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**Adapting and “Passing”:
My Experiences as a Graduate Student with
Multiple Invisible Disabilities**

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To most students and faculty members on the campus of Syracuse University, I am no different than anyone else. Some might think it odd that I wear sunglasses daily and long sleeves even in warm weather, but otherwise, I blend right in. My disabilities are invisible and because they are so well-hidden, people tend to be critical about my handicapped license plate and Quad parking privileges. Few know that I suffer from chronic pain and adult-onset asthma that severely limit my mobility. They cannot see my clinical depression and post-traumatic stress disorder. They are unaware that I am highly photosensitive and may be vulnerable to skin cancer due to advanced vitiligo, a hereditary autoimmune disorder that destroys the pigment cells. I am well on my way to becoming a complete albino.

Mine is not an unusual case. Many people with invisible disabilities succeed at “passing” as able-bodied, and we all have our own reasons for doing so. Denial, shame, social stigma and stubborn defiance against our own limitations motivate many invisibly disabled people to conceal the true nature of their disabilities, even to the point of avoiding assistance from the campus Office of Disability Services (ODS). Society, in general, recognizes disability only when assistive devices, such as wheelchairs or oxygen tanks, are required. In truth, unseen

disabilities are just as real and debilitating as those that require the use of assistive technology.

Unfortunately, few able-bodied people understand the concept of "passing" while living with invisible disabilities. We must continually explain ourselves and the flexibility we require to our family, friends, coworkers, colleagues and, occasionally, even to total strangers. Instead of societal acknowledgement of the very existence of our disabling conditions, we are often looked upon with an air of suspicion and called on to explain, yet again, exactly why we think we need any accommodations. Our original disabling conditions are compounded with the resultant exasperation, stress and, sometimes, depression of living under constant scrutiny when all we wish to do is live our lives to the fullest extent possible. College campuses are especially difficult environments. As a newly appointed teaching assistant and a person with invisible disabilities, I hope to offer insight into how instructors can make classrooms and teaching methodologies as inclusive and accessible as possible.

Understanding

Like many people with invisible disabilities, I have learned to adapt to the environment at Syracuse University, where I am a graduate student. I show no outward expressions of the pain I have lived with for most of my life and I have learned to control my actions and movements to minimize the amount of pain I must experience on a daily basis. I conscientiously avoid most of my asthma-attack triggers and I use my maintenance and rescue inhalers quickly and efficiently. I control my psychiatric disabilities with medication, counseling, and regular medical checks with my doctor. As for the vitiligo, I hide my stark white hair with permanent dyes and always wear sunglasses and long sleeves when I am outdoors.

I can control my disabling conditions most of the time, but not always. There are times when changes in medication, physical well-being and environment making learning more difficult. However, no one can see the obstacles I face. Unless I feel

comfortable enough to talk with an instructor about the necessity of accommodations, I will struggle to succeed. Instructors must be approachable. Thoughtful examination of disability issues leads to a greater understanding of and empathy for those who persevere despite physical, psychological and learning disabilities. Notice that I used the word “empathy,” not “sympathy.” Empathy involves being aware of and, as much as possible, vicariously experiencing the feelings of another without pity or condescension. This deeper sense of understanding and caring can serve instructors well in and out of the classroom as they form pedagogical practices.

Flexibility

New instructors will learn very quickly that many of us with chronic disabling conditions must live flexibly in anticipation of the changing nature of our disabilities. It is a matter of “bad days” and “better days” for many of us, myself included. As a result, we need our worlds to be flexible as well. Instructors should never assume that because students sometimes need none of their requested accommodations, they will not need them in the future. For example, due to my chronic pain condition, it is difficult for me to stay seated for long periods of time without experiencing a great deal of pain. As a result, I usually inform my instructors of my need for the freedom to take short breaks as needed. However, sometimes I can tolerate my pain long enough to make it through entire three- to four-hour classes. I find that taking occasional breaks might ease my physical pain, but that it interrupts the learning process and removes me from any classroom discussion that might be taking place. As a result, I take extra breaks only when absolutely necessary.

Since needs might change from day to day, it is important that the freedom to use any previously approved classroom adaptations continues to exist. It is also imperative that students have leeway to make necessary adaptations to requested accommodations as needed in the case of changing conditions.

Confidentiality

Often, students feel more comfortable coming to teaching assistants with personal concerns than to professors, especially in large lecture-style classes in which professors are distant figures. Teaching assistants might also be closer in age to most students than professors; that alone might make them more accessible confidantes. Both teaching assistants and professors should remember to be discreet at all times when students confide in them. They should listen with compassion when students describe their situations and realize that for some of us, admitting that we need special considerations at all is a major step. Teaching assistants should inform their professors when they learn that students need accommodations, but they should first make sure the students are comfortable with such a discussion. They should respect the privacy of students and allow them to approach their disabling conditions on their own terms. Instructors should be aware of and suggest, but not push, known community and campus resources.¹ Above all, they should conduct classes in a welcoming, non-judgmental manner to encourage those who need assistance to seek it out.

Accommodations

The type of accommodations necessary for students with invisible disabilities to succeed depends upon the nature and extent of the disabilities. There are generally three classes of invisible disabilities among student populations: physical, learning-related and psychological. The following is a brief synopsis of each and their most commonly requested accommodations:

Physical Disabilities

Invisible physical disabilities include chronic pain conditions, cardiovascular ailments, hearing and visual

¹ See **Informational Links** at the end of this article.

impairment, respiratory disorders, epilepsy, lupus and many other seriously debilitating conditions. A commonly requested accommodation among this population is the freedom to take extra breaks during class as needed without having this accommodation called to the rest of the students' attention. This avoids embarrassment and the implication of favoritism.

Some physical conditions, such as chronic pain and epilepsy, necessitate the use of medications that can seriously impair functioning until the optimal dosage is established. In cases like this, students might need extra excused absences while they go through the adjustment process for a necessary medication. This is a reasonable request. If a surgical or other therapeutic intervention is required during the semester, students might need to finish their coursework after the semester's end. In these cases, the granting of "incompletes" allows the students to finish courses without having to drop out due. Likewise, flexible exam scheduling may be needed due to conflicting medical appointments, complications with the medical condition or for other legitimate reasons.

Learning Disabilities

Learning disabilities are the most common invisible disability on campus. Students with learning disabilities have incredibly diverse needs that cannot be adequately addressed in this article. Some of the more recognized learning disorders are dyslexia, attention deficit hyperactivity disorder (ADHD) and attention deficit disorder (ADD). Students with these disorders may have difficulty dealing with the structure and function of classroom learning and might require extensive external assistance. While many people with learning disabilities control their disorders with medication and counseling, classroom accommodations are frequently necessary to facilitate their academic performance.

Due to the extensive nature of the accommodations needed by people with learning disabilities, these students will most likely work through ODS for assistance with note-taking, exam

accommodations and tutoring. However, instructors can make their classrooms more accessible for people with learning disabilities by minimizing classroom distractions and working cooperatively with ODS to address any other needs.

Self-awareness of teaching methods and continual improvement can go a long way towards creating a welcoming learning environment for students with learning disabilities. For example, some students with learning disabilities have a difficult time following fast-paced complicated blackboard examples or PowerPoint presentations. The provision of printed versions of these teaching tools with the concepts concisely explained can assist students with learning disabilities to understand the subject matter with less difficulty.

By simply making themselves available to students for further explanation and patient discussion, instructors can greatly assist their students with learning disabilities. Such discussions allow instructors opportunities to solicit feedback and take reasonable suggestions for changes to pedagogical approaches seriously. Such suggestions are not personal affronts. Rather, they are an opportunity to reach all students more effectively.

Psychological Disabilities

Those of us with psychological disabilities are the least likely to self-identify. The persistent stigma against those with psychological disabilities prevents many students who need accommodations, assistance or treatment from seeking it out. Even those who do seek treatment can be highly reluctant to admit to this type of disability and will usually come to instructors for help in the classroom only when it becomes clear that there is no other option.

Instructors must realize that students risk a lot by revealing that they have psychologically disabling conditions. Some fear being thought of as dangerous, unstable or inferior. Many also hide their conditions to protect their reputations, families and careers from societal prejudice. The general misunderstanding of

this form of disability among many people leads those of us who have psychological disabilities to keep it a secret to everyone but a select few.

Common psychological disorders include clinical depression, bipolar disorder, anxiety disorders (including post-traumatic stress disorder, obsessive-compulsive disorder and phobias), schizophrenia and borderline personality disorder. These conditions can be permanent or temporary, slight or severe. A basic knowledge of the most common psychological disabilities can be gained from freshman-level psychology texts, advocacy Web sites and the resources available at university counseling centers.

Most of us successfully manage our psychological disabilities through medication and counseling and require few classroom adaptations outside of an accepting and supportive environment. However, due to the nature of some psychological disorders, a student may find it difficult or impossible to attend class as regularly as his or her classmates. In addition, some psychotropic medications can be quite disorienting and may require a long period of adjustment when they are added or changed by the student's physician. A change in therapists or therapeutic methods can cause quite a bit of disruption in the student's life as well. Therefore, it may be necessary to allow extra excused absences, flexible exam scheduling and the granting of "incompletes" to allow these students to achieve at an optimal level.

Conclusion

Invisible disabilities are just as valid, and can be just as debilitating, as those that are more visibly recognized. As instructors, we are bound to encounter students who live with at least one invisible disability and it is our responsibility to help ensure that we provide an inclusive and accessible atmosphere for these students to the best of our abilities. Awareness, understanding, empathy and flexibility are the keys to providing an optimal learning environment for our students with unseen

disabilities.

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Informational Links

<http://www.invisibledisabilities.com>: The Invisible Disabilities Advocate Web site. Includes chapter 1 of *But You Look Good! Why Seeing Is Not Believing with Chronic Illness and Pain and Disabled? You Don't LOOK Disabled: Unmasking Society's Depiction of People With Disabilities*.

<http://www.theacpa.org/whatispain.htm>: The American Chronic Pain Association.

<http://www.niams.nih.gov/hi/topics/vitiligo/vitiligo.htm>: A thorough question-and-answer article on vitiligo by the National Institute of Health.

<http://www.vitiligofoundation.org/handbook.htm>: Another great resource on vitiligo.

<http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=33276>: The American Lung Association's Asthma & Allergy page.

<http://www.counseling.org/site/PageServer?pagename=consumers>: The American Counseling Association's consumer site. Addresses mental health issues and provides consumer information about counseling practices.