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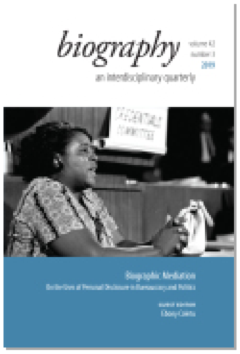

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Biographic Mediation of Neurodivergence in Academic Accommodations

Aimée Morrison

At forty-four, I was diagnosed with autism and with attention-deficit/hyperactivity disorder (ADHD) (inattentive type). My emerging interest in disability studies—part of my ongoing research into social justice activism in personal online life narratives and collective action through social media—suddenly became more personally salient than expected. Since then, I have, sometimes tentatively and sometimes confidently, begun to explore and assert my identity as a disabled scholar on academic and public Twitter, in closed-membership Facebook groups for adults with ADHD and for women with autism, in person among friends, and in public in the context of advocating for accommodations for my autistic daughter and against ableism more generally. I have even spoken about my diagnosis on national radio.[1] And yet. I have not disclosed my disability formally at work, even though I know I have legal entitlement to accommodations that would surely mitigate some of the pronounced difficulties I experience in my work as a tenured faculty member.

I was already puzzling over this hesitation when the call for papers for this issue appeared in my inbox. In that call, as in her article on the topic, Ebony Coletu describes "biographic mediation" as "any institutional demand for personal disclosure to make decisions about who gets what and why" ("Biographic Mediation" 384). It struck me that the "biographic mediation" of disability experience, identity, and rights entailed in securing workplace accommodation as a faculty member was exactly at the heart of my hesitation: the formal structures of disclosure and accommodation in institutions of higher education enact precisely the *demand* and both provoke and suppress the *critiques* that Coletu identifies. The question of "who gets what and why" often presents itself as an implicit or explicit complaint that necessarily puts the institution and the individual into conflict (Ahmed). After all, the twin bureaucratic regimes of disability diagnosis and academic workplace accommodation are geared toward managing (i.e., limiting, as we will see) demands for access. No disabled person goes to the substantial and costly trouble of submitting to evaluative processes in different medical and bureaucratic contexts, of securing and deploying diagnostic paperwork, if they are not seeking to circumvent an obstacle impeding their full and equitable participation in the workplace. No university goes to the substantial and costly trouble of setting up elaborate special offices, paperwork, standards of practice, staff complements, handouts, mandatory trainings, and high-level policies unless it is seeking to limit some combination of legal, financial, and sometimes social liability.

Attention to the forms and practices by which biographic mediation is enacted can show, Coletu asserts, "emerging patterns and tactics of governance, reform, and resistance" ("Call for Papers"). Biographic mediation of disability through accommodations bureaucracies in the academic workplace attempts to contain and control difference in such a way as to leave intact the fundamentally ableist set of values, practices, and built environments that constitute the institution known as "the university." The main sites of biographic mediation of disability in the academic workplace are *diagnosis*, the formalized processes of *disclosure and verification* in the university accessibility bureaucracy, and the enactment and framing of any granted *accommodation*. Each site is the ground for battles over agency enacted through the solicitation, management, and framing of disabled life stories. Ultimately, what is at stake in the biographic mediation of disability in the academy is not so much whether the provision of extra administrative assistance or noise-mitigating equipment is affordable. It is, instead, this: *what do disabled lives mean?* The model of academic *accommodations* fundamentally frames disability as a set of (tragic, pathological) medical characteristics that impair "otherwise qualified" (that is to say, *able*) individuals, who are entitled to "reasonable," "necessary," and "appropriate" special arrangements within their educational or workplace environments as set out in law. By contrast, disability activism demands a more thoroughgoing rethinking of the ableist character of higher education more generally, with a view to creating a truly *accessible* university that ontologically and routinely makes space for, incorporates, and celebrates difference as a basic condition of all social, educational, and work spaces. This is the challenge that biographic mediation of disability in academic accommodations seeks to contain.

Disability identity itself is rooted in story. It is called into being through the reports and case studies produced by doctors, therapists, and assessors of all sorts that culminate in a diagnosis. It is re-produced in the stories that must be framed in order to secure necessary mechanisms of access to workplaces, public spaces, and education, while diminishing occasions for humiliation and loss of dignity. Finally, disability identity also offers the potentially radical opportunity for rewriting a life story in the face of a new diagnosis. Life narratives of disability can be articulated in medical, bureaucratic, or vernacular languages; biographically or auto/biographically; and for audiences comprising the self, family, insurance companies, educational professionals, therapists, employers, or the public more generally. The available languages and cultural framings attached to disability—"symptoms," "impairments," "difference," "functional limitations," "tragedy," "inspiration," "overcoming"—offer sometimes contradictory material for the construction of disability as a social fact, or as an autobiographical one. Disabled life narrative is thus prey to biographic mediations of all sorts, at every level, inescapably. Stephanie Kerschbaum writes, "Because disability is such a contested site for identity performance, it remains a challenging area in which to construct identity claims that are recognized by audiences" (57). This question of being recognized by audiences is often at the core of conflicts over the biographic mediation of disability. What became immediately clear in my own case, as in others, was how fuzzy, how narrative, and how contextual diagnoses of disability can be. For example, one of the diagnostic criteria of autism is the idea that *other people find me weird*, as based on observational reports. Indeed, the assessment process is nearly entirely narrative and relational, and the diagnosis itself is presented in the form of a short biography written by the psychologist, a "report" enframing the newly diagnosed person's life story (my life story) in a set of medicalized, formal diagnostic criteria. My mother, for example, was asked to report on whether her pregnancy with me was "normal" and whether I had any friends as a child. My husband was asked to comment on my emotional selfishness and love of routine, as well as my deep need to find fairness and reason in the world. The assessor herself performed structured tests of my ability to converse appropriately (eye contact, turn-taking, topic shifting) without letting me know exactly what she was assessing, or how, in order to catch me unaware—unselfconscious.[2] Diagnosis gave me the impression that *everyone got to talk about me except me*.

This feeling of narrative erasure is common. Ian Hacking thus proposes a discrete genre of "autistic narrative," from which he excludes clinical reports, policy documents, and other medical writing, an exclusion meant to support autistic self-determination at the same time as it recognizes the violence, both rhetorical and material, that medical science and institutional modes of knowing have enacted on autistic people since the disorder was first elaborated in the 1940s. Ann McGuire, however, critiques this move, well-meaning as it might be, arguing that such exclusions fail to truly account for the deterministic power of the latter kind of writing on the social construction of autism as well as the life chances of autistic people (11). In addition to observations and interviews, during my assessment I also completed a surprising number and variety of Likert-scale tests, quantifying my character, preferences, and experiences. I remember this as a deeply moving experience, as I recognized parts of myself that had never been named before ("If someone cancels a plan, my whole day is ruined"). It was also frustrating because many of the questions did not seem to be addressed to me, or not in the right way: "I am often more interested in objects than people" (it depends which objects or which people); "People often seem insulted by things that I say" (Yes, but some of my job requires assessing and managing others, so isn't that more occupational than neurological?). In some profound ways, these tests, alongside the structured interviews with the assessor, "taught" me how my enactment of self-produced "autistic resonances" would allow others to see me—and for me to learn to see myself—as autistic (Yergeau 193). That is to say: there is certainly no part of my own disabilities that is not always already thoroughly biographically mediated, not least by the assessment process leading to diagnosis.

I propose that a neuroqueer (Grace; Monje; Walker; Yergeau) approach here constitutes a *theoretical* as well as a *personal* intervention into the circuits of diagnosis, disclosure, and accommodation that enframe and contain disability as a problem in the academy, that indeed construct the disabled scholar themselves as an embodied problem. This is the root of my own hesitation to formally disclose and the source of much of the friction that others experience as well: I do not see myself as a problem, nor my support needs as evidence of any deficit of my own, and I resist the system that requires me to speak of myself in these ways. This resistance is personal, but it can address structural issues. Disability theorist Tobin Siebers argues, "Identities, narratives, and experiences based on disability have the status of theory because they represent locations and forms of embodiment from which the dominant ideologies of society become visible and open to criticism" (*Disability Theory* 14). Neuroqueer approaches foreground an identity-first framework that posits, in the primary case, autism as a mode of neurological difference inseparable from the "person" receiving the diagnosis, so: "I am autistic," instead of "I am a person with autism," or, worse, "I suffer from autism." Lydia X. Z. Brown explains the distinction: "when people say 'person with autism,' it *does* have an attitudinal nuance. It suggests that the person can be *separated* from autism, which simply isn't true" ("Person-First"). Conceptions of neurodivergence and neurodiversity, and neuroqueer identities, are based first and foremost in a rejection of the framing of disability as a tragedy that has befallen an otherwise "normal" person, and an insistence, precisely, on *disability as an identity*. This autobiographical act is consequential and political.

From this primary claiming of disability as a core identity follow several further rhetorical and political moves that sharply contradict the purported aims and daily practices of university accommodations regimes: a framing of autism as an identity that is experienced as impairing only in social contexts that are insufficiently supportive or inclusive; an assertion of autistic culture and autistic community as the grounds for political action rooted in self-advocacy; and a rejection of the medical model of disability, and medical authority in general, through support for the self-diagnosis movement. I am describing, of course, *identity politics*: a mode of organization, inquiry, critique, and contestation that is both (auto)biographical and structural at once.[3] Linda Alcoff proposes the centrality of identity politics in both naming and countering class-based oppressions, noting that "the denial of equal status is organized around and justified on the basis of identity," and, further, that oppressed groups including white women and people of color "are not denied equality because we are seen *one by one* as deficient, but because our *group status* is interpreted as deficient" (261; emphasis added). Thus, Alcoff asserts that "identity-based organizing is one way, and sometimes the only way, to mobilize and frame demands for redistribution" of resources (260).

In the argument that follows, then, I am in the first instance here speaking *with* the tools that the concept and scholarship of "neuroqueer" identity and practice make available. That is, "neuroqueer" has heuristic value in deconstructing the biographic mediation of faculty disability in accommodations regimes. At the same time, I am speaking *through* and *as* neuroqueerness: I am autistic, and I have ADHD, and I *identify* as neuroqueer. Consequently, my politics are here inseparable from the personal. For Siebers, "[d]isability identities, because of their lack of fit, serve as critical frameworks for identifying and questioning the complicated ideologies on which social injustice and oppression depend" (*Disability Studies* 105). In producing my self-narrative as neuroqueer I put myself as a disabled faculty member into a necessarily critical relationship with the accommodations bureaucracy—at my own university—that wishes to write a different story of who I am. As Tara Wood suggests, "when the identity you want to perform does not cohere with the expected dominant narrative, trouble can ensue" (75), rattling both the subject whose identity is nonnormative and the system this identity implicitly critiques simply by asserting itself. This paper, then, is part of that trouble.

Moral Panic and Academic Ableism

We are in the throes of an epidemic of disability, apparently. There are huge increases in the incidence (of diagnoses) of mental disabilities, including mental illness, learning disabilities, and neurodivergence among university-aged populations (e.g., Borrell; Catañeda; Cox and South; Gil; Wong). Campus counselling centers groan under the weight of student depression and anxiety, unable to meet demand, even as buckets of money are thrown at the problem (e.g., Cribb and Ovid; Hutchins; Lightfoot). New academic buildings far exceed allocated budgets of money and time in order to meet exacting new standards related to physical accessibility. Old buildings are subject to disfiguring and expensive retrofits to achieve the same ends (e.g., Bovée-Begun; Currie; Dolmage, "Steep Steps"; Girard; Kao; Lang). Students manifest fragility in unprecedented ways and numbers, demanding safe spaces and trigger warnings (e.g., Grinberg; Lukianoff and Haidt; Paresky; Parke; Pickett; Schlosser). Faculty members are buried under cryptic formal requirements for student accommodations related to class attendance, group work, exams, and deadlines of all sorts (e.g., Hornstein). Advocacy for intellectually disabled university students and others deemed unfit for higher education makes a mockery of everything the university is supposed to do and represent (e.g., Bieman; Cunningham; Spencer). Or perhaps not. Nicole Brown and Jennifer Leigh find in their research, instead of an overwhelming *increase* in disabled people in higher education, "a stark *under-representation* of disabilities, chronic conditions, invisible illnesses and neurodiversity amongst academic staff" relative to their occurrence in the general population (1; emphasis added). We are thus perhaps suffering from a *moral panic* rather than an epidemic of disability, a panic that posits "disability" and disabled people as a threat to the mission and values of higher education (Cohen; Hall and Critcher).

But why? Jay Dolmage demonstrates that what he terms "academic ableism" is—philosophically, materially, pragmatically—at the core of the modern project of formal higher education. The university as an educational institution, postindustrial workplace, site of cultural reproduction, and exemplar of intellectual achievement is fundamentally, intrinsically ableist not as a *side effect* of how it is conceived or organized, but as a *core value*. For Dolmage, "the university has been constructed as a place for the very able," a series of arduous trials that "only the truly 'fit' survive" (*Academic Ableism* 44). He describes institutions of higher learning as ideologically as well as architecturally marked by "steep steps" and gates: the university exists at a *remove* and at a height *above* the everyday world. Aspirants to the institution must be measured worthy by some test of ability, deemed to be able both physically and intellectually to climb the "steep steps" of the buildings and curricula alike, independently and on their own merit (44). Dolmage concludes, "There is a fear of the presence of disability and a desire for its opposite. . . . The self or selves that have been projected upon the space of the university are not just able-bodied and normal, but exceptional, elite" (45). Brown and Leigh find that academic "ableism is internalized, normalized and ingrained to such an extent that being 'normal or non-disabled' is no longer sufficient" (2). The university positions itself as a bastion of excellence where, they conclude, "transhumanist hyper-normative enhancement is becoming a new normal" (2). Frustrated and stymied by her own institution's accommodations bureaucracy, disabled scholar Kate Kaul considers that "instructors with disabilities don't make sense to the university, because its conception of disability doesn't make sense—and . . . this failure to make sense—this uncountability—demonstrates the sadly unsurprising disaster of disability policy" (179). Ultimately, the incommensurability of cultural understandings of "the university" and "disability" that results in this unsurprising disaster of (non) accommodation reveals a substantive and unresolved ideological conflict: how can the university accommodate disability when everything about it is built on the exclusion of anything and anyone less than "super-capable"?

By asking for anything at all, then, disabled academics are always already *asking for too much*, being unreasonable, asking the university to act against its own long-established interests and practices, against *itself*. The accommodation of disabled scholars, who need "special arrangements" in order to participate, argues Jim Swan, comes into "conflict with traditional beliefs in the academy about individual work, standardization of skills, and fairness (conceptualized as sameness)" (299). So tightly held are these ideals that "inclusion can very quickly trigger cries of reverse discrimination, exclusion, or injury from the seemingly displaced group that identifies itself as the norm" (Swan 300). A request for retrofit wheelchair ramps into a building foregrounds the differential, consequential embodiments of students and faculty in an institution that prefers to consider itself a bastion of pure intellect. A request to slow the timeline of a tenure review imperils the cherished notion that rigor is demonstrated through overwork and suffering, that excellence can be measured against the clock. A request for regular administrative or research support threatens the winner-take-all competition for research funding as well as the cherished notion of the researcher as an individual genius working alone. According to Margaret Price, such modifications present "not simply a quantitative difference in time, but a qualitative shift of the competitive structure" of faculty work and assessment (108). Pure reason, competitive assessments of merit, and the cult of overwork are central to the university's self-image. Thus, the university is depicted as *necessarily* struggling to manage legal requirements to accommodate disability at the same time as it defends itself against what it sees as excessive financial entailments or existential threat: this is the source of the moral panic around disability in higher education.

This moral panic is held back by the multisite, multistep paperwork of the accommodations bureaucracy. As Siebers expresses it, "The ideology of ability simultaneously banishes disability and turns it into a principle of exclusion" (*Disability Theory* 9). As this exclusion is now forbidden by law, a kind of intellectual cleaving, or double-consciousness, is required to both "accommodate" disability to the satisfaction of legal duty, and, crucially, maintain the (ableist) ideology of competitive ability in order to maintain internal coherence. This cleavage is partially achieved by medicalizing disability. Siebers explains:

> The sharp difference between disability and ability may be grasped superficially in the idea that disability is essentially a "medical matter," while ability concerns natural gifts, talents, intelligence, creativity, physical prowess, imagination, dedication, the eagerness to strive, including the capacity and desire to strive—in brief, the essence of the human spirit. (*Disability Theory* 9)

University accommodations bureaucracies proceduralize a series of biographic mediations that split disabled people in two, differentiating disability and ability: an illness, diagnosis, impairment, deficit, or lack that can be "accommodated" formally on the one hand, and, on the other, an underlying, non-disabled person with the required, standard (that is to say, superhuman) ability to achieve excellence through rigorous and independent self-application in the usual ways. This cleaving suits the purposes required by the institution: legal compliance as well as the maintenance of the "myth of meritocracy" (Carter et al. 96). At the same time, however, these biographic mediations both produce and reinforce disability stigma and structural ableism by erasing identifications that may be crucial to scholars' sense of self. Accommodation bureaucracies attract the same critique that all person-first framings of disability provoke, namely that disabled people can only be understood to be valuable if their disabilities are abstracted away from their personhood.[4] That is to say, they take away disabled scholars' agency as autobiographical (disabled) selves to suit institutional purposes. This expropriation starts with diagnosis.

Diagnosis

Diagnosis performs the affirmation of the "realness" of the disability; it *produces* disability in a given instance as a scientific, objective pathological fact. Diagnosis is thus a primary site of the biographic mediation of disability, one in which authorized experts translate and transform patient (or parent, or teacher) *complaints* into patient *histories* into lists of observed and testable *impairments* into a coherent *case file* that resolves by naming the disorder according to standardized criteria and attaching the *diagnostic label* to the patient, to whom a standardized *treatment* regime can be applied. That is, the diagnosis takes unto itself the power to name and to authorize a *claim*; it is a nexus of both representation and redistribution, and thus a site at which power is concentrated. As G. Thomas Couser suggests, "The considerable power of the medical profession today depends on the medicalization of society and the concomitant granting of a virtual monopoly on diagnosis and treatment of illness to trained specialists" (18). This monopoly/medicalization is predicated on the suppression/erasure of the subjective, cultural, environmental, and interpersonal factors that cannot be swabbed, biopsied, petri-dished, weighed, or otherwise measured against a quantifiable standard. The diagnosis is presumed to live outside the realm of subjectivity, to provide an objective and disinterested categorization which grounds the determination of accommodations that can be claimed to meet the legal standard of "reasonable, necessary, and appropriate," *because science.*

This is a useful fiction, mostly.

Much of the diagnostic apparatus is deeply interpretive, contingent, and contextual; the diagnoses such mediations produce are contingent and radically unstable, even conceptually. Diagnostic categories and labels are constantly in flux: disorders are named, appear, become associated with other diagnoses, are formed into (or split apart from) categories, or disappear altogether.[5] Diagnostic testing instruments and protocols are sometimes radically skewed by gendered and cultural assumptions about how disability manifests.[6] The processes of biographic mediation that transform the human being flagged as a "weird kid who talks like an adult but can't ride a bike" into a diagnosis of "Autism Spectrum Disorder—Asperger's subtype" is based in stories, rooted in values, solicited through performance, and dependent on interpretation of social and personal effects, as I describe above. Despite the deliberately clinical framing, diagnosis is often a kind of conflict-ridden Procrustean story-making exercise in which disabled people must perform or disguise disability in particular ways to be seen to fit a diagnostic model or category in order to achieve some action in the world. Couser suggests that diagnosis is a kind of "narrative collaboration" between patient and doctor, but one that is often experienced less like true co-authorship and more like uncredited ghostwriting, in which all traces of the patient's contributions are erased, subsumed under the passive voice of medical omniscience and authorized by the narrative authority of the medical professional (10).

The power to assign, secure, seek, deny, or reject a diagnosis is asymmetrically distributed, and the effects of a diagnosis on a disabled person's life can be determined by who initiates the process, what its aims are, and whose testimony is given most weight.[7] Sometimes the putatively disabled person resists diagnosis; sometimes the clinician resists the patient's search for a diagnosis. In some cases, diagnoses are withheld from historically marginalized subjects because of lingering pervasive stereotyping. Alternatively, such diagnoses are weaponized against poor or racialized children to remove them from mainstream public education. Access to diagnosis itself is uneven and unequal: securing or evading diagnosis is often a function of the leveraging of privilege, or not. In all cases, to secure a diagnosis, "the patient offers up testimony that the doctor interprets according to codes and conventions generally unavailable to the patient" (Couser 10). Diagnosis literally rewrites disabled life stories in ways perhaps deliberately incomprehensible to the subject it purportedly describes because the diagnosis is not communicating to the disabled person, often, but to non-disabled others in gatekeeping roles: teachers, insurance companies, human resources departments, etc. The diagnostic process performs rituals of scientific objectivity that address anxieties about malingering, advantage-seeking, and hysteria that attach particularly to requests for the accommodation of invisible disabilities such as mental illness or neurodivergence. The authorizing function of a medical diagnosis affixes a label to the "depressive," or the "autistic," or the "social phobic" academic. It is this *label* that comes to represent the disabled academic *qua* disabled academic to the institution, and to unlock access to *resources* that have been made to attach to that label. Those who will not or cannot secure medical diagnoses remain invisible and unnamed as disabled at the university. Diagnosis is the key that unlocks access to accommodations, but first the disabled academic must present themselves at the door—they must disclose.

"Otherwise qualified": Disclosure and Verification

The disclosure of disability status on a form in some part of some academic bureaucracy is a fulcrum upon which disability pivots from a personal matter to an institutional one. In a superb understatement, Brown and Leigh point out that "[t]icking the 'I am disabled' box is a statement and a commitment" (2). It is a statement of *identity*, of course, but also a statement of *claim*: a claim of entitlement to resources that binds the university to a legal duty of care. It is a *commitment* to submit oneself to the biographic mediation of this identity, so that the claim to duty of care can be issued through the precise specification of the extent and bounds of that duty (should it be determined as owed to the individual by the institution). To disclose a disability is to enter into a new evaluative relationship, not to circumvent it. For Lennard Davis, the condition of disability itself provokes coercive demands for disclosure: disability, he famously asserts, "always demands an answer" (qtd. in Kulick). Don Kulick elaborates that disability "isn't just a demand for information; it is a demand for accountability and responsibility," and further, that "disability is an accusation" that seeks to assign blame or evade it (20). Although the duty to accommodate as prescribed in legislation describes the *rights* of disabled people to equitable treatment in institutional contexts, the process by which academic accommodations are secured demonstrates that those rights are not inherent or inalienable but contingent on the evaluative judgment of the institution itself, which undertakes the role of inquisitor into disability to reveal the putatively *objective truth* of disability's discrete impairing impacts in the workplace.

Disability disclosures are "issued into a complex representational realm in which each person at the other end of disclosure tends to do their best to fit the revealed identity into a preexisting matrix of meanings and assumptions" (Samuels, "Passing" 17). This preexisting matrix, as we have seen, is shot through with meanings and assumptions predicated on the exclusion of disability and unsound minds. The verification process legitimizes but perhaps more importantly *limits* the scholar's claim to a given disability diagnosis and rights to accommodation. My own institution's AccessAbility office asserts: "Post-secondary institutions are *obligated* to make *reasonable* accommodations only to the *known limitations* of *otherwise qualified* individuals with disabilities" ("Academic Accommodations" 6; emphasis added). Certainly, disabled academics describe the narrative effort of pitching their stories of disability as a knife edge between performing or producing disability "real" enough to qualify for accommodation ("known limitations"), but not so dramatic as to render one categorically other and unfit ("otherwise qualified") (Price 109). At the same time, verification pathways re-produce disability as a chopped-up list of deficits, impairments, and problems that are more or less severe, of greater or lesser duration, in one or more domains in which the disabled scholar fails to live up to normative standards.

The language on my own institution's site (it is typical in this regard) makes clear that in coming forward to seek accommodations, the disabled scholar is *applying* for access to such consideration, and not asserting a recognized *right* to it ("New To"). That is, it is not *disclosure* of disability that mobilizes resources, but rather its *verification*. Here, the biographic mediations proliferate rapidly, complicating and obfuscating disability identities and experiences. As my research assistant Elise Vist astutely observed to me, the disclosure and verification paperwork "defies story." There are different requirements (and different forms) for different disabilities. On our site, these disability categories include Mental Health/Psychiatric Disabilities; Learning Disabilities; ADHD; Sensory, Physical, and Medical Disabilities; and Acquired Brain Injury ("Disability Verification"). Each category has different disclosure and verification requirements—a diagnosis need not be disclosed for those seeking accommodation for Mental Health/Psychiatric Disabilities, while it is required for ADHD, which, indeed, constitutes its own category-of-one diagnosis. Scholars claiming mental health or psychiatric disability may be required to comply with medication treatment in order to access accommodations; those with ADHD may have their accommodations taken away if their own medication treatment succeeds. A family doctor can certify a "mental wellness illness," but a neuropsychologist or other specialist is required for Learning Disabilities. There seems to be no rhyme or reason to the types of disclosure requirements, the professionals empowered to author the verification forms, or the language around duration or type of impairment.[8]

What each category does have in common, though, is a set of paperwork requirements that are numerous, lengthy, and deeply invasive. For scholar Susan Ghiaciuc, "the documentation I was required to provide once I disclosed my disability made me feel that I was being forced to put my various symptoms on display for public examination" in ways that lead her to conclude that many academics would choose to go unaccommodated rather than submit to this type of evaluative exposure (Kerschbaum et al.). I can see why. The ADHD verification form at my institution is seven pages long ("Verification of ADHD"). Only one of these pages is filled out by the applicant, and their input consists of providing contact information as well as consent for the university to access private medical information now and any time in the future, should the accommodations or the need for them come into question. The next three pages must be filled out by a registered medical professional. These require the naming and dating of primary and secondary diagnoses and ultimately the "certification" of the student's disability status. This includes disclosing any and all medications taken as well as dosages and timing. In between, however, come detailed checklists about various kinds and severity of inattention, hyperactivity, and impulsivity, questions that would seem best answered by the disabled student themselves, who, as this form is constituted, is not the trusted narrator of their own disability.

For Kaul, the rituals of scientific objectivity performed in disclosure and verification fundamentally misunderstand disability. The idea that everyone would disclose "if we felt safe, if it was in our best interests, if the costs were not too high, suggests an underlying truth one has access to: an uncovering, with non-disclosure as a covering of that truth" (Kaul 173). Instead, the story of academic disability is much more nuanced and contextual, sometimes strategic but always reflexively autobiographical in ways that lists of impairments and dates of diagnoses can never convey. Poet and graduate student Joanne Limburg thus writes of having to convince an accommodations officer at her university that her autism diagnosis was not in error, and that she was entitled to academic accommodation. Limburg describes the cognitive dissonance experienced by the university staff member assigned to verify her case, whom she describes as visibly flummoxed during her intake interview, unable to square an autism diagnostic report with the fact of the woman in front of him (146). Limburg experiences a strange inversion, whereby instead of trying to quash her more autistic inclinations in the hopes of fitting in, she found herself trying to find a way to "be more autistic" in order to secure accommodations. She describes a kind of intrapersonal split: a "Self A," the unself-consciously unmediated autistic self who has always been out of step socially with her peers, and the "Self B" she developed by dint of hard effort to pass as normal to be able to move through the world. Whereas it was Self B who had to prove competence and excellence in order to be admitted to the PhD program, in order to receive needed accommodations, Limburg writes "I let Self B rat on Self A" (146). Limburg is caught precisely in the double bind of having to demonstrate visibly her "known limitations" by consciously loosening the mask that allowed her to present as "otherwise qualified" for admission to the institution from which she requires accommodation. Further complicating the issue, Limburg admits that after spending a lifetime developing Self B precisely in order to manage and suppress Self A, she's not sure they are really distinct anymore: "acting autistic" in ways the assessor requires in order to approve her need for support is just that—an act. I experienced a similar difficulty in my own psychoeducational assessment: praised for my turn-taking, modulated vocal tone, relaxed posture, and eye contact, I found myself having to explain to the psychologist the various algorithms and rubrics I set up to guide these kinds of interactions in order to appear "normal." Even in actively seeking a diagnosis, I was nearly unable to stop my "look normal" programs from running.

Auto/biographical stories such as these raise important questions around the nature and impact of disability. Is it still autism if Limburg and I and so many other women can "control" it? Is it still ADHD if I am experiencing therapeutic effects from pharmacological treatment? Is it still autism if we "seem" normal to others but at the cost of great psychic, emotional, or physical effort, even if these efforts are reflexive, habitual, and hard to undo? These questions show the poverty of academic verification processes that rely nearly entirely on external observations and reports aiming to reveal an objective and stable truth of disability. The truth is, as so many disabled people have attested, that there is *no one truth* of disability: disability identity is thoroughgoing and pervasive, personal and autobiographical, and context-dependent and extra-discursive all at once. If you asked us, we could tell you what we need, and in what circumstances. Disability "verification" processes are rooted, however, in *mistrust* enacted in the suppression or dismissal of disabled people's self-reports and self-understanding. The biographic mediations undertaken by verification are thus, structurally, at once profoundly pathologizing and deeply un-autobiographical. The process seems designed to be humiliating, laborious, and paternalistic by turns. It is, also, depressing. Verification, as well as diagnosis, is deeply committed to framing disability in the deficit model. The forms wish to certify exactly how the disabled applicant is nonfunctional, limited, impaired, or otherwise unable: paradoxically, *you only have rights if you're wrong*.

Accommodation

A "list of eligible accommodations" will be loosed after a disability disclosure is verified and translated into a set of functional limitations and legal obligations—until the scholar is themselves deemed "eligible" to see it, the list remains a secret. For faculty members at my institution, currently guided by no explicit formal policy or process, any eligible accommodations are even more obscure as they are determined and enacted in the most local circumstances: *there is not even a list*. Overall, however, from such documentation for students as I could find, it seems clear that the kinds and number of accommodations offered in no way match the level of detail that verification demands, nor show evidence of attention to the support needs of an individual *person*, rather than the deficits attached to an individual *diagnosis*. Physical disabilities are accommodated through hardware, software, and infrastructure—large-print notes, movement of a course section to an accessible classroom, braille conversion, speech-to-text editors, recordings and amplification of lectures—assistive technologies addressing a wide variety of specific physical or sensory barriers. However, for anything other than physical impairments the following accommodations are nearly universally offered, as the sum total of possibility: volunteer note-taker; extra time on exams; time shifting on exams; separate location for exams; reduced course load.[9] For all the astonishing volume and granularity of personal and private information required for verification, a remarkably short and unimaginative list of accommodations is produced at the end of it. Disclosure and verification compel baroquely ornamented biographic mediations of disability that constitute an arduous trial for the sake of its own arduousness: the point seems to be to make it very difficult to qualify for an accommodation of any sort, rather than to provide a ground for the elaboration of similarly detailed and personal accommodation plans.

The accommodation of students seems geared to meet the minimum standards of the law without provoking faculty revolt over undue or unfair "special treatment." That is, the granted accommodations themselves constitute an act of containment limiting disability's impact on the classroom, the curriculum, and the academic schedule; they require faculty assent in the framework of academic freedom over curriculum and teaching (Gillies). At my own institution, the "Accommodation Resource Guide for Instructors" is a fifteen-page table that names and describes each accommodation, and then devotes two fulsome columns to asserting faculty autonomy and describing AccessAbility's stringent vetting guidelines ("Accommodation Resource"). A further web resource, "Accessibility Tips," located in the Faculty section of the site, lists eleven different types of potential student disability and devotes a page to each of these types, each page then describing exactly what each disability consists of and listing possible accommodations. For each of the eleven types of disability, nearly the same accommodations are described. Once more, the hairsplitting and multiplication of pathways through diagnosis and verification and the personalization of the "list of eligible accommodations" seems geared not to individualize accommodations, but to demonstrate the rigor and objectivity of the verification process—that is, to assuage the moral panic around disability's threat to core academic values of individual merit and excellence, as demonstrated through competition, hierarchical assessment, timed trials, and normative overwork.

We see such panic among faculty even when addressing the question of disability among the professoriate. In January 2012, the Association of American

University Professors (AAUP) released a report on faculty disability that devoted two pages of nine to asserting the need to evaluate *all* faculty on identical performance measures, regardless of ability status; to listing and denouncing "unreasonable" accommodation requests; and to outlining grounds for dismissing disabled faculty. One of its three appendices lays out the legal justifications and jeopardies of these dismissals. The report itself was prompted by a request for the organization to review an earlier policy, Regulation 4(e), "Termination Because of Physical and Mental Disability," which gives some idea where they were starting from. Notably, while the document itself is titled "*Accommodating* Faculty Members Who Have Disabilities," the accompanying press release of February 2012 is headlined, by contrast, "*Rights and Responsibilities* of Faculty Members Who Have Disabilities," seemingly walking back its very mild assertion of faculty rights to assert a set of responsibilities and accountabilities attached to these (italics added). It is difficult to read this document and imagine that it was written by an organization devoted to securing and maintaining faculty rights in the academic workplace. The legalistic emphasis on essential duties, responsibility and duty of individual faculty members to disclose, need for verification, and continued focus on excellence according to fixed standards of productivity very much echo—rather than contest—the moral panic around disability witnessed in institutional responses to student disability.

For Craig Meyer, the main issue with the report is that it "focuses on what faculty members must do to be considered equal instead of on what they are able to do. The result is that disabled faculty members are confined by and often must defend their disability instead of being free to utilize it" (Kerschbaum et al.). Meyer is among a group of disabilities studies scholars who collectively authored a response to the AAUP report in the Modern Languages Association's *Profession* journal. The polyvocality, nuance, and specificity of the individual pieces that make up this collective response are remarkable, a model of what a disability-inclusive understanding of *access*—rather than *accommodation*—might make possible.

(Auto)biographic Mediation

Telling—or retelling, or reframing—stories about the self is essential to claiming a disability identity, but such stories collide uncomfortably with dominant rhetoric. "For me to speak," writes Stephanie Kerschbaum, "means being able to imagine audiences who can respond to me in ways that open up, rather than circumscribe, possibilities" (69). The biographic mediation of disability identity in higher education, however, seems designed to circumscribe possibilities. Systems of diagnosis, disclosure, and accommodation rewrite, reframe, and sometimes embargo disabled life narrative by requiring framing in medical discourse authorized by medical professionals, reducing disabled academics to their diagnostic labels, and shrouding the provision of accommodation in secrecy-framed-as-privacy that hides the disabled *person* from view as much as the disability itself. Weighing the possible ramifications of sharing the story of her own disability, then, Kerschbaum worries: "Will

I have my story told back to me in a narrative I do not recognize as mine?" (67). Yes: our stories are told back to us as lists of "functional limitations," "eligible accommodations," and "essential duties," with our very presence in the workplace always threatening to produce "undue hardship" for those around us. The biographic mediation of disability in accommodations bureaucracies compels the disclosure of medical and personal information from disabled scholars to be turned into listicles of discrete impairments *by* non-disabled people *for* other non-disabled people. Nearly everyone except the disabled scholar is empowered to speak with authority about disability in the academy. *Disability* is at the center of these narrative acts; disabled *people* are erased as agents or rhetors in—and audiences for—such acts.

But how might disabled academics regain agency over their own stories? "Personal narrative," Couser suggests, "is an increasingly popular way of resisting or reversing the process of depersonalization that often accompanies illness—the expropriation of experience by an alien and alienating discourse" (22). At the same time, personal narratives of disability can repersonalize one's experience of subjectivity in relation to others, one's autobiographical sense. Limburg, for example, describes rescripting her life story—her "autiebiography"—following her midlife autism diagnosis: "After diagnosis, the language I used to talk about myself began to change, and with this new kind of talking, it could be said that I was calling a new identity into being," for example by renaming as "stimming" a set of daily behaviors she used to describe to herself simply as "fidgeting" (149). This frame could retroactively be applied to her auto/biographical understanding over a longer period: "As the person I was changed, so did the child I had been" (149). On the whole, autistic and other neurodivergent people telling their stories online experience this rescripting as powerfully self-affirming. Having always understood themselves to be very different from those around them, with that difference seen as somehow wrong or the mark of lack of effort or character, to know that their mode of difference is fundamental, pervasive, and not unique to themselves can release burdens of shame. There can be, even, a kind of giddiness to this.

What might seem like a blessing—the ability to "pass" as neurotypical—can be experienced as exhausting, alienating, and "traumatic," especially when the ultimate "impossibility of passing as normal" without self-erasure becomes apparent (Alshammari 31). The new frame for self-understanding offered by the diagnosis and the acknowledgment of fundamental and consequential differences in how autistic people and non-autistic people experience the world means that someone who has always, for example, stressed herself into daily headaches trying to infer people's feelings from facial expressions that are inscrutable to her may decide that it's okay now to just say "I can't tell what you're feeling; can you explain it to me?" This may appear to others as a new "autism" behavior that did not exist prior to the excuse offered by a diagnosis, but what has happened is that the autistic person simply stops masking a secret deficit they (me) had been expending enormous mental resources on pretending—and often failing—to be good at. Most autistic people, then, describe coming into their disability identity as permitting them to release the efforts employed in masking, skills highly developed enough to see them through to adulthood without being flagged for diagnosis by others.[10] One of the reasons that I resist seeking academic accommodation is that the process itself once more tries to split me into an "otherwise qualified" putatively normal person and a tragic sufferer of the external impairments of autism and ADHD that are *not me*. Academic accommodations aim to mask and camouflage the impairing elements of my disability to allow me to pass as a "normal" academic. But I've been doing that my whole life, and the efforts are only ever sometimes and partially successful, and they are always and completely exhausting and demoralizing. Autistic advocates have begun to interrogate the social work and social violence this type of "masking" enacts on us. We want less masking, not more. The hashtag campaign #TakeTheMaskOff notably encourages such acts of "being extra autistic" as necessary self-care (Rose, "#TakeTheMaskOff"). Diagnoses or self-identifications, then, open space for a new understanding of a self that is *different* in some thoroughgoing way without being *wrong*.

The thorough autobiographical imbrication of "core" self and "diagnosis" also works to chip away at the power of the objectifying and categorizing gaze that seeks to attack (pace Couser) the "disorder" in favor of a more nuanced and personal auto/biographical understanding of this disabled/self. Neuroqueerness thus offers an opening for disabled counternarrative. The autistic self-advocacy movement is notable in this regard—challenging the ableism of functioning labels, querying the financial and cultural inaccessibility of diagnosis, holding formal medicine to account for its eugenic thinking in the cure model, supporting self-diagnosis, organizing autistic-only conferences, hashtags, and Facebook groups, and rallying under the banner of "nothing about us without us." Acts of resistance are produced in daily acts of life writing in blogs, Facebook groups, collective hashtags on Twitter, and, crucially, in the #SelfDXisValid ("self-diagnosis is valid") movement that removes medical professionals entirely from the equation.[11] Other hashtag movements consider sophisticated intersections between race and disability, and between competing notions of "severe" or "mild" impairment, attuned to the individuality of presentation as well as the opportunity for group identity. These include #ActuallyAutistic ("ActuallyAutistic"), #AutisticWhileBlack (founded by Karima Cevik), and #DoILookAutisticYet (founded by Hannah Quinton).[12] At least one tag is geared to educating allistic people: #AskingAutistics (founded by Christa Holmans)[13] is an open forum to access autistic people's experiences and expertise. In all of these narratives, the disabled self is understood as a material set of affordances and constraints, as well as socially determined and environmentally and contextually sensitive, produced and contested through any number of interpersonal and institutional biographic mediations.

Disabled academics who adopt a proactive disability identity expose the ideological underpinnings (charity, paternalism, pathologization, a drive toward normativity understood to cluster at the center of the bell curve) of accommodations regimes by refusing to accede to the biographic mediations these regimes exact: formal diagnosis as objective label; privacy and implied shame; presumption that the disabled person ("person with a disability") is not competent to determine their own support needs ("accommodations"). Academics who adopt identity-first language, a shorthand for the full integration of the "disability" with the "person" begin from the premise that they are not problems to be fixed. Disability scholar and disabled academic Kayla Besse exemplifies this mindset in her Twitter profile description: "Anything you can do I can do . . . but slower and with greater proficiency" (@kayla_besse). Such matter-of-fact claims of disability identity alongside assertions of competence ought not to be surprising, but they are. Such acts can also produce an inclusive and expansive set of positive and empowering identifications, rich in detail, that can anchor historically excluded subjects within a community. That is, they can form the grounds for identity politics.[14] This combination of greater self-knowledge, self-acceptance, and sense of self in a minoritized community is dangerous to the maintenance of the academic ableism that undergirds the university as institution. Crucially, I begin to recognize that my own specific kinds of differences place me in a community of others, at the same time as an emergent sense of broader disability communities, each with its own set of differences operating structurally and intersectionally, offers the opportunity for profound political identifications and activism. From an emergent positive self-identification and a structural awareness of pervasive ableism, I have become a good deal more willing to be unreasonable in my claim to accessible academic spaces and to make such claims on behalf of other disabled scholars as well. For Brenda Brueggermann, life narrative is crucial to this project: "Together we must make, create, and model stories of successful avenues of access in the academy, and on our team should be those of us on crip time working to help those in normate tempo create syncopated rhythms, jazzy stories. We don't necessarily have to follow that [normate] beat. We are the drummers" (Kerschbaum et al.).

Conclusion: A Culture of Access

In the context of the academy as an institution and a workplace, disability is always either a *threat* or a *crisis*—or both. Bureaucratic, legal, and medical regimes of diagnosis, disclosure, and accommodation constitute a series of biographic mediations that suppress the critical and revolutionary potential of disability identity and community by ensnaring disabled scholars in formal processes designed to adhere to legal requirements without altering the essentially ableist character of higher education. Where neuroqueerness incorporates pervasive differences in our orientation to the world as a key element of our self-concept and identity, accommodations bureaucracies construct disability as a set of impairments that must be mitigated to return us to a baseline "normal" condition in order to participate in the academic project. Accommodations bureaucracies rhetorically sever the disability from the person through their use of person-first language; they also materialize this fracture by addressing accommodations only to a diagnosis, a process that many disabled scholars find dehumanizing, patronizing, and ineffective. Access laws have had and continue to have many salutary practical effects but also provide a set of terms, concepts, and narratives that continue to pathologize disability and difference, and to frame it as other. For Dolmage, the "social construction of disability on campus . . . mandates that disability exist only as a negative, private individual failure" (56). That is, the biographic process roots the "problem" of disability in the individual bodymind of the accommodated scholar. Increasingly, disabled scholars resist both this framing of themselves as problems and its simultaneous injunction to silence and privacy. In claiming control of their (our) own (auto)biographies, disabled subjects actively contest the various institutional biographic mediations that shape our relations to the institution in terms of undue hardship, functional limitation, and minimum legal duty. Angela M. Carter describes her own experience in a way that captures both the frustrations and possibilities of claiming disability identity through reclamation of the story of disability: "Disclosing never ends," she writes, and also, "I went from never wanting to disclose and feeling really horrible when I had to, to now feeling like it is imperative to my survival and my politics—even if I often still hesitate before doing so" (Carter et al. 103). The claiming of disability identity and a commitment to disability community, broadly construed, produces more radical demands than the medical model of impairment and the administrative model of functional limitation ever could—a more holistic vision of rebuilding higher education to support access, instead of the private and individual retrofit of accommodation.

Notes

1. Here I am on a nationally broadcast and podcast technology and culture radio program talking about online authenticity and my own autism community online (text and audio available): https://www.cbc.ca/radio/spark/it-s-okay-to-cry-on-instagram-1.4915326 (Young).
2. The joke's on her—my particular flavor of autism means I'm weird enough to have to fake normal, but skilled enough to manage it if I ride censor on myself constantly so *I'm never not self-conscious*. Ha, ha.
3. Important to say: although it has been taken up widely, extensively, and to different purposes, identity politics as a theory and praxis is brought to us by the Combahee River Collective ("Statement").
4. Obviously, there is a complicated and rich history to person-first language. See C. L. Lynch for a cogent and useful Twitter thread explainer (CLLynch).
5. Until distressingly recently, "homosexuality" was considered a form of mental illness. ADHD was for a very long time considered to be solely a disorder of childhood (Gentile et al.). Asperger's syndrome used to be a different diagnosis than autism, but now both are conflated under the umbrella of "autism spectrum disorder" in ways that many (former) Aspergians resist because they really liked being considered "high

functioning" and "not like those other autistic people," and again that's not about science but about social hierarchy, ableism, and supremacy (see Shaber for an explanation of Shiny Aspies and Aspie Supremacists).

6. Women have long been underdiagnosed for mental disabilities like ASD and ADHD because their presentation of symptoms often differs from the men for whom the tests were designed—they are diagnosed overwhelmingly with mood disorders instead (Bejerot et al.; Craft; Devlin; Krahn and Fenton; Lindsmith; Piper; Ridley). Race is a clear confounding factor in diagnosis of neurological difference as well (Brown, *All The Weight*; Cevik; Mandell et al.; Shogren et al.; Tincani et al.; Travers et al.; Travers and Krezmien).
7. It is well-know that women are more likely than men to have their pain discounted by physicians in emergency rooms, even in dire crises such as in ovarian torsion, as these women are considered to be unreliable narrators (see Barker; Bodenner; Hoffman and Tarzian; Werner and Malterud; Wheaton). African Americans have their pain undertreated for a different reason: a longstanding cultural belief, even among physicians, that African Americans do not feel pain like White people do (see Hoffman et al.; Kempner; Pryma; Trawalter et al.).
8. Nor even what constitutes a category: when I was first reading all these pages, there was a form specific to autism—in the interim, that form seems to have disappeared, and autism as a separate category of disability has disappeared from the verification page.
9. This is not what we meant when we wanted crip time to be acknowledged (McDonald; Samuels, "Six Ways").
10. On masking and camouflaging, particularly in women, see Hull et al.; Holmans; Lai et al.; and Wiskerke et al. For the psychic costs of such practices, see Boren, "Austistic Burnout"; and Rose, "How to Hide Your Autism" and "Autistic Burnout." For the general case, see Siebers, "Disability as Masquerade."
11. For why this removal is felt as an urgent need, see #DoctorsAreDickheads on Twitter, founded by Stevie Boebi (Stephens), and with a representative and widely shared thread by Jennifer Brea.
12. See Oliphant.
13. See Rose, "Parents."
14. Importantly, here, a caveat: identity-first activism is not a uniform practice, politics, or identity among disabled people. Many disavow the label of disability entirely. Some, though, are pushed toward disability identifications by their own experiences of the alienation of the accommodations bureaucracies. Kleege describes a student with access needs who did not consider herself to be disabled, but who, over the course of several frustrating semesters of navigating the system, came into a political disability identification that moved her toward disability activism as well as identity. Not all disabled people have to adopt identify-first understandings of their disability, or to adopt neuroqueer self-understandings and theories in order for all disabled people to benefit from the activism of those who do.

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