# Teaching Students with Stigmatized Disabilities: Identifying Critical Issues for Pedagogical Practice

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## Abstract

*It is problematic for educators to apply the provisions of the Americans with Disabilities Act (1990) and Section 504 of the Rehabilitation Act of 1973 as they pertain to teaching students with psychological and emotional disabilities because voluntary self-disclosure of disability is prerequisite for developing "reasonable accommodations" by the student with the faculty member. The literature indicates that internalized stigmatized identity and fear of negative consequences are the primary reasons for nondisclosure of psychiatric disability. The routes students use for working out "reasonable accommodations" (the "official" and "unofficial" routes), and the implications of the students' fears of negative consequences ensuing upon self-disclosure are discussed in the article. Specific recommendations for faculty are: communicating an accepting attitude to facilitate self-disclosure; providing inservice education about psychological impairments in the academic setting for faculty; developing a help network of colleagues, and limiting accommodations to those specific to the functional limitations of the student.*

*Keywords:* Disability, ADA, self-disclosure, reasonable accomodations, psychological and emotional disabilities

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## Introduction

> The life of the law has not been logic; it has been experience.
> (Oliver Wendell Holmes, Jr.)

Legal doctrines prescribe what is judged to be right and fair in a particular society but rarely do they take into account the complex psychological and social needs of the individuals for whom they are intended. Rather, it is in the actual application of laws on a case by case basis, the "life of the law," that the real efficacy and full impact of the law develops over time. Complex psychological and social factors have made it problematic for educators to apply the provisions of the Americans with Disability Act (i.e., ADA, 1990) and Section 504 of the Rehabilitation Act of 1973 as they pertain to teaching students who have psychological and emotional disorders. This topic is an issue that is

rarely discussed among colleagues in recreation education, even by those who, like the author, specialize in Therapeutic Recreation. Rather than offering nostrums, this article is intended to act as a springboard for further discussion and thought on this topic of pedagogical practice.

## Historical Background and Scope of the Laws

It is frequently overlooked that persons with disabilities constitute the largest minority in the United States. More than 14% of the total population in this country is limited in activity because of some chronic health condition (Disability Statistics Bulletin, 1988, cited in Kennedy, Smith, & Austin, 1991, p. 7). Over two decades have elapsed since the passage of Section 504 of the Rehabilitation Act of 1973, sometimes referred to as "The Bill of Rights of the Disabled," and it has been six years since former President George Bush signed the Americans with Disabilities Act into law. Both laws have had a significant impact upon the availability and use of all kinds of facilities, services, and programs, including educational, by citizens with physical, sensory, developmental, mental, and emotional disabilities. Section 504 applied to any institution or facility that received federal financial assistance of any kind (including grants, contracts, and loans) requiring them to be accessible for workers, students, and anyone using the services or facilities who had a disability, provided that such persons were "otherwise qualified."

The provisions of Section 504 extended to colleges and universities participating in any of the federal government's student loan programs as well as to colleges receiving federal funds for research in scholarships provided by federal agencies such as the National Institute of Health (NIH) and the Office of Educational Opportunity (OEO). The most obvious accomplishment of Section 504 was to make the physical facilities of the university accessible to students with mobility impairments, particularly those who use wheelchairs as well as those with sensory impairments. Ramped entrances to all buildings housing classrooms, dormitories, laboratories, recreation facilities, libraries, dining facilities, etc., assured that students who were unable to climb stairs would be able to gain access to these facilities. While not every room on a campus had to be wheelchair accessible, every facility that was unique and/or that housed the only program in service of its kind had to meet the ANSI standards for accessibility (i.e., Architectural National Standards Institute). Barrier-free design providing physical access was the major visible accomplishment of Section 504 on college campuses. The students who benefitted were primarily those with mobility and sensory impairments. Thus far, "Section 504 has been applied only infrequently for workers with psychological disabilities" (Mancuso, 1994, p. 108).

The Americans with Disabilities Act extended these requirements into the private sector and introduced the concept of "reasonable accommodations" in terms of providing access to facilities, services, and employment. Inclusion of individuals with disabilities into the school workplace and leisure settings would result from making reasonable accommodations for those who were otherwise qualified. Special programming and separate facilities, therefore, were only to be utilized in cases where the disabled individual

was not qualified to participate with the nondisabled due to the severity of the disability. Ideally, inclusion was to become the rule and segregation and exclusions, the exceptions.

Program accessibility was another important provision of Section 504 and the ADA that had an impact on colleges and universities. It was recognized that some students would require "reasonable accommodation" in the form of modifications of equipment and/or methods of instruction in order to fully benefit from the educational services of the college. In order to implement the provisions of these laws, many colleges established Offices of Special Services to provide supportive services for disabled students who registered with them, such as readers for blind students and counseling. It is common for campus Offices of Special Services to also offer technological assistive devices such as text enlargers for students with visual impairments and adapted computers.

Since the passage of Section 504, there have been greater numbers of students with disabilities entering higher education (Professional Staff Congress/CUNY, 1995). In college and university settings, they come into contact with faculty members who frequently have received limited training about mobility and sensory impairments, and little or no training or information about specific psychological and emotional disabilities or the use of adapted pedagogical methods in working with students with these kinds of special needs. It is more difficult to translate "reasonable accommodations" into the kinds of modifications that would apply to persons with psychological and emotional impairments. These modifications tend to be less tangible than those applying to persons with physical disabilities.

Compounding this difficulty, the laws place responsibility on the students themselves to voluntarily initiate disclosure of the nature of their disability and special needs to each faculty member. Many students are, however, reluctant to identify themselves as having a specific disability. Mancuso (1994) has noted that many persons with psychiatric disabilities who achieve employment may forego the protection of the law in order to "avoid disclosure of their psychiatric disability and the stigmatization which inevitably follows" (p. 110). This author contends that the group of students who are referred to in this article as "nondisclosing" students, may not enjoy full access to educational programs and services despite the existence of legal remedies

## Access, Inclusion, and "Reasonable Accommodation" for Students with Disabilities in Higher Education

The key concept of "reasonable accommodation" is that modifications of the environment must be made to enable "otherwise qualified" workers, students, or participants with a disability to perform their role effectively in the environment. When applied to the academic setting, "reasonable accommodations" for a student with a physical, sensory, or learning disability translates into specific modifications of the learning or testing situation such as: additional time to complete assignments; additional time to take tests; being able to take exams in a private room with a monitor; being able to use a tape recorder to tape lectures (PSC/CUNY, 1995). These kinds of "reasonable

accommodations" were most often geared to students with sensory and physical impairments and those with specific learning disabilities who have difficulty processing auditory or visual information (Mancuso, 1995; PSC/CUNY, 1995). In order to implement "reasonable accommodations" in the educational setting for students with psychological and emotional disabilities, it is necessary for faculty to understand the ways in which functioning can be impaired by psychiatric disabilities.

Some of the most frequently encountered functional limitations exhibited by individuals with psychological and emotional disabilities are: an impairment of an individual's ability to communicate in certain kinds of interpersonal situations; difficulty in concentrating and in attending to tasks requiring full vigilance caused by intrusive thoughts or by hearing voices; difficulty in filtering out the "background noise" of extraneous distractions causing the individual to easily lose his/her focus; excessive anxiety in response to negative feedback that may cause an individual to withdraw from a situation and to lose confidence in his/her own ability; phobias, specific fears that have no objective basis, may limit an individual's ability to participate in specific activities or to be in certain kinds of locales, and the side effects of certain medications that are used by individuals with psychiatric disorders may result in drowsiness in the morning, stiffness, and blurred vision (Cohen & Mynks, 1993; Mancuso, 1994).

It is easier for faculty to conceptualize the physical accommodations required by a student who uses a wheelchair than it is to identify the modifications in the learning environment that would enable a student who, for example, intermittently hears voices to function effectively in the classroom. Smoyak (1991) takes this view when she asks, "What would ramps for the mentally ill look like? How can abstract processes be made visible?" (p. 5). The type of accommodations recommended in the CUNY Guide (1988) for students with physical disabilities like Cerebral Palsy and Multiple Sclerosis are: allowing flexible assignment deadlines (CUNY Guide, 1988, p. 9); duplicating handouts on large-print copier and allowing the taping of lectures when the student is physically unable to take notes (CUNY Guide, 1988, p. 9). Among the types of accommodations recommended to faculty teaching students who have emotional/psychological impairments by the PSC/CUNY Guide (1988) are: discussing privately with the student any inappropriate behaviors manifested by the student in the classroom and setting forth clear limits of acceptable conduct in the classroom; identifying behavioral symptoms of depression (i.e., "may appear as apathy, disinterest, inattention, impaired concentration, irritability, or as fatigue") and anxiety (i.e., "withdrawal; constant talking; complaining; joking or crying; fantasizing or extreme fear, sometimes to the point of panic") (CUNY Guide, 1988, p. 12). In the case of the student who asks for therapeutic help, the Guide recommends that faculty refer the student to the campus psychological center or to counseling services.

*Reasonable Accommodation Versus Academic Integrity*

As with any disability, it is more important to know how the individual is experiencing difficulty with the task(s) than it is to know the specific diagnosis of the

disorder. Accommodations such as extending the deadline for an assignment for a student who works more slowly because of difficulties in concentrating does not seem to be unreasonable, but is it a "reasonable accommodation" to dispense with attendance requirements for a student who is agoraphobic? If a student has blurred vision from the neuroleptic medications he is taking, should this be an acceptable reason to exempt him from the assigned readings for the course? Students with high levels of anxiety who feel they need more time in which to complete a test or who feel they would be able to perform better in a written test situation if taking it in a room by themselves with a test-monitor may do so upon working this through the Office of Special Services at the college. While allowing the student more time and a different setting, this accommodation does not compromise any academic standard. In the case of the student who has difficulty with traveling to school due to phobias, recommendations were made for her to travel with a buddy and to continue working on the fears in individual therapy. She was held to the same attendance policy for all students at the college. How far should an educator go in modifying the learning situation without compromising academic standards of the course and discipline? Are there certain requirements that cannot be altered without seriously diluting the educational process? These are important questions to which the laws, Section 504 and the ADA, do not provide ready solutions. Each specific situation with a student with a psychiatric disability must be handled on a unique and individual basis according to the needs of the student, the requirements of the faculty member, the curriculum, the department, the school, and the profession.

## Issue of Disclosure Versus Nondisclosure

Compounding the difficulty for faculty of translating the modifications needed by a student with an emotional or psychological impairment into a pedagogical strategy to accommodate the student's needs is the fact that the laws place responsibility on the students themselves to voluntarily initiate disclosure of the nature of their disability and special needs to each faculty member. Many students are, however, reluctant to identify themselves as having a specific disability. Mancuso (1994) has noted that many persons with psychiatric disabilities who achieve employment may forego the protection of the law in order to "avoid disclosure of their psychiatric disability and the stigmatization which inevitably follows" (p. 110). I would contend that the group of students who shall be referred to in this article as "nondisclosing" students may not enjoy full access to educational programs and services despite the existence of legal remedies because of the existence of intraindividual psychological and extraindividual social constraints. These constraints limit voluntary self-disclosure of the nature of the individual's disability which is prerequisite for working out with faculty any accommodations needed by the student.

The basic premise of the ADA in educational settings that stipulates that "reasonable accommodations" be made for students with a disability assumes voluntary disclosure by the student of his/her disability to the faculty member or to the Office of Special Services. Disabled students may use the special services and counseling provided by an Office of Special Services found on many campuses on a voluntary, self-referred basis. This is the "official" route of self-disclosure. The laws assume that faculty will be able

to respond appropriately to students' specific needs for accommodations. The specific accommodations are worked out between the student and the individual faculty member. These assumptions (i.e., voluntary self-disclosure and appropriate faculty response to students' needs) are integral to the working of the legal guarantees of equal access and nondiscrimination in Section 504 and the ADA. In practice, when applied to the educational setting, neither premise can be assumed as many students are nondisclosing about the nature of their disability and many faculty members are not prepared to respond appropriately to the needs of students with psychological and emotional disabilities.

The PSC/CUNY Faculty Guide (1988) acknowledges that the means of achieving the ideals of reasonable accommodation to ensure full educational opportunity for disabled students often falls short because of their inexperience in dealing with emotionally disabled people, lack of knowledge and sensitivity (p. 3). The literature indicates that shame due to internalized stigma or fear of negative consequences are the primary reasons for nondisclosure of psychiatric disability (Deegan, 1993; Fisher, 1994; Goffman, 1963; Hoffman, 1994; Primavera, 1993; Scheff, 1974). This situation creates a problem of access for students who are unable to disclose the nature of their disability.

Shame and stigma have been attached to specific diagnoses, particularly those for psychiatric disorders as stated in DMS IV (Diagnostics and Statistical Manual IV, The American Psychiatric Association, 1994), Substance Abuse and AIDS (American Psychiatric Association, 1994; Goffman, 1963; Primavera, 1993). Both Section 504 and the ADA presuppose that the individual with a disability will choose to identity himself/herself voluntarily and will be able to communicate, directly or through an advocate, the type of accommodation needed to benefit from educational services in the college setting. My own teaching experience has demonstrated that this premise is far from universal. The invisible barriers in the academic setting for students with emotional and psychological disabilities or with AIDS are internalized stigmatized identity and fear of negative consequences from self-disclosure.

Unlike the consumers of physical medical and rehabilitation services, many consumers of mental health services often develop negative identities based upon the social stigma attached to the psychiatric diagnoses they have been given (Deegan, 1993; Goffman, 1963; Primavera, 1993). This process of internalization of "stigmatized identity" and its debilitating outcome has been described by Anthony (1993). "People with mental illness may have to recover from the stigma they have incorporated into their very being: from the iatrogenic effects of treatment settings . . . and from crushed dreams" (p. 87). When the diagnosis becomes a stigmatizing label and is internalized by the person as stigmatized identity, it becomes an "iatrogenic effect" of psychiatric diagnosis.

Not only psychiatric diagnoses carry with them social stigma. Stigma is attached to the medical diagnosis of AIDS because of negative public attitudes toward homosexuals and intravenous drug users, two groups who have been affected by AIDS (Grossman, 1992). The persistent stigma associated with HIV and AIDS in our society has been found to inhibit the decision of persons with HIV and AIDS to disclose this information to others (Mason, Marks, Simoni, Ruiz, & Richardson, 1995, p. 6).

*Illustrations of Self-Disclosure: Fear and Risk of Negative Consequences*

Fear of disclosure of a psychological disability and the consequent inability to disclose this information to peers and potential helpers can have a negative impact upon the successful outcomes in the individual's social, emotional, physical, vocational, and educational spheres of endeavor (Mason, Marks, Simoni, Ruiz, & Richardson, 1995). Many students with these disorders would rather struggle alone in silence than risk the anticipated negative consequences of self-disclosure to a faculty member and to peers they may hardly know. On the other hand, it has been found that satisfaction with social support and integration into a social support network increase levels of psychological well-being and decrease symptoms of depression among those with AIDS and HIV as well as among those with psychological disorders (A. W. Cohen & Farkas, 1992; Mason et al., 1995, p. 6).

The following examples from two professionals who experienced a psychological disorder during their careers as students in academic settings illustrate the importance of the factors of peer support and acceptance and support from faculty as important variables that can facilitate students' ability to ask for and to receive the "reasonable accommodations" required (Hoffman, 1994; Foderano, 1995).

Hoffman (1994) studied the difficulties students with a diagnosed psychiatric disorder had in disclosing this to faculty and to classmates. Hoffman, who was then a Masters student at Smith College, visited three major schools of social work in the mid-Atlantic region and, after identifying herself as a "psychiatric survivor" and a student, asked for social work majors to volunteer to be interviewed. She got only five students who were willing to come forth and talk with her. Hoffman found that these students felt they could not start a discussion in class about sensitivity issues such as therapists referring to patients by their diagnosis (i.e., "the paranoid patient"; "the borderline patient") and about their own feelings about having been former patients and that faculty did not encourage students to talk about these issues. She attributed this to the feeling that it was not "safe" to talk as there might be negative consequences. Their concern was that professionals working in the mental health field as therapists might be regarded warily if they revealed that they had been treated for a major psychological disorder. Hoffman says that fear of negative consequences does not end with completion of a graduate degree. Professional social workers who have revealed their psychiatric histories have, in some cases, experienced ostracism and isolation (Hoffman, 1994, p. 5).

In contrast, Michael Laudor, Yale law school graduate, described very supportive relationships with fellow students and with a professor at Yale (Federano, 1995). Laudor had been diagnosed as having schizophrenia. The medication he took to control his psychiatric symptoms made his fingers stiff and blurred his vision. Laudor told only a few classmates that he had schizophrenia; yet they were always willing to help him with typing and reading texts when his fingers were too stiff to type and his eyesight too blurred. "I went to the most supportive mental health facility that exists in America: Yale Law School," he said. The Dean of the law school, Guido Calabresi, was aware of Mr.

Laudor's diagnosis but had a very positive attitude toward his student. Dean Calabresi told Mr. Laudor that he was, "in a sort of invisible wheelchair and that he would place ramps where he needed." This positive attitude and willingness to facilitate access to "reasonable accommodations" is what Smoyak (1991) referred to as "invisible ramps."

*Faculty Response to Disclosure of Psychiatric Disability by Students*

Primavera (1993), writing on the issue of stigma, reported that negative attitudes toward those with a psychiatric disability were pervasive among students and professional staff working within the mental health system. If mental health professionals and students react negatively to those identifying themselves as having psychiatric disorders, it is not unreasonable to expect that faculty members, with or without specific training or experience in mental health, would react in similar ways. I have experienced the skepticism expressed by some colleagues that a student diagnosed with schizophrenia could successfully complete an Associate degree program in Recreation. These colleagues equated the diagnosis of schizophrenia with some kind of inevitable progressive intellectual deterioration. Until recently, this is how the disorder had been presented in the psychiatric literature ("a downward course"; "chronic deterioration"). Changes in the way in which the prognosis for schizophrenia is presented in the DSMIV. The American Psychiatric Association (1994) attests to the influence of the philosophy of psychiatric rehabilitation upon mainstream psychiatry (A. W. Cohen & Farkas, 1992).

*Routes of Self-Disclosure: Official Versus Unofficial*

I have worked with a student with a psychiatric disability, and have facilitated her successful completion of all course requirements for graduation by providing her with supplementary coaching; task analysis of complex assignments, and refocusing of tangential thinking. This particular student had chosen not to register with the college's Office of Special Services which is the official route provided for students to begin the process of working out reasonable accommodations. She had, however, disclosed the nature of her disability to me, as I teach courses in Therapeutic Recreation in the program, am identified as a "CTRS" professionally, and use the academic title of "Professor." The self-identification by a faculty member as someone who had worked with individuals with psychiatric disabilities made this student feel more comfortable in discussing the kinds of difficulties she was experiencing as a result of her disability. The student expressed the feeling that she felt "understood" because "you have worked with psychiatric patients before." This self-disclosure enabled her to work out the reasonable accommodations she needed via the unofficial route.

## Implications and Recommendations

It cannot be assumed that students with psychological and emotional disabilities will use voluntary self-disclosure in order to access sources of help in making reasonable accommodations in the academic setting. It has been noted that faculty's expressed attitudes impact upon the willingness of students to self-disclose the nature of their difficulty which is prerequisite to being able to negotiate "reasonable accommodations."

Both the "official" disclosure route through the Office of Special Services at the college or the "unofficial" disclosure route worked out on a one-to-one basis with individual faculty involve some risk taking on the part of the student who may fear negative consequences. Therefore, it is important that we, as recreation educators, communicate our philosophy which is grounded in the belief in the rights of all individuals to experience opportunities for optimal growth and development of their full human potential. In addition to our role as educators, we need to advocate for the legal and social supports for individuals with disabilities so that they can enjoy a quality of life to which we all aspire. In making explicit the belief in the value of inclusive recreation programming to students, the faculty member will facilitate the disclosure process for students with stigmatized disabilities by communicating an attitude of acceptance and encouragement.

While working within the psychiatric medical system for 10 years I had familiarity with the functional assessment of patients with psychiatric disorders. Faculty without specialized training may not be able to discern when students are manifesting problems that might be due to psychological and emotional disorders. It is recommended that some inservice education in this area be provided to faculty who lack knowledge about the kinds of functional impairments experienced by students with these disorders. The Office of Special Services at most colleges would be the appropriate department to conduct such inservice training for faculty from all disciplines.

In any given class, there may be students who have not previously been treated for a psychological or emotional disorder but who are currently experiencing distress. In the medical setting, the clinical treatment team comprised of professionals from various disciplines (such as Psychology, Social Work, Nursing, and Recreation Therapy) coordinate their efforts to provide comprehensive treatment for each patient. In the academic setting, the faculty member who is teaching students with various disabilities needs to construct a network of colleagues at the college who can provide interrelated services for the student as required.

Constructing a "help network" within the academic setting is another important factor in working more effectively with this student population. I have found that it was extremely important to establish a relationship with the college's psychiatrist as well as with the counselors in the Office of Special Services. The psychiatrist is expert at assessing for symptoms of psychiatric disorders and at making referrals for treatment. Counselors from the Office of Special Services are familiar with the various types of accommodation that are appropriate for specific functional limitations. Not all students will be receptive to the suggestion that it might be helpful to talk things over with a psychiatrist or a counselor. Students may feel that the faculty member is suggesting that they are "crazy" or "losing my marbles." It is important to reassure students that emotional and psychological symptoms are no different from physical symptoms and that there is nothing to be ashamed of in seeking proper help.

Reasonable accommodations can be utilized to address specific needs without compromising academic integrity. From my experience, "reasonable accommodations"

should be based upon the specific functional limitations of the individual student without diminishing the standards all students are expected to meet. Responsibility is put on the student requesting accommodations to utilize all help resources available to them (e.g., tutors; technological aids, counselors). It is extremely important that faculty members focus on the ways in which the students' disability limits or impairs their functioning academically rather than focusing on the diagnosis. The personal strengths of the individual student, such as a sense of humor and qualities of persistence and motivation, need to be given more weight than the diagnosis in predicting successful outcomes in the educational setting (Anthony, Kennard, O'Brien, & Forbes, 1986).

## Conclusion

The academic setting is not separate from other major social environments: family and workplace. Rather, it is an integral part of the larger developmental framework in which the individual grows, develops, and matures through interaction with others and through the learning of and assumption of age-appropriate roles and tasks. In this respect, the academic environment can afford the individual with a psychological and emotional disability opportunities to develop, improve, and strengthen many areas of functioning, not limited to the domain of cognitive functioning.

The teaching role, too, extends beyond the didactic information communicated in the classroom. The teacher/student relationship is, at its best, a relationship that facilitates the growth and development of the student as a whole person. It is important to emphasize that the teacher, although not trained as a "therapist" can have a salutary effect upon the student with psychological or emotional disorders by giving accurate, corrective feedback about the student's social behavior, personal appearance, and performance in terms of meeting expectations for coursework. Feedback acts as a "reality check" for the student and becomes useful information the student can bring back to individual therapy and continue to work on.

Teachers also can have a salubrious effect through the acceptance and encouragement they can provide and for modeling positive ways of dealing with emotions and problems. For the student with a psychological disability, the passage through school can become an important part of the individual's recovery process. That process (i.e., Recovery process) was described by William Anthony (1993) as "involving the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness" (p. 87).

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