

1 Almost Passing

Using Disability Disclosure to Recalibrate Able-Bodied Bias in the Classroom

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This chapter contains the autoethnographic stories of two physically disabled¹ professors who almost (but not quite) pass for able-bodied. Our bodies fit neatly into culturally constructed categories for race, gender, sexuality, and education, but exist in that liminal space between “normal” and “not normal” ability. Medically diagnosed and marked with visible atypicalities, we are “disabled.” Yet, in our daily lives we are “normal” contributors to society while not disruptive to cultural norms. We do not need physical accommodations to move through professional spaces and meet students’² expectations for competent, available, efficient, and engaging faculty members. Overall, they interpret us as familiar and comfortable, perhaps temporarily injured, a bit stiff, with distinctive gaits and/or limbs, but not jarring to their expectations for professors, providing us opportunities to engage in personal self-disclosure for pedagogical purposes.

Through our “almost passing” embodiments, we navigate how to respond to our students’ desires to demonstrate their ease with, acceptance of, and even admiration for us, by categorizing us as “able-bodied.” In our responses, we remain mindful of the complexities surrounding if, when, and how people choose to disclose their ability status in conversations with others (Braithwaite, 1991; Herold, 2000). We know that our social privileges and power extend beyond the luxury of not requiring work accommodations. We are both White, straight, cisgender, tenured university professors. These cultural positions enable us to claim disabled status in an effort to resist the pervasiveness of “compulsory able bodiedness” in ways some disabled citizens may not feel comfortable with (McRuer, 2006). We both embrace how our bodies facilitate our pedagogy of social justice and note the vulnerability and frustrations that can emerge through these ongoing encounters. Our chapter reflects our commitment to “critical communication pedagogy” that promotes knowledge production, meaning-making, and opportunities to pursue inclusion, empathy, and social justice for disabled bodies (Fassett & Warren, 2007).

1.1 Two professors' autoethnographies of disability, identity, and pedagogy

We use critical autoethnography to analyze U.S. culture through our daily embodied experiences in our classrooms. Autoethnography links “the autobiographical and personal to the cultural, social, and political” (Ellis, 2004, p. xix). Methodologically, autoethnography combines autobiography and ethnography, calling for the “turning of the ethnographic gaze inward on the self (auto), while maintaining the outward gaze of ethnography, looking at the larger context wherein self experiences occur” (Denzin, 1997, p. 227). Applying a critical lens to autoethnography enacts a “cultural analysis through personal narrative” through which authors attend to the societal power relations that materialize across our encounters, privileging some bodies and marginalizing others (Boylorn & Orbe, 2014). As critical autoethnographers, we tell our stories of candidly claiming disabled status with our students to problematize their understandings of ability as a human identity category.

Unlike other social identities that have a set of observable, predictable traits such as gender or race, disability is defined as the absence of “normal” embodiment (see Garland-Thomson, 1997). “Not normal” embodiments include a wide range of phenomenological experiences that intersect with the complexities of cultural locations and personal identity categories (Kafer, 2013, p. 12). That said, our diverse bodies across diverse contexts move within discourses of compulsory able-bodiedness, that is, the collective cultural desire to place the inescapable vulnerability of our mortal embodiments on those medically diagnosed as deficient, deeming the rest of society “normal” and without stigma (McRuer, 2006). Able-bodiedness requires bodies marked as “disabled” by medical, social, media, and professional discourses to create the stigmatized margins to the dominant, privileged center (Haller, 2010; McRuer, 2006). Normality needs abnormality to exist; there is no center, privileged position without bodies designated to occupy the margins (McRuer, 2006).³ Of course, this binary is artificial; what is considered able-bodied changes across cultural contexts. As Susan Wendell (1996) explains, in some African communities, one must be able to carry a water jug weighing several pounds on one’s head for long distances to be an undisruptive able-bodied woman.

All bodies move along a spectrum shifting across time somewhere between gold medal Olympic athlete and dead, with age, illness, and injury as factors contributing to one’s location along the spectrum. Our bodies, seemingly healthy, mobile, and capable *and* visibly atypical offer an opportunity to illuminate this spectrum. We can disrupt the clean binary many perceive between able and disabled, drawing attention to disability as a difference that one does not need to respond to with fear, pity, or rejection. As professors in the classroom, we seize opportunities to expose this potential and challenge our students’ understandings. We offer our stories here in hopes that they will lead to similarly productive dialogues in our readers’ future interactions.

1.2 “Did you hurt your foot? ...Can people with what you have get pregnant?”

Julie-Ann: I glance at the clock on the classroom computer as I open my PowerPoint for today’s lecture. I need to ensure the videos embedded within the pages are loading. They are. Class starts in 10 minutes. I’m ready to go. It’s the first day of our “Performing Lyrical Texts” unit. In Performance of Literature, we’ll spend the next month learning about how the emphases, pitch, volume, and movement of a performer’s body situated in a culture with unique identity markers interacts with the poet’s words to evoke an audience’s response. Both bodies and the texts they create are laden with meaning, entangled in discourses of power and politics. Students enrolled in the first-year course have come from across the campus to fulfill their “Aesthetic and Literary Perspectives” and “Living in Our Diverse Nation” graduation requirements met through the dual emphases on identity politics and artistic expression. As I approach the middle of the room to get my attendance sheet, I see Jake entering. His brow furrows with confusion, or maybe concern.

“Did you hurt your foot, Dr. Scott? Are you okay?” He stops in the doorway awaiting my answer.

At six feet tall with broad shoulders, a turquoise polo shirt, trim khaki shorts, flip-flops, and a baseball cap over shaggy light brown hair, Jake mirrors the dominant aesthetic of our campus in the North Carolina State system. The University of North Carolina Wilmington is a relatively young institution, with comparatively less scholarships available to attract a diverse student body than other campuses. Students who choose our coastal campus near the affluent Wrightsville Beach tend to be White, middle class, and athletic, with an informal vibe they describe as “chill.” This chill vibe is open and welcoming to professors’ perspectives. The students are at ease with authority, strive for high grades, and willingly engage discussions of cultural power and oppression when they are part of the course’s learning objectives (and they are listed in the syllabi for every class I teach). Although students are not resistant to the concepts, from their positions of privilege they often struggle to access the lived experience of marginalized embodiment and to combat stigma in their daily lives. My body acts as a conduit for this understanding. Questions like Jake’s emerge each semester. I’m a bit surprised that it’s taken until the second unit this time around. This is probably because people who don’t know me tend to assume my limp is due to my pregnancy as soon as I begin to show.

“No, Jake. I’m okay.” I smile at him as I prepare to take attendance.

“Why are you limping?” He walks toward his usual seat in the second row but retains eye contact.

“I always limp. I have cerebral palsy. It’s a neuromuscular disorder. The part of my brain that controls my walking was damaged at birth, so every movement I make is like the movement you’d make if someone stuck you with a pin, short and stiff. It’s called a spastic gait.”

“Gosh, I’m so sorry. I didn’t know.”

"It's okay; I don't mind you asking me about it." Other students have looked up from their phones, listening to our conversation taking place in the five minutes before class starts.

"It's just that—" He looks up to the ceiling, and then off to the side, seemingly searching for the correct word choice. "I didn't realize that you had a disease. That sucks."

"Well, I don't have a disease. It's a condition. My brain is damaged, but it won't get worse. It's not a progressive illness."

"So, you're not going to die?"

"Well, not from cerebral palsy. I am mortal though, just like everyone else, so eventually I will die, but not from my disability."

Jake chuckles and the half dozen students in the room smile at us.

"You're pregnant though, aren't you?" This question comes from Sophie sitting in the middle of the front row as she swipes a blond wave away from her face. Sophie says what comes to her mind without hesitation. Her style took me aback the first few weeks. I'm used to it now, but I see a flicker of concern spread across some of the students' faces.

"Yes, I am." I look down at my swelling stomach that is now over five months along. I'm obviously pregnant, but I know where she's going with this question; so do the other students. Her more sensitive, empathetic, and/or private peers appear worried that this question is invasive. It is, but I don't mind.

"Is that normal? I mean, can people with what you have get pregnant?" Sophie blushes as she speaks. As she hears her question she realizes the potential inappropriateness. I don't hesitate to answer. I would avoid this question from a stranger in the checkout line at Target, but in the space of my classroom this question is productive.

"CP affects my skeletal muscles. Those aren't involved in conception or childbirth."

"You won't need a c-section?"

"You can't ask someone that," Eleanor, one of my brightest, most thoughtful students, exclaims with eyes widened in response to Sophie's follow-up question.

"It's okay, Eleanor," I say gently. I smile and nod at her. She smiles back. I hope that I communicated both that her response to Sophie's line of questioning is justified and that she doesn't need to worry about my reaction. "Well, you never know. I may need a c-section, but I gave birth naturally with my first two sons. This baby should be the same."

"Don't you run, though, and mountain climb? I saw pictures on your Facebook. I just figured you pulled a muscle or something." Bill, an army officer who commutes from the military base 45 minutes away now joins the conversation. He friended me on Facebook the first week of the semester. My nontraditional students often are the first to reach out on social media.

"I do, Bill. I love being outside, and my boys love hiking."

"I don't know how I didn't notice that you have a disability. I thought maybe it was because you were pregnant, or you just hurt your foot or

something. You don't seem disabled." Bill leans back in his chair, assessing my seemingly "not disabled" body.

"Dr. Scott, you're badass. My friend told me that with your last baby you gave birth over the weekend and were back teaching the next class. You didn't even miss one day." The class laughs at Madison's comment from the back row. I had her sorority sister, Angie, in my class two years prior when my second son was born.

"That's true. Hopefully this delivery goes as smoothly, but if there are complications, they'll have nothing to do with my disability."

"Dr. Scott, you're amazing. I don't think of you as disabled at all," Sophie says with finality.

"Thanks so much, I appreciate that. But I hope over the course of the semester you can see me as amazing *and* disabled. I am disabled, and it's okay to think of me that way. Cerebral palsy, tight muscles, an irregular gait, and physical therapy are part of my daily life. We're going to be discussing how culture categorizes our bodies in multiple identity groups, based on markers like sexuality, race, gender, socioeconomic status, and disability. Some of these groups, like disabled, are stigmatized or devalued by society. Disability is especially devalued because unlike other groups with observable, predictable traits like gender and race, disability is simply categorized as the absence of normality [see Garland-Thomson, 1997] For example, if I were to tell you that I don't care how disabled my unborn baby is as long as it's not black, gay, or female, you'd be horrified, but if I told you that I don't care about any of those other identity markers as long as it's healthy, that would seem like a fine statement from a rational caring parent" (see Scott, 2015).

"I never thought of it that way." Eleanor looks at me thoughtfully, processing compulsory able-bodiedness for the first time, even though she doesn't know the term yet. She'll learn it later in the lecture. We're watching a few disabled poets today.

"We often don't think of it. Stigma is most pervasive when we aren't even aware that we're doing it. We'll return to that later in the lecture when we get to standpoint theory and embodiment. Let's begin. Class should have started 5 minutes ago."

Students take out their notebooks as I start up the projector. The timing for a student to initiate this conversation was perfect this semester. It will offer a springboard into discussions of performer embodiment and compulsory performance, and cultural roles. Had this not come up naturally in conversation, I would have used my own body as an example later on in the lecture.

1.3 Julie's journey to her pedagogical position

I started teaching courses focused on identity, performance, and embodiment 13 years ago as a graduate student. Since then, I've had versions of this conversation too many times to count. Once students realize that my disability isn't a progressive illness or disruptive to their daily experience, they

desire to remove me from an identity category they relegate for bodies that inconvenience them or make them uncomfortable to watch. As a thin, active, 36-year-old White professor, I don't fit that criteria. For the most part, they like me. I seem familiar, just enough *like* them, and they don't want to place me in a deficient category, to relegate my identity to the absence of normality. For this reason, despite how awkward I'll feel answering relatively invasive questions about my life expectancy or fertility, I do. I will avoid invasive questions about my atypical gait in other contexts (it's not my job to educate every inappropriate person in a checkout line or elevator), but as a professor, within the walls of my classroom, I do not stifle my students' questions (though I do remind them not to expect every person to be as willing to educate them on identity difference as their identity/difference professor).

The conversations open up opportunities for them to see compulsory able-bodiedness at work, to recognize that their bodies are just as inescapably mortal and vulnerable to injury, illness, and death as mine. Together we begin to confront the fear that compels us to relegate disabled bodies to a stigmatized margin, and I hope that my willingness to engage their questions in the context of classes focused on identity, difference, and social justice resists disability stigma. I think it does. At least their end of the semester evaluations and reflections indicate it is effective.

I didn't always have the luxury of "almost passing" for able-bodied. As a young child, I was perched on turned in toes with my back slightly hunched. People stared and offered my parents condolences. A series of operations from age 4 to 13 changed my body. Doctors snipped and lengthened my tendons, sawed my bones in half, rotated them, and nailed them back together with thick bolts. Interpretations of my body shifted. I became palatable to most. My disability was no longer jarring. I use this acceptance to open spaces for dialogue with others. Of course, perhaps as I age, students may no longer interpret my body as young, healthy, fit, and fertile enough to categorize as non-disabled. Perhaps as this happens, I will grieve the loss of my ability privilege I acquired through medical intervention by adolescence. As Kafer (2013) notes,

Even though I am a disabled person, I do not exist apart from the ableist discourses circulating through US society; to act as if my impairments render me immune to, or incapable of, ableist rhetoric and ideology would be to deny the insidiousness of compulsory able-bodiedness and able-mindedness.

(p. 13)

As my body inevitably changes, introducing disability as a cultural category will also need to shift. For now, while others' interpretations of my disabled body grant me some version of ability privilege, I will embrace the opportunity to resist compulsory able-bodiedness through personal self-disclosure in my classroom, extending my privacy boundaries as a strategic pedagogical decision.

1.4 But you play basketball? What happened to your arm?

Kelly: My friends tease me that I am an undeniable fashion king, though my wrinkled, mismatched appearance would suggest otherwise. My hunch is I garnered this reputation because of my propensity for wearing long-sleeved, button-down shirts, my apparent conscious strategy to hide my disability. I have grown weary from having to explain; consequently, I choose to pass as able-bodied. Goffman (1963) suggests my practice is a conscious stigma management strategy. Those who know me would affirm that I am managing stigma or privacy boundaries (Braithwaite, 1991) related to disclosing my cerebral palsy. My cerebral palsy affects the size of the skeletal, muscle, and nerve systems on my right side, impacting gross and fine motor dexterity and balance. As a tall, athletic person, I often pass as able-bodied. When I don't pass as able-bodied, I have three strategic options: explain my disability, not explain or disclose my disability, or use disclosure to teach others about inclusivity, tolerance, and the normalcy of disability.

On a snowy Sunday afternoon in the midst of renovating my home, I needed a "good" right hand to hold a bolt at an awkward angle. Alma, my 13-year-old daughter, had her friend Dez over that day. Alma was somewhere else in the house as I was trying to get this fixture bolted. I asked Dez if she could hold the bolt while I fastened the nut onto it. Alma came back to the room and asked, "Why is Dez helping you, Dad?" I explained to Alma and Dez, "Well, my right hand doesn't always listen to my commands." Then I laughed and went on to explain that my slight case of hemiplegic cerebral palsy at times makes it more challenging to do things. My daughter sighed as only a 13-year-old can, and said "Dad, you're not disabled."

The following Monday morning it was still snowing, but neither the weather nor Mondays dampen my enthusiasm. Mondays are good for me, so I entered the classroom cheerful and energized and greeted all of my students. One after another they slumbered into the room texting on their appendaged cell phones, not making eye contact, but responding with a playful, "Hey Dr. H." We are in our fifth week, and by now they know me well enough to tease me about my unkempt hair, wrinkled jeans, or mismatched socks. In returned jest, I tease them about their hair, cheerfully ask why they aren't smiling more broadly, and take special pleasure in bantering with my wonderful students who hail from Wisconsin. Winona State University of Minnesota sits a few miles from our neighbor to the east contributing to a healthy rivalry.

Many of our students come from Wisconsin, the Chicago area, and greater Minnesota. Most are first-generation students from working-class families, though some come from the upper middle class. Over half of our students have jobs, and many are paying their own way through school by accumulating school loan debt. Over 90 percent of our students are White, and many have limited exposure to other cultures. This is especially true to learning about disability culture, since it is atrophied here at Winona State.

We have a support office for disabled students, but it is hidden in one of the least accommodating settings on campus. Apparently, our university can also almost pass on disability.

Today, I have written down managing stigmas on the whiteboard. My goal is that by the end of class, my students better understand how disabled persons, persons of color, and different gender persons use stigma management. Generally, I lecture for the first 10 minutes and then use a structured discussion format, calling students by name to respond to discussion points I have provided. We use small groups, knowledge quizzes, online discussion boards, and in-class discussion to help students take ownership of the concepts. On this particular morning, my students are to leave class owning knowledge about the power of storytelling to understand stigma and that disability is natural.

Setting up for class in front of the lecture room, I turned on my laptop but dropped the power cord. In my left hand was my hot cup of coffee (and I wasn't going to put that down!) leaving my right hand responsible to retrieve the dropped cord. Mandi, a nursing major sitting in the front row, noticed as my right hand clumsily wrestled the cord off the floor. What should have been a quick and easy task instead appeared difficult. I couldn't help but notice her attempting to make sense of this. Influenced by Mandi's observation, I decided to save my PowerPoint for later and, instead, start with a story to frame our discussion related to stigma management. Coles (1989) wrote that telling stories or modeling stories teaches others how to tell a story and that it is safe to tell their story.

Prior to class, I thought about how I would tell my story to model to students that stigma management is real. Consciously, I decided to be vulnerable and considered how much I should disclose about my hemiplegic cerebral palsy which affects my entire right side. I thought both visual and verbal disclosure would be the most effective way to show the slight but noticeable difference in size of my arms. So, I slowly rolled up the sleeves of my long sleeve shirt up past my elbows and held my arms near my chest so that the difference was be noticeable. Next, I told two stories, one recounting how I was mercilessly harassed about my slight limp by a high school basketball teammate named Dave, and the other—the one I shared above about my daughter stating the previous day that in her mind, her dad didn't have a disability. Dave represented the voice of mean-spirited able-bodied people whom I have encountered, and my daughter unconsciously voiced the unknown bias toward able-bodiedness (Shapiro, 1994).

The students' reaction to my displaying and then explaining the difference in the size of my two arms were both expected and yet surprising. Most of the students, like Mandi, appeared content and smiled as their curiosity seemed to be quenched, but Jean's and Nick's reactions were more blunt. Jean, who sat toward the back of the class, was loud, fun, and energetic; she audibly gasped when she gawked at my arms, and said, "What the fuck?"

Jean had visible tattoos on her ankles and arms and sometimes colored her hair pink or green. Though spirited in appearance, she is typical of our students: first-generation, working 15 hours a week, and genuine. She said what was on her mind. To Jean's left was Nick, a big, strong African-American guy whom everyone loved. He is funny, sincere, and smart. Nick looked over at Jean as he spoke but directed his comment to me, "I never noticed, just thought you were a terrible typist." His humor seemed to take the edge off of what Jean had just expressed. Like the rest of the class, I laughed with Jean and Nick. Jean then asked "So does it hurt? I mean, when you have to do stuff?" The class was at ease and listening intently.

"No, I get sore from things like typing, because it is a gross [motor] body movement for my right side, but my right hand is only responsible for five or so strokes." A lot of laughter.

"But we played noonball and you're good. I mean, for an old guy." "Noonball" is a reference to Nick and I playing basketball with a group of other students, staff, and faculty at lunch time. He is aware of my athletic ability in ways some of the other students in the class are not.

"Well, Nick, I am just a really good left-handed player. And besides, you are a pretty good basketball player for being from Wisconsin. Do they even play basketball over there?" We all laugh together again.

"It must be a bummer, you know, having to do things to keep up with normal people." Nick's assessment of my athletic ability is not deterring Jean from continuing her blunt assessment of my stigmatized body.

"Well, Jean, it depends on what we think of as normal. As a society, there is little doubt we overvalue beauty and independence. For people like me, who operate differently, we have to decide on how to or whether to assimilate to the dominant White, male, able-bodied culture."

Nick speaks up, "Yeah, Dr. H., I get you." Just as Coles (1989) predicted, my story has made the atmosphere safe to disclose.

"As you can all see, I am Black." Nick pauses as the students smile and laugh. "And I have ADD and dyslexia, and sometimes it sucks because people just don't believe you."

I affirm Nick by saying, "I know what you mean. My daughter doesn't think I have a disability. She understands that I do things mostly left-handed, and when tired, I limp a little, but she doesn't like the word disabled."

The discussion continued from there. Three more students disclosed their disabilities. The class listened, hearing about disability stigma through bodies who had lived it. By now, the class is nearly over, and I cue up the PowerPoint to discuss stigma management. Like Julie-Ann, for mostly educational reasons, I have chosen to disclose my disability. For me, disability is natural, and I want to teach my students that differences should be celebrated because, from a very young age, we are all socially conditioned to manage identity to protect ourselves from being assigned unwanted stigma. Being 56, I now know disability is natural. It is who I am, but I didn't think like that for a long time.

1.5 Kelly's journey to his pedagogical position

On my 10th birthday, March 28, 1971, it snowed, and my siblings and I were relegated to the downstairs of our home. I hit a baseball using my new Hank Aaron bat and broke a window. Next, I spent time alone in the bedroom, and on my way to the bedroom I walked past a mirror hanging in the hallway. My reflection reminded me of my cerebral palsy. I sat down by the encyclopedias harbored in a bookcase in the corner of the room. There I was face to face with the answer, and I thought it was time to look up and learn about what I have. I had heard I had CP, but no one ever explained it to me. I was afraid of the words “cerebral palsy,” but I was also afraid of knowing. Knowing meant the possible affirmation that I was dumb, that it would get worse, and that I was “handicapped.” I decided not to look up the words. Not until September 1979, when I was a freshman in college, did I finally look up the diagnosis.

Since childhood, I've acutely noticed difference. In the first few seconds of initial interactions, I notice asymmetrical, left- or right-handedness; sincerity of eye contact; and hundreds of other nuances. I have learned to gather data and consider how to manage identity and relationships when able-bodied persons categorize me as an abled or a disabled person. When categorized negatively, I may defend against someone who makes an unfair observation or who aggressively harasses or embarrasses me or outright dismisses disability. This is especially true of strangers who are not of my tribe; stigma management is optional with them because I may never see them again (Sunnafrank, 1986), but ironically, interactions with the same form a time when education of others could be quite fruitful.

For people with visible or invisible disabilities, managing stigma can be a demanding conscious activity. Often my CP is noticed and able-bodied people aren't sure how to compute my one-handed card dealing, unique golf swing, hen-peck typing, or my slight limp. When they do notice, I have an opportunity to tell my story. It is through such storytelling that I hope to reduce stigma and to celebrate the positive, enabling those I encounter to become more at ease with difference.

1.6 Conclusion: The risks and possibilities of personal disclosure of disability in the classroom

We didn't know each other before we were brought together by this book's editor to co-author this chapter. We teach different courses at different universities in different regions of the U.S., with different student demographics, through different bodies, different genders, born in different decades, and with cerebral palsy manifesting in us in different ways. Despite these differences, our stories resonate with one another, and we find sharing them productive pedagogically, despite the inherent vulnerabilities that come with personal disclosure and extending privacy boundaries in professional

spaces. Jones (2006) reminds us, *body to body*, we are less able to indulge our biases and stereotypes or be self-serving in our interpretations of others. As professors, we embody authority, expertise, and mentorship within our classroom. We can engage our students in ways those whom they encounter in other cultural places cannot. The stories of our disabled bodies enable a visceral connection to our learning objectives. Our stories become part of students' understandings of what it means to be "disabled" in U.S. culture.

Sharing personal stories is a collaborative event. Our students take on the roles of our audiences and engage in the co-struggle to create meanings and understandings surrounding disability, culture, and identity they did not have previously. Their new awareness can in turn potentially apply to their interactions with others, transforming others' understandings of what it means to be "disabled" versus able-bodied (Langellier & Peterson, 2004). These potentials are why we disclose our disabled statuses within our classes to engage in critical communication pedagogy that embraces the opportunity to resist stigma and pursue social justice toward the goal of creating a world that is open, inclusive, and empowers all people to pursue their goals and reach their utmost potential despite their embodiments and/or cultural locations.

1.6.1 Our decision is not for everyone

In our commitment, we want to remain mindful of our privilege and aware that we do indulge in and benefit from compulsory able-bodiedness. The fact that students do not readily notice our disability and at times resist our categorizations as disabled offers us "flexibility." Note that we put flexibility in quotation marks because a characteristic of cerebral palsy is inflexible muscles, yet our more rigid embodiments offer opportunities to stretch cultural categories and understandings. We can craft the narrative surrounding our disabilities and manage the stigma of disability that has not necessarily been assigned to our largely undisruptive, academic bodies by those around us.

We have colleagues who do not share our privilege and must navigate unspoken biases of their students who have already categorized them as lacking, placing them on the stigmatized side of the able vs. disabled binary. These biases can spill over into the students' interpretations of their expertise. Questions can become invasive as students, fellow faculty, and administrators may seek to confirm suspicions of their seemingly deficient bodies. Faculty with invisible disabilities may not want to disclose details of their disabilities to students who are skeptical of their disabled status and may be distrusting of their vulnerability. Faculty members who are facing multiple intersectional stigmatization due to their race, ethnicity, sexuality, etc. may not feel comfortable increasing their vulnerability to their students or others by inviting dialogue surrounding interpretations of their embodiments. Herold (2000) found that disclosure of disability may have negative consequence on considerations for employability, and so disclosure of disability must be weighed in the context of work security. Being not only White

and Straight, but also tenured, means we can take on the vulnerability of personal disclosure. On that note, as we read one another's stories, we notice that Kelly jokes differently with his students than Julie-Ann does with hers. We acknowledge that a masculine body in the Midwest can use positive sarcasm more freely than a feminine body in the South, where young female faculty are expected to be nurturing. The choices surrounding personal disclosure are body and location specific.

We encourage faculty to be thoughtful and to use these strategies when it feels safe and productive, not only for pedagogical goals but also for student rapport, occupational security, and career advancement. To facilitate this process, we encourage faculty to ask the following questions before choosing to disclose their disabilities within a classroom context:

- 1 *Do you feel secure both in your employment and perceptions of your professional legitimacy (both with your students and peers)?* If you are not in a permanent position and/or sense skepticism surrounding your ability to perform effectively in the classroom, disclosing details of your disability could lead to questions surrounding your stamina. Able-bodied biases are pervasive.
- 2 *Can you clearly connect personal disclosing the details of your disabled identity with your course learning objectives and class content?* If not, students may interpret your personal disclosure as oversharing or going off on an unrelated tangent. In addition, your story cannot stand alone as a lecture. It should be accompanied by other examples and theoretical concepts to function as a pedagogical tool. This does not mean that you should not answer students' questions if you feel so inclined, but taking up class time with extended personal narrative or discussion may be inappropriate depending on your course subject.
- 3 *Are you comfortable with your story being shared beyond the class?* As professors, asking students to keep your confidence can lead them to focus more on the potential invasion of your privacy than the educational lesson.
- 4 *Does disclosing your disability feel both comfortable and empowering?* You should not feel obligated to extend your privacy boundaries for the sake of your pedagogy. There are many other ways to facilitate effective classroom conversations surrounding disability stigma and able-bodied privilege.

In short, like the stories of our embodiments, every professor's professional context is unique and complex. We answered "yes" to these questions but realize not everyone will. We encourage our fellow disabled colleagues to evaluate whether or not extending privacy boundaries will be effective for them.

In closing, we wish to highlight the power of personal disclosure to resist compulsory able-bodiedness with the understanding that this power is entangled in personal risks. As bodies that almost—but do not quite—pass

for normal, we have opportunities to crystallize the pervasive biases toward disability through resisting students' desires to term us "normal." Through our resistance, the able vs. disabled and normal vs. abnormal narratives are problematized. Abstract concepts that students may memorize for a test or passingly apply in a paper, become personal, fleshed connections, interpersonal relationships, and embodied interactions. We hope our students will not only become more at ease with others they may have stigmatized in their daily encounters, but also with their own, vulnerable, inescapably mortal embodiments with forever changing abilities and bodies. Perhaps as more people grow at ease with their disabilities, societal members can work together to create a culture that flexes around and accepts, rather than rigidly rejects, bodies that are characterized as abnormal. Compulsory able-bodiedness becomes less powerful when we realize the compulsion is not inevitable but culturally constructed, and therefore open to dismantlement and reinterpretation.

Notes

- 1 Within this essay we, like in our daily encounters, prefer the term "disabled" to person-first language. For us personally, disability is a status we seek to embrace and list with our other social identities, adhering to the expectations of English grammar. We are male/female, White, cisgender, straight, disabled human beings. That said, we understand why others, based on their experiences with disability stigma, would choose person-first language, and we support their decisions.
- 2 All students are referred to by pseudonyms in order to preserve the confidentiality of the classroom setting.
- 3 Robert McRuer's (2006) compulsory able-bodiedness draws from Adrienne Rich's (1980) compulsory heterosexuality that argues that straight identity depends on gay identity to create a peripheral, abnormal margin to the straight, normal center.

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