Notes

[1] This effort is not wholly adequate. The index of *Teaching Literature and Medicine* does not include topics and does not fully index all the texts included in the syllabi section of the books, leaving out many possibilities for overlap. I have tried to compensate for that but admit there may be oversights.

[2] I am tempted to point out here, too, that it could lead to a considerably less litigious environment for doctors.

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Voices from the Classroom

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As a former trainer in a teaching program and an educational psychologist specializing in disabilities, I have viewed learning from two perspectives: that of the teacher and that of the learner. My more recent role in administration has caused me to consider these perspectives in a more unified manner, concentrating specifically on the link between teaching and learning in higher education. Here at Emory, my responsibility is to view the total academic experience of students with disabilities and to work with faculty members to develop policies and procedures that will allow our students full access to educational opportunities. I am asked to build bridges between teaching and learning at an institution that has until recently taken for granted that everyone is equally endowed for learning and learns similarly. The unwritten understanding has been that if one passes the threshold of admission into this community, one does not have needs that might be considered "special."

My first venture into education, in the early 1980s, was at a large state university. The field of disabilities was relatively new, learning disabilities and attention deficit disorders were virtually unknown on campuses, and individuals with sensory or motor impairments were not invited. A university campus was a pretty inhospitable setting for one with a difference, let alone a disability, though there were exceptions. Those who came and stayed were the rare students who had developed a full measure of compensatory strategies and who tolerated the inconvenience of inaccessi-

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ble spaces and lack of accommodations. They persevered against great odds.

As of 1999, approximately nine percent of the students in two- or four-year institutions of higher education reported having a disability, according to a survey conducted by the Heath Resource Center of the American Council of Education. Of a total of 154,520 first-year students attending public and private schools, colleges, and universities who reported a disability, the largest category was students with learning disabilities, whose percentage grew from twenty-five percent in 1991 to forty-one percent of the total by 1998 (Henderson). In 2000, 1.5 million undergraduates reported a disability (*Postsecondary Students*).

The voice of the federal government was heard in institutions of higher education with the passage of the Americans with Disabilities Act of 1990. By law, no longer were individuals with disabilities excluded from college or required to come to a campus without accommodations. In addition to changing our perspective on what we teach, this law challenged us to change how we teach. Nine percent of the total undergraduate population does not represent a large number of individuals in any one institution, but the growing population of individuals with disabilities who have gained admission to universities—under the same guidelines as all other students—has required each university to develop spaces as well as a system of services and policies that address issues related to access (a "disabilities" office), to instruction (teaching centers and instructional modifications), and to services (special accommodations, such as taped texts, note takers, and special testing provisions).

Here are some of the many voices I have heard from inside classrooms over the past few months:

There is the plea for understanding from a student who has been diagnosed with depression and whose medication has become less effective over the course of the semester. He has trouble getting to class, participating in his seminar when he does attend, and performing routine activities with pleasure. He spends a lot of time alone. When he reads, he loses his focus and cannot recall what he has read. He is falling behind in his work but believes that his new medication should "kick in" soon—one sign of hopefulness. He does not want to give up. How does his seminar teacher grade this invisible student, since he has not attended class frequently but has completed all the written work? University policy prohibits withdrawal from a single class late in the semester.

There is the protest of the student who went AWOL from his Spanish course last summer because he could not face another day of embarrassment during oral exercises in class. He did not have documentation to support a course substitution, and he was unable to learn the auditory patterns in this, or any, language despite hours of practice. He must complete the course to graduate, and, since he has already been admitted to law school, he is trying once again. Should he be required to take this course?

There is the disappointment of the premedical student with the hearing impairment who sat for five weeks at the start of the semester in a chemistry lecture taught by a brilliant teacher with a pronounced foreign accent. This was the only section of a required course. She tried sitting closer to the front, getting notes from others, and taping the lecture, but the linguistic characteristics of the instructor's speech presented her with great difficulty. Finally, she admitted that it was futile and dropped the course. Should she give up her dreams of a premedical major?

There is the surprise of the student with a spinal-cord shock resulting from dorm-room wrestling. He is waiting to see if the feeling comes back in his hands and fingers. He is a graduating senior, a former triathlete, who would like to complete his courses without

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use of his hands for writing. Should he be asked to sit out a semester?

And there is the graduate student in the Master of Arts in Teaching program who cannot organize his day, find his papers, or sit in a chair for an extended period of time. His attention problems are significant even with medication and therapy. He is bright, verbal, and enthusiastic but does not turn in his assignments on time. Should he be advised to drop out because he will not get good recommendations from his supervisors?

From these few examples, it is clear that the range of "disabilities" is broad and requires rapid and creative responses. Our institutions must rethink what happens and how we make our decisions about learning in the classroom in response to a variety of needs. Our centralized support systems can provide the external structure to support academics, but without a more nuanced understanding of individual differences in the classroom, real access will be denied.

I was most fortunate when I started in this field, because the clinic where I worked was across from the North Carolina State University School of Design. This is a teaching and research school that has affected all our lives, though we are often unaware of its influence. A group of forward-thinking designers provided us with door levers that open by pushing down and not by twisting, ramps that allow people pushing baby strollers the same convenience as those in wheelchairs, and door latches that release by pushing inward. How many times have those of us with wet hands or holding a small child applauded these conveniences? We are all "disabled" by circumstances at times, and we enjoy the ease with which we can navigate because of modified environments.

The basic principle of Universal Design (UD) was that people have diverse abilities and needs, so the design of products should be useful and marketable to all. In other words, disability is not about segregation but about integration. It is about differences occurring on a continuum rather than categorical distinctions between those who are "disabled" and those who are "not disabled." These UD principles apply to education, and I would like to address their application in higher education. Now I am entering the world of pedagogy: not pedagogy for individuals with disabilities, but a pedagogy that, like UD for environments, addresses the needs of all students.

We have been challenged to examine how a disciplinary perspective makes a difference in our area of expertise and how disabilities studies may transform our notion of the humanities and of higher education. There is an overarching but unstated issue, that the paradigm shift in research and perspective in the humanities and other disciplines necessitates a shift in teaching as well. The change in pedagogy will demonstrate a deeper understanding of disability. We will walk the walk, as they say. In doing so, we will be forced to deal with the significant differences that arise when we discuss the "standards" issue, the argument that a degree from an institute of higher education represents a precise and consistent measurement of academic accomplishment.

This is where we return to UDI principles, the Universal Design for Instruction approaches that bring flexibility and creativity in instructional delivery and measurement. This is not a "change your whole instructional approach" system but, rather, a way of designing instruction so that many different types of learners can benefit. Those who frequent the Center for Applied Special Technology Web site (www.cast.org) or are familiar with FacultyWare (www.facultyware.uconn.edu/udi_information.htm) will find this material familiar. I invite those who are not yet familiar with these resources to visit them to learn and share teaching methods.

Since learning is an interaction among teacher, material, and learner, the process of learning is affected by the design of each

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course. The goals, objectives, organization, method of presentation, pace, and expected outcomes and their measurement affect students differently, either facilitating or impeding learning. Although UDI helps shape instruction so that different kinds of learners will find it accessible, its use does not mean that standards need to be changed or courses watered down. I am often asked by faculty members if extended time or other accommodations are fair to other students, and my response is to discuss issues of test validity: what do you think you are measuring on a test, and what are you actually measuring? How does disability increase measurement error, and what do we need to do to correct it? The issue of curricular and course "standards" needs to be understood in the context of UDI.

Joan McGuire, Sally Scott, Stan Shaw, and others at the University of Connecticut in Stowe have been working under a federal grant for several years on principles of UDI, translating them into instructional guidelines (McGuire and Scott; Scott, McGuire, and Foley). They have defined nine principles: equitable use; flexibility in use; simplicity and intuitiveness; perceptible information; tolerance for error; low physical effort; appropriate size and space for approach and use; promotion of a community of learners; and an inclusive, encouraging instructional climate.

Applying these principles to instruction allows our students to gain knowledge by taking advantage of their strengths. Lessons designed with these principles in mind create learning environments that are inviting to students. They use methods and technologies that facilitate learning. Here are some examples of UDI in instruction:

1. A professor in our law school at Emory decided that the three-hour exams he was demanding each semester placed some of his students at a disadvantage. He recognized that their explanations in writing were inferior to their oral participation in class. He now assigns take-home exams with suggested hours for completion, reducing the importance of speed and memory on the exam.
2. A professor of art history has placed her slides online so her students can review the pictures as many times as they like or print them out and make flash cards from them. Those with visual-memory problems get unlimited repetitions, and a learning strategy is built into the course.
3. A teacher of economics developed a series of short tapes that present principles of economics with the graphs and explanations he gives in his lectures so that his students can hear them and see his examples as many times as they need.
4. A literature teacher has one member of the class write a summary of the main points made each class and post these so that all students can compare their understandings and comment. He finds this useful as well, as he is often surprised at what his students take away with them. He can then return to the topic for clarification.
5. A medieval history teacher gives the students during the first class several essay questions that will form the final exam. These allow the students to understand the broad themes of the course and not get lost in the details. He periodically reminds the class of the questions so that they can put the puzzle together in their minds.

These are examples of changes in approach that can make a noticeable difference for some learners. I challenge you, as institutionally we have been challenged, to meet the needs of students with disabilities, to consider the students who enter your classes eager to learn (or at least to do well). Start by seeking an understanding of students' needs and preferences. Examine your teaching methods as well as your subject to incorporate principles of Universal Design for Instruction. Accept the challenge of applying a new perspective

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to teaching and to what we teach so that the diversity in our students is mirrored in our pedagogical practices.

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Disability, Life Narrative, and Representation

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Disability is an inescapable element of human existence and experience. Although it is rarely acknowledged as such, it is also a fundamental aspect of human diversity. It is so, first, in the sense that, worldwide, an enormous number of people are disabled. The proportion of disabled people in different national populations varies significantly with factors such as economic development, quality and availability of health care, and the age distribution of the population. (In the United States, people with disabilities make up the population's largest minority: Census 2000 found nearly twenty percent of the population over five years of age to be affected by some sort of disability [United States, Census Bureau].) Furthermore, because of the way this minority is constituted, it is arguably more diverse than those of race, gender, class, and sexual orientation. Disabilities may affect one's senses or one's mobility; they may be static or progressive, congenital or acquired, formal (affecting the shape of the body) or functional, visible or invisible.

All these differences create potential fault lines within the whole; far from monolithic, then, the category of disabled people is inflected with differences that profoundly affect identity politics. For example, people with hereditary or congenital disabilities are far more likely to "identify" as disabled and to express pride in their anomalous bodies. In contrast, individuals with acquired disabilities are more likely to resist or even reject identification as disabled and more likely to invest, financially and emotionally, in the quest for cure or rehabilitation. In any case, the border between the disabled and the nondisabled is less permanent and more permeable than those between racial and gender groups. With the help of biomedicine or rehabilitation, individuals can pass from the status of disabled to that of nondisabled; on the other hand, *anyone* can become disabled, at any time, and, barring sudden or accidental death, most people *will* eventually become disabled to a significant degree. So disability is a distinct form of diversity in its variability, contingency, and fluidity.

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