes I just want to say that is such an outdated and really degrading term.” Her concerns are not only personal, but are connected to other people with disabilities being misunderstood and mistreated; she wants nondisabled people to be more educated about disability as a valued dimension of human variation.

Both Dana and Veronica describe anxiety related to trauma and share feelings of isolation and stigmatization by classmates and friends. Dana is a non-traditional student in her forties, a veteran, and has PTSD from military sexual trauma (MST). Self-confident and unapologetic about her diagnosis and history, Dana actively uses disability services, discloses her diagnosis to professors to discuss accommodations, and often “comes out” in class about PTSD. Dana describes faculty and university staff as uniformly supportive, but classroom dynamics are often challenging. She thinks classmates “look at [her] weird” because they think she will “go off at any minute.” Even more troubling to her is that some traditionally aged, female friends are dismissive of PTSD and MST; her non-combat trauma is brushed off by peers as not being a “big deal,” and Dana struggles intensely with this erasure of her emotional pain. Much like Sasha, Dana feels disoriented when she attempts to extend her bodymind experiences into social spaces only to be rejected, misunderstood, or dismissed.

Similarly, Veronica feels judged by other students. She believes peers find her “annoying,” especially because she is “hyperactive”; in response, she withdraws socially and isolates herself. She describes struggling all her life with learning—with reading, staying focused, and remembering assignments. Veronica believes she has ADHD, but after going to a psychologist and spending \$400, the results were inconclusive. She wants to work with the psychology clinic on campus, but the cost, especially after essentially losing money on an unconfirmed diagnosis, has become prohibitive. Veronica suspects much of her depression and anxiety stem from an undiagnosed learning disability: “I feel like my depression isn’t the base symptom I have,” she explains. She elaborates to describe her experience:

[...] just not being able to, to focus in life, I mean what makes me exhausted is that I have to put in all this extra time and effort and ... it doesn’t always pay off and ... I can’t concentrate, my relationships suffer because of it.

Although Veronica describes her mind as “jumping around all the time,” she has little support for her view that she has a learning disability. Not only does the psychologist resist making a diagnosis, her family members dismiss ADHD as a fake condition. Her mother refuses to accept ADHD because she does not like “labels,” which causes Veronica to fear doctors may suspect her of “faking” to get medication. This situation of suffering her family’s dismissal of her experience, coupled with economic and diagnostic barriers to accessing support, illustrate the exhausting loop of extra labor many students get caught in—labor that exacerbates emotional distress.

The other interviewees with learning disabilities also mention feeling discounted by friends and family members who have challenged the validity of these students' diagnoses. Joshua, an engineering student who uses disability services, admits family members have questioned his diagnosis, suggesting that he just needs to work harder; however, he is unaffected by such comments. Joshua describes having to fight for accommodations in high school, specifically for extra test time and transcription services. He also resisted biased assumptions about his abilities held by educators who did not understand dyslexia. These experiences have engendered strong self-advocacy skills, which he utilizes on campus to access disability services, seek assistance from professors, and pursue the academic goals he sets for himself.

Chris, diagnosed with ADD and CAPD, is also confident and open about his disabilities, even as peers occasionally say "mean and derogatory" things about him and his father and sister openly question the veracity of his diagnoses. Chris admits that his family has never been supportive: "That's going to sound bad, but I've never really had a support system." Chris feels that disclosing his disability is crucial to his success, not only to access key accommodations such as extra time and materials in alternative formats, but, as he explains, "Had I not told some of my professors, they would have thought I might have just been another lazy student that didn't care or didn't want to do things they say." However, while disability supports are essential, Chris echoes other interviewees by stressing that he does "twice as much work as other students." As he further explains, "... not only do I have to sit through a class and take notes, I have to decipher what that teacher says at home as well." Like many students with disabilities, he wants people to understand that while it is difficult, he has "busting butt ... to get this done."

A final complication for many of these students is that although they share some experiences of disability, they still experience the complexities of impairment, of pursuing accommodations, and negotiating social and "kairotic" spaces as highly individualized. As Chris succinctly concludes, "I mean it's ... my problem ... I don't know what people can do." This perception of disability as an individual problem is reinforced by the structures of DSS in university life, but, as Titchkosky (2011) reminds us, these structures of access reveal our relations to disability and to each other. She points out that access is constructed as a goal, an endpoint, but it is better understood as perception—as a process in which we are always already involved:

As perception, as talk and conduct, as a form of consciousness, access leads us to ask how access can be an interpretive move that puts people into different kinds of relations with their surroundings ... Every single instance in life can be regarded as tied to access—that is, to do anything is to have some form of access (p. 13).

From a disability studies perspective, this relational register of access needs to be more visible in academic spaces in ways that support the social extensions students with disabilities make into learning spaces, where peers, faculty, and staff can share the labor of making these environments habitable.



### 12.3.3 *Classroom Dynamics and Interactions with Professors*

As these students recount, one of the complexities of achieving fully accessible environments is the wide range of perspectives about mental disability, including persistent stigma and suspicion among faculty, staff, and student peers about the legitimacy of diagnoses and corresponding accommodation requests. We asked interviewees to reflect upon difficulties they have had in classes or with instructors, to tease out specific issues exacerbated by ableist attitudes or unwelcoming classroom environments. One student recounted a professor who publicly “outed” him as having a learning disability and shamed the student for needing more time on exams; however, this incident was uncommon, and the instructor soon left the university. Many faculty members follow disability support guidelines, but nonetheless set a subtle tone of resistance to providing access. Veronica notes that many professors shut down conversation early in the semester by stressing the rigidity of the course requirements: “I mean you can tell because they’re the teachers that walk in and they’re ... like I’m not going to help you work around your stuff, I’m not that kind of teacher, your responsibility is to get this, this is college, blah blah blah ... there’s no extensions, no matter what.” Some instructors give students the “cold shoulder” and others, like the one described here, make it clear they are unwilling to participate in open-ended conversations about accommodations. Some students avoid classes with such professors, but this is not always possible. Other students select classes based upon physical environment, class size, or format. For example, Dana negotiates her PTSD by taking small classes, and actually adjusts her schedule to avoid large lecture halls. Small class environments allow her to better focus on the professor, the course materials, and to participate in discussions.

These examples of rigidity demonstrate the ways academic environments continue to be shaped to exclude non-normative minds. As Margaret Price suggests, “Academic discourse operates not just to omit, but to abhor mental disability—to reject it, to stifle and expel it” (2011, p. 8). Syllabi, course requirements, and classroom dynamics are all part of academic discourse, and faculty members can render these spaces and conventions more disabling by enforcing norms of able-mindedness. On the other hand, instructors who are flexible and committed to inclusive strategies often have overwhelmingly positive effects on students. In fact, in a research review on postsecondary strategies for supporting students with learning disabilities, Orr and Hammig (2009) stress the overarching importance of implementing universal design principles in course design—multiple modalities of presentation, expression, and assessment—but they also underscore that student success is strongly influenced by faculty support. In fact, “instructor behavior was seen as a powerful contributor to, perhaps even determinant of, the quality of [students with disabilities’] experiences in postsecondary education” (p. 193).

These interviewees also underscore how crucial faculty support has been to their success. Several students describe unique connections with professors based upon disability experience. Michael recounts a story of an instructor who shared his own struggles with migraines, an experience that became a meaningful bond between

them. Sasha's band director revealed his history with depression, and this openness and support became deeply important to her. Other professors intuitively integrate universal design elements and flexibility into course processes and assignments. Chris describes having many supportive professors—several who have gone “above and beyond.” Indeed, it was a professor early in his college career who encouraged Chris to get tested for a learning disability in order to have access to disability supports.

June and Joshua also describe supportive faculty, especially in office hours where they are able to gain additional help with class material and assignments. Sasha and Dana have both asked for flexibility to leave class on occasion in order to manage their anxiety. One of the Sasha's instructors allowed her to leave the room for a while during a lab final to avoid a panic attack. Dana, who actively discloses to advocate for herself, describes her professors as “the best” because they have been very accommodating of her need to move within the classroom in order to navigate the effects of PTSD.

These anecdotes of flexibility, compassion, accommodation, disclosure, and vulnerability often take place in what Margaret Price calls “kairotic space” of the university: “These are the less formal, often unnoticed, areas of academe where knowledge is produced and power is exchanged. A classroom discussion is a kairotic space, as is an individual conference with one's professor” (2011, p. 60). Informal conversations where professors upend power dynamics by disclosing disability to a student, through purposeful rewriting of rigid expectations of bodymind comportment in classroom spaces, and by allowing students to leave or be absent as strategies to support mental health are examples of expanding accessibility in kairotic space. Price encourages college instructors to be mindful of the potential access barriers built into formal assignments, tests, and lectures—where universal design strategies such as note taking, outlines, study aids, and captioning can easily be built in—and can benefit all students. Faculty need to be especially aware of the stressful power dynamics present in everyday, casual academic environments, in the kairotic spaces of small-group conversations, online or class discussions, office hours, peer-review interactions, and even informal academic social gatherings.

From our interviews, classroom discussions emerged as kairotic spaces of particular potential and vulnerability for students with mental disabilities. As discussed above, most students describe instances where they have felt silenced or openly judged, or where they have silenced themselves rather than risk being pitied or misunderstood. Because many instructors—even those who willingly accommodate individual needs—do not publicly call attention to classroom dynamics or the complexity of facilitating accessibility for mental disability, students often do not know what to request or how to ask for accommodations. Several students describe difficulty sitting still or focusing in class due to medications, learning disability, migraines, or emotional distress. In Dana's case, for example, instructors have allowed her to get up and move or excuse herself, but if this level of flexibility were built into the classroom expectations, all students would understand this as part of the collective accessibility, not as something one student has “special” permission to do.

When instructors gloss over accessibility and students feel compelled to be silent about both their needs and their experiential insights related to non-apparent disability, everyone in the class loses the opportunity to learn from each other and to collaboratively create more accessible spaces. Sasha speaks powerfully to this internalized tension, acknowledging that she is often silent about what she calls her “problem.”

I feel like I have missed out on discussions that are ... that could be beneficial to not only myself but other people in my class, by avoiding subjects and by keeping quiet ... and kind of hidden away, I feel like I might be missing out on a chance to participate at my fullest potential, which is the reason I take classes like those ... to get a different perspective and it's hard to get the different perspective when other people don't really know ...

Sasha provides a compelling example of the productive disruption mental disability may bring to classrooms; further, if faculty are prepared to facilitate the inclusion of such students' insights, not only do they reinforce a sense of belonging to students with disabilities, but also other students benefit from important perspectives that are too often silenced or ignored. As Price suggests, “Students with mental disabilities may disrupt conventional agendas of participation not out of laziness or malice, nor even rebelliousness, but through sincere efforts to participate in ways that reflect their own abilities and needs” (2011, p. 76). Faculty committed to ongoing engagement in relations and processes of access would be wise to remember, “An accessible classroom neither forecloses emotion nor is overrun by it, but makes constructive and creative space for it” (Price 2011, p. 80).

## 12.4 Conclusion: Pedagogies of Relation and Care

As students reflect upon what they would ultimately like to see in classrooms from faculty members or in the form of accommodations, a common theme emerges: while individualized supports are crucial and appreciated, students want an overarching shift in environments and attitudes—where diverse learning styles are valued and supported, where mental disabilities are acknowledged and better understood, and where anxiety and emotional distress are validated. While not using the language of universal design, trigger warnings, or kairotic space, these students intuitively understand that these pedagogical approaches would benefit their learning, participation, and sense of belonging.

Universal design models provide dynamic strategies to support more students within classroom contexts, but instructors committed to access *as perception and relation* must also think across diversity categories in the pursuit of inclusive pedagogy, remaining open to the ongoing learning process inherent in making academic spaces accessible to all learners. Kristina Knoll draws from feminist disability studies pedagogy to encourage instructors to take privilege and oppression of all kinds seriously as we work toward enabling pedagogies. While she values universal design principles, Knoll also warns instructors not to use these strategies to

construct universalizing ideas of disability. She explains, “The concept of universal design must always be tempered by a commitment to recognize and address unforeseen barriers and needs of individual students” (2009, p. 127). The unique and varied concerns of students with mental disabilities underscore the need for instructors to be flexible and responsive to student accommodations and insights—and to acknowledge and encourage expressions of multiple dimensions of disability experience.

Supporting students with mental disabilities in classroom contexts and welcoming discussions of disability experience along with other expressions of diverse identity may present complications for instructors in terms of facilitating discussion, such as when to encourage more participation and when to interrupt discussion to provide context about power dynamics; however, planning with mental disability in the foreground also invites—even demands—collaborative, participatory engagement with access as a process. Jay Dolmage and Alison Hobgood invite instructors to adopt an orientation of care in pedagogical approaches to disability, not caring *about* or caring *for* disability, but caring *through*: “To care through is not to contain, define, or discipline disability but to provide space for what disability is and, more so, might become” (2015, p. 565). Caring through disability, especially mental disability, also promises the unexpected, the surprising, and new insight from students whose perspectives have too often been marginalized or misunderstood. Relational pedagogies of care invite those perspectives into the formal and informal spaces of the academy, and also engage in the labor of making those spaces habitable.

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