March 2003

Chronic Illness and Academic Accommodation: Meeting Disabled Students' "unique needs" and Preserving the Institutional Order of the University

Karen E. Jung
University of Victoria

Follow this and additional works at: https://scholarworks.wmich.edu/jssw

Part of the Disability and Equity in Education Commons, Higher Education Commons, and the Social Work Commons

Recommended Citation
Available at: https://scholarworks.wmich.edu/jssw/vol30/iss1/6

This Article is brought to you for free and open access by the Social Work at ScholarWorks at WMU. For more information, please contact maira.bundza@wmich.edu.
Chronic Illness and Academic Accommodation: Meeting Disabled Students' "unique needs" and Preserving the Institutional Order of the University

KAREN E. JUNG
University of Victoria
Department of Sociology

People with disabilities are just one of the groups designated for special attention in relation to equity in postsecondary education. This paper explores the way in which policies that provide academic accommodation for students disabled by chronic illness unfold in practice. As part of the administrative regime of the university, these policies are typically designed to reconcile the interests and relevances of the law with the interests and relevances of the academy. When a disabled student "activates" the policy, regardless of whether or not services and assistance are provided or are useful, the student becomes situated within social relations that make disabled students' "needs" manageable in the organizational context. As applicants for the institution's privileges and services, students actively participate in the accomplishment of the institutional order of the university, i.e., they fulfil the university's legal obligation not to discriminate against students with disabilities. This, I will argue, constitutes an exercise of power and preserves the existing social organization of the university, although it is normally understood as the university acting "in the interests of students with disabilities." Specifically, I show how the individualization of accommodation—ostensibly to meet each student's unique needs—shifts the obligation for change to individual students and instructors and forecloses opportunities for the university to become more genuinely accessible and inclusive.

People with disabilities are just one of the designated groups that have been targeted for special attention in relation to educational equity (Fortin, 1987). At academic institutions across

Journal of Sociology and Social Welfare, March, 2003, Volume XXX, Number 1
Canada this has entailed the creation of a social "disabilities apparatus" organized around the concepts of accessibility and accommodation. In postsecondary education, accessibility refers to the institution's legal obligation to create genuine opportunities for people with disabilities to participate in all aspects of university life. The duty to accommodate, as one aspect of the duty not to discriminate, requires the institution to take an active part in modifying those practices, facilities, or services that prevent the inclusion and participation of otherwise qualified students who are disabled (BCEADS, 1996).

Improving accessibility includes making changes in the built environment and providing specialized adaptive equipment to disabled students. Accommodation usually involves procedural changes and modifications in teaching and academic evaluation practices that are individualized according to each disabled student's unique needs. Exactly what constitutes an accommodation is a matter of law: courts have the ultimate authority in Canada to define the meaning of the term and the extent of the responsibility of the institution to provide it (BCEADS, 1996). In this paper, I use an institutional ethnographic approach (Smith, 1987, 1999) to explore the more difficult procedures entailed by providing academic accommodation, especially in relation to students disabled by chronic illness.

While chronic illness does not fit the more taken for granted understanding of disability—usually because it is less visible, or "invisible"—it still complies with the criteria set out by the United Nations definition of disability (Allbrecht, 1992; Wendell, 1996; Williams, 1998). In fact, people with chronic illnesses constitute a significant proportion of people with disabilities (Russell, 1989; Zola, 1994). And although many are reluctant to identify themselves as "disabled" (Charmaz, 1999; Gadacz, 1994; Gordon and Feldman, 1998; Linton, 1998; Russell, 1989; Wendell, 1996), most students with chronic illnesses depend on disability policies in order to take advantage of postsecondary educational opportunities. In this paper, I challenge the assertion that academic accommodation fulfills the university's moral and legal obligation to ensure the full inclusion of students disabled by chronic illness. As a compromise between the interests of the law and the interests and relevances of the academy, I argue that
accommodation preserves the existing social organization of the academy and can even undermine the participation of chronically ill students.

In the discussion that follows, I introduce the two main theoretical approaches to the problem of disability and I describe the methodological approach taken. I also provide an overview of the emergence of accessibility as a concern in post secondary education and I outline the form of the social "disabilities apparatus" at most Canadian universities. I then take up the problem of accommodation, in particular the "individualization" of accommodation, and show how it effectively shifts the obligation for change from the university, as an institution, to individual students and individual faculty members.

The Biomedical and Social Models of Disability

Disability rights activists have argued, since at least the 1960's, that the biomedical model (which works in the interests of the medical system, healthcare professionals, social welfare workers, charitable fundraising organizations, and so on) is a necessarily limited way of understanding and managing disability. In fact, the biomedical model, in and of itself, they argue, has become intertwined with and part of the discrimination and oppression experienced by disabled individuals (Lane, 1998; Linton, 1998; Lupton, 1997; Oliver, 1992; Williams, 1998).

Instead, people with disabilities have argued for a more social model of disability: one which shifts the obligation for change from the body and activities of the person with a disability to the built environment and social arrangements which are organized around norms of "able-bodiedness" (Barnes, 1998; Davis, 1998; Oliver, 1996; Shakespeare, 1998; Swain et. al., 1993). If the organization of the social actually generates the barriers and problems associated with disability, then the negative economic, social and personal consequences following from disability are neither natural nor inevitable. From the perspective of the social model of disability, exclusion and marginalization are not consequences of an individual's impairment. Rather, they are the consequences of social discrimination (Barnes, 1998; Davis, 1998; Finkelstein, 1998; Morris, 1992; Oliver, 1992, 1996). Likewise, disability does
not refer to bodily impairments and limitations, it is the naming of the experience of oppression (Linton, 1998).

This paper begins from the success of the disability rights movement in having the demand for a social, rather than biomedical, model of disability constitute the basis for "anti-discrimination" policies within the legal, educational, healthcare, economic, and other social systems in Canada. For example, the Charter of Rights and Freedoms (1981) affords all Canadians the same protection from discrimination and the British Columbia Human Rights Act (Section 3) (1992 amendment) provides equitable access for people with disabilities in all the systems and core services in which other members of Canadian society are entitled to participate.

In principle, people with disabilities should have equal access to, and be able to participate fully in all of the services and institutions which other Canadians enjoy, including in being able to access and participate in post-secondary education.

Methodology

In keeping with the spirit of the disability studies commitment, I use an institutional ethnographic approach to shed light on the institutional processes and the complex of relations within which people with disabilities are embedded. The social organization of knowledge (Smith, 1987, 1990a, 1990b, 1999) and disability studies are analytically and theoretically similar: both share similar origins and insights. For example, Smith's approach originates in the women's movement's discovery that, as women, they had been consciously and deliberately excluded from participating in the formation of the intellectual, cultural and political worlds that they were living in (Smith, 1987). Disability studies, likewise, is both an area of political activity and an academic field of inquiry: contesting the oppression and exclusion of disabled people from the mainstream of social life including academia, and working to assemble a body of knowledge that reflects their own experiences, interests, and ways of knowing (see Davis, 1998; Linton, 1998; Morris, 1992; Oliver, 1996; Shakespeare, 1998; Swain et al., 1993).

Smith's distinctive social ontology and investigative approach, however, provide what I believe is a unique advantage: "a social
ontology not of meaning but of a concerting of activities that actually happens” (Smith, 1999, p. 97). By always referring back to actual practices and experiences that are anchored in definite material conditions “in time and in actual local sites of people’s bodily existence” (Smith, 1999, p. 97), the social organization of knowledge provides a way to “close the gap” between the everyday routine experiences of chronically ill students and the systemic inequities that disability can be seen to produce. For this reason, an expanded notion of “work” is of particular importance in that it directs the researchers attention to practices of reasoning and work processes that might not ordinarily be observable or reportable as work.

Institutional ethnography also requires a focus on the concepts and categories through which institutional processes are mediated. Both students and faculty acquire these ideologies as methods of analysing their own work and experience in order to make them recognizable within the institutional order. Ideological concepts and categories, however, also obscure some of the work processes of actual individuals, depriving them “of their necessary anchorage in an economy of material conditions, time and effort” (1987, 163).

Finally, institutional ethnography depends on an exploration of the social relations within which particular phenomena are embedded. The notion of social relations is used in “a practical manner” as a method of looking at how individuals organize themselves vis-à-vis one another (Smith 1995). Social relations do not refer to relations of an interpersonal variety. Neither do they ascribe causal agency to social structures or social institutions. Social phenomena and circumstances do not “just happen”; they must be actively brought into being through the concerted and coordinated activities of actual individuals in their different local settings.

In this study, I work through textual analysis as well as both in-depth interviews and informal discussions with students, faculty and administrative staff in order to examine how chronically ill women themselves know and account for their experience of requesting and obtaining accommodation, and how a “disjunct- ture” between the stated intentions of the policy and the actual experience of its implementation arises.
The Research Participants

Although it is not my intention to scrutinize chronically ill students as a group, it is useful to sketch in, very briefly, the background conditions of their lives and the varieties of their social situations. Of the six students interviewed, three were graduate students, two had completed undergraduate degrees, and one was working her way towards her first degree.

All but one of the students I interviewed applied for admission to university during or after the onset of illness. All but one returned as “mature” students; in their mid to late twenties, thirties and forties: times when most individuals expect to be independent and established. The onset and course of illness, for all of the students interviewed, disrupted their participation in the paid labor force: none of the research informants was engaged in regular, full-time, paid work. All of the research informants, however, performed modified work of some kind. Because alternate forms of labor-force participation do not lead to financial self-sufficiency, all the research informants relied on supplemental or alternate sources of income, i.e., from disability pension benefits (set at the social minimum), student loans, spousal and parental support, scholarships based on academic achievement, and grants from vocational rehabilitation programs for expenses such as tuition, books and equipment. For all of these students the experience of chronic illness either occasioned their return to university and/or influenced their chosen course of study.

Every informant provided multiple examples of the experience of requesting and obtaining accommodation; some good and some bad, some through formal channels and others through more informal ones. Indeed, one had never submitted to the formal institutional process for receiving accommodation; another had only identified as disabled occasionally and informally when assistance or accommodation was deemed absolutely necessary. While each informant had her own particular understanding of the aims and uses of the disability policy, and while each had experienced accommodation in completely different ways, they nonetheless all depended on some form of accommodation to remain engaged in their studies and they all referenced the university’s policies and procedures in their ordinary talk about their
experiences at the university. Academic accommodation, for these interview informants, included extensions of time to complete assignments and exams, alternate media for assignments, attending full-time programs on a part-time basis, taking leaves of absence from programs of study, and so on.

The Social Relations of Accessibility and Accommodation

As stated in the introduction, students with disabilities are just one of the designated groups that have been targeted for special attention in relation to educational equity. In part, it is the result of a focus on growth and accessibility that fuelled the extraordinary expansion of Canada’s system of post-secondary education starting in the 1960’s (Bellamy & Guppy, 1991; Fortin, 1987). This expansion was based on a convergence of economic and social policy which proceeded on three different levels: first, the evidence in the economic and sociological literature suggesting that economic growth and greater social and political equality are dependent on higher levels of schooling and the democratization of access; second, the willingness of the federal and provincial governments, like governments of other western nations, to make education a priority; and third, the increase in the demand for higher education and public support for extensive spending in the educational sector (Fortin, 1987).

Federally, the Charter of Rights and Freedoms, enacted in the 1980’s, enshrined the notion of “equitable access” and “right to accommodation” for specific groups of people, including those with disabilities. The Employment Equity Act of 1986, and the subsequent development of a framework by the Government of Canada to ensure the equitable management of human resources for institutions under its jurisdiction further encouraged universities to implement employment and educational equity programs (Jongbloed & Crichton, 1990). The legacy of the expansion of Canada’s post-secondary education system can be seen in the enactment of more flexible admissions policies and the development of short-term programmes, night courses, satellite campuses, and distance education facilities.

While the efforts to increase post-secondary opportunities have been, in the main, successful, there have also been some
limitations. As early as 1982, in a speech to a conference organized by the Council of Ministers of Education, the Honourable Bette Stephensen (then Ontario’s Minister of Colleges and Universities) pointed out that “while we have dramatically increased the number of students attending post-secondary institutions, access to post-secondary education remains far from equal across all social and economic groups in Canada. . . . Accessibility can also be further improved for native peoples, part-time students, the handicapped, women and those who live a long distance from any post-secondary institution” (quoted in Fortin 1987, p. 4). The context within which postsecondary education is delivered has also changed: the climate of “economic crisis” has meant reductions in government spending as well as new social and economic priorities (Bellamy & Guppy, 1991). These new “economic realities”—where resources and budgets for postsecondary education are more restricted—set perceived limits to the ideals of openness and accessibility. In the face of shrinking resources and the restructuring of education along the lines of the market system, productivity and accountability have more weight than openness and accessibility. In the current economic reality, the legal obligation to promote equitable access is seen as inherently incompatible with maintaining a quality of education that emphasizes such ideals as excellence, competition, and selection (Fortin, 1987). Organized in relation to the merit principle, these ideals are achieved through the application of increasingly stringent academic entrance criteria, higher standards of evaluation, and the imposition of quotas which, for the most part, fail to recognize any concomitant responsibilities to disadvantaged people (Hanen, 1991).

Universities, as with all other post-secondary education institutes across Canada, must still be able to demonstrate compliance with both the Charter of Rights and Freedoms and provincial legislation. However, as universities are required to implement disability policies, and as instructors are required to provide reasonable accommodation on the pain of creating legal liability for the university, there is a concomitant rise in resistance to the changes that such initiatives entail (Breslauer, 1991; Tancred, 1991). While the abstract criteria of social justice may be embraced, there are contradictions and difficulties that arise wherever such ideals must be implemented as a coherent set of tasks and prac-
tices within the concrete situations of people’s everyday lives. Making education more accessible and including previously excluded groups in higher education is sometimes perceived as disruptive to the existing institutional order of the university. In many instances the resistance to improving accessibility and inclusiveness is connected to what feminist and anti-racist critiques call the backlash discourse that seeks to protect the status quo and the social organization of the academy.

There are a variety of ways in which this backlash discourse or resistance to inclusiveness and diversity can be framed. For example, the changes and initiatives entailed by policies on providing academic accommodation can be seen as the encroachment of political and administrative concerns into a domain usually reserved for academics (Blackburn, 1991); in other words, diminishing faculty’s previous autonomy and control over the content of curricula and methods of evaluation in their various disciplines. Epithets such as “politically correct” are often used to disparage the active implementation of particular initiatives, and arguments about the problem of censorship and the freedom to teach as one sees fit may be used to resist legislated or juridically imposed remedies (Blackburn, 1991; Hanen, 1991; Tancred, 1991). Questions about “standards” in canons of scholarship may be raised (Blackburn, 1991; Hanen, 1991; Tancred, 1991), reflecting the assumption that procedural changes required to accommodate disabled students may inadvertently confer particular “unfair advantages” for them. Increasingly fierce competition amongst students for limited funding and enrolment restrictions in particular courses of study, give weight to the argument that unethical students may claim to be “disabled” in order to gain “unfair advantages” over fellow students.

The resistance of faculty to the inclusion of previously excluded groups itself increases the disadvantages associated with disability. As with other affirmative remedies that seek to correct and compensate for past failures, disability policies that provide accessible and accommodating education usually only succeed in calling attention to and supporting group differentiation (Fraser, 1997). That is, they mark a particular disadvantaged group “as inherently deficient and insatiable,” as “recipients of special treatment and undeserved largesse” (Fraser, 1997, p. 25). While policies and procedures that provide services, assistance and ac-
commodation for people with disabilities aim at correcting inequitable outcomes of social arrangements, the process of accommodation itself—i.e., repeated reallocations of "scarce" resources and providing special "exceptions" to the ordinary rules—also singles out disabled people as targets of resentment. Where many students generally struggle financially, academically and physically to complete their programs of study, procedural changes and "exceptions" to the ordinary rules for one group of students may be interpreted as unfair to those students who do not have similar recourse.

This means that for students who are chronically ill and who are pursuing an education, material disadvantage will be experienced in combination with social stigma based on the perception that disabled students are inherently different from "ordinary" students: that they pose an unnecessary burden on scarce educational resources and are intrinsically needy and flawed. It is within this climate that the measures adopted by universities, to ensure the fair and consistent treatment of people with disabilities, must be understood.

Disability Policies—Rules and Procedures

Since the 1980's and 1990's, most universities have put in place services, resources, policies, procedures and systems of appeal that are designed to ensure the fair and consistent treatment of people with disabilities, enabling their participation in all aspects of university life. While the obligations of the university are situated within a legal framework (provided by The Canadian Charter of Rights and Freedoms, Section 15(1)), local policies have considerable flexibility in spelling out a more informal system of mutual obligations, responsibilities and procedures (for both the "university" and the student) designed to provide "otherwise qualified" disabled students with "reasonable" opportunities to access and participate as members of the university community, at the same time that they protect the university from unreasonable expense or "undue hardship" and from compromising or lowering academic standards.

Just as legislation provides the framework for disability policies and policies on accommodation, the definitions of "otherwise
qualified student," "disability," "undue hardship" and "reasonable accommodation" are similarly derived from the meanings and uses of these terms in juridical contexts. Academic accommodation, which consists in "reasonable measures," is usually defined as a modification or extension of university resources, or of teaching or evaluation procedures, which are designed to accommodate the particular needs of an otherwise qualified student with a disability. Accommodations themselves can be accomplished through activities of adapting, modifying, substituting, or deleting components of a particular course, assignment or examination that would otherwise be discriminatory on the basis of disability, only as long as the student meets established institutional standards in accordance with course requirements. Alternately the university may provide access to material resources of equipment (i.e., computer software, tape recorders, etc.) or extra time in order to compensate disabled students for the difficulties and limitations that their disabilities entail. In all situations, regardless of the type or degree of disability, accommodations are intended to conform to academic principles without causing the university "undue hardship."

Both the concepts of "undue hardship" and "reasonableness" are intended to preserve essential course requirements, maintain academic standards, and limit accommodation to those activities which do not fundamentally diminish the operations of a program or pose a financial burden sufficient to seriously undermine the existence of a program or service. Undue hardship is always defined from the institutional point of view and it constitutes the technical means—i.e., evidence or proof of the "undue" effort or cost prohibiting the provision of accommodation—by which the university protects itself from legal liability for failure to accommodate: the university is legally obligated to accommodate the disabled student up to, but not beyond, the point of undue hardship.

While the systems of appeal and requirements may vary, most policies are in agreement that (1) students must identify themselves as disabled, (2) they must supply medical documentation where appropriate, and (3) they must individually arrange the accommodation with each instructor in each individual course.

Each of these three procedures is fundamental to any type
of accommodation, regardless of whether or not it proceeds as part of the formal organizational process as outlined in an official university policy or as an informal arrangement between the student and instructor. The first procedure, self-identifying as disabled, sets the disability policy in motion. The next procedure, supplying appropriate documentation, provides the means by which the university ensures that only properly eligible students with medically verifiable disabilities be accommodated or provided with assistance and/or other services. The third and final procedure, negotiating and arranging the actual accommodation with each individual instructor, allows the student and the faculty member to "individualize" the accommodation to suit the student's unique or distinct needs, in a manner that is consistent with academic principles. The responsibility of disabled students to actively arrange and negotiate accommodation intersects with the university's responsibility to maintain academic standards, preserve essential course requirements and limit accommodation within the available resources of the university to provide them. In other words, the student provides suggestions and alternatives for accommodation which may be modified to the extent that they contravene academic principles.

Taken together, the university's policies, procedures and resources constitute an administrative disabilities apparatus that manages the "needs" and "problems" encountered by students with disabilities, usually by providing some form of service or accommodation. The services and accommodations provided through the disabilities apparatus are intended to foster the full inclusion and equal participation of students with disabilities in all aspects of university life, in accordance with human rights legislation. The rules and procedures of disability policies are also designed to ensure that academic standards are upheld, that the competitive conditions for academic achievement are preserved, and that the operations of the academy are not undermined. In other words, disability policies lay out a set of procedures—i.e., self-identification of disability, supplying appropriate documentation, and negotiating accommodations with individual instructors—which are intended to reconcile the interests and relevances of the law with the interests and relevances of the academy.
Academic standards—which are organized around practices of competition amongst students for hierarchically ranked grades, positions in programs with limited enrolment or scarce funding, and which are crucial in the credentialing of labour power—require students to demonstrate mastery of the same body of knowledge under the same kinds of conditions. At best, modifications to established practices of evaluation or conditions of testing are perceived as a lowering of academic standards; at worst, they are perceived as unfair. For chronically ill students, therefore, ongoing participation in postsecondary education hinges on practices incompatible with standards of excellence, selection and competition in the academy.

For the university, accommodation is comprised of an objective and definite set of institutional practices that link up with and are designed to actively accomplish the legal duty to accommodate as it is contained within human rights legislation. From even a cursory description of chronically ill students' experiences, the process of accommodation is not confined within the boundaries of the officially sanctioned organizational process: accommodation, as it is understood and spoken by them has a much more contingent, uncertain, informal and personal character than is stipulated by disability policies.

The Individualization of Accommodation

The problem for chronically ill students arises as their "needs" and wants are seen to differ from the institutional items and privileges that can be routinely offered. Unlike students whose disabilities can be accommodated through a one-time expenditure of funds (i.e., students who simply need access to a building, or who require a piece of specialized adaptive equipment), chronically ill students require accommodations that must always be negotiated, adapted and arranged with each individual instructor. This is the process that is referred to as the individualization of accommodation.

RI#4: "I did have to request accommodation, and it's interesting how each teacher was so individual... one of the things that I found was that if there was someone who was disabled in the class before you,
then your teacher automatically assumed that you required the same accommodations that the other person did. So, sometimes that would work very, very well, but no two people with arthritis are the same, just as no two people are the same with MS. And if you had a teacher who really couldn't process that you weren't the same as that person, then you ran into conflict, you ran into this big barrier because you had to try and educate as you were going along and also trying to be seen as an individual and not this other person who might have been brighter, or more creative (laughs), or a talker, or whatever, but not you . . .

RI#5: “So with some instructors I’ve found that I can do assignments in different media, and I could videotape with a classmate one of my assignments. With another class I audiotaped them. Those are really new composition strategies for me, and they do take time and they do take patience. I’ve had some instructors say—no way, there’s no negotiation here, it’s against policy, we don’t know how to mark it, because it doesn’t follow the typical university strategies and policies. And they were not helpful at all.”

RI#2: “What really struck me as odd is the fact that other people must have the same problem with finding the right kind of accommodation. You know, where it works for the student and doesn’t mess things up with the professor. I know other people must have the same problem and yet there’s no communicating it. It’s like everyone keeps to themselves with that knowledge.”

RI#1: “I usually came up with a plan myself, not expecting people to come and cater to my needs, and they were very accommodating.”

RI#3: “I’ve learned, you know, I wouldn’t have gone in as a part-time student, I’d get in and then deal with it. I’d get in as a full-time student and then I’d deal with it. Now, I’ve become quite politically savvy in terms of, you know, manoeuvring myself around all this bureaucratic crap . . . And I must say, they’ve been genuinely accommodating to me, personally, on the basis of my disability. They’ve made it easier for me to just concentrate on what’s the most important thing, which is getting into my studies”

Although each informant provides a different explanation for the experience, all refer to a similar exchange between the
individual and the institution: where the student, as an applicant, presents her wants or "needs" for the items and privileges of the university's services. Typically, the individual is disaggregated into program terms as a set of referrals to be made or equipment to be provided. The simple precept that similar cases be treated similarly, however, stops being simple at the point of institutional action. As the excerpts above show, the routine implementation of the rules and procedures of accommodation have different material outcomes for different students: some are rewarded, others are penalized.

For the informant in the first excerpt, the "individuality" of each instructor appears as the cause of the unending struggle to find an acceptable accommodation. For the second, the problem consists in the instructor's lack of familiarity with evaluating course work in an alternate medium. The third student assumes that she has not yet discovered the correct or proper kind of accommodation. The fourth attributes her success to her own competency in "coming up with a plan." Finally, the fifth informant has become "organizationally literate": she is able to use her knowledge of how the university works to present her own "needs" and wants in a way that conforms to the interests and agendas of the university. Although they are not ordinarily considered to be observable or reportable as "work" in the organizational context, in each instance, chronically ill students are engaged in actual work processes, i.e., of educating their instructors, learning to work in alternate media, seeking better types of accommodation, "coming up with a plan" for accommodation, and "manoeuvring through the bureaucracy." These work processes are understood by the university as the "individualization" of accommodation to suit each disabled student's "unique needs."

The success of the institutional encounter does not hinge solely on the personal characteristics or skills of the applicant. Rather, it depends on the social position of the applicant, the viable alternatives available to the applicant, and the degree of complementarity between the "needs" of the individual and the services and privileges offered by the institution. Those individuals whose interests and agendas most closely coincide with those of the institution are accommodated successfully. Alternately, those individuals who have other resources, or who are able to
adapt their own skills and capacities, will also eventually reach agreement on accommodation.

As "work," the negotiation of an accommodation is anchored in definite material conditions, it takes place in 'real time.' Student's resource conditions are especially consequential for the success of the institutional encounter. Those students whose resources were limited tended to be less successful than those with abundant resources. Indeed, during times when the disease process was exacerbated, informants supported by spouses or parents were able to re-take courses, take terms off, forego grants, or drop out of their studies mid-term without experiencing serious financial consequences. Informants dependent on student loans or fixed incomes were not so fortunate.

It is important to remember that public policy, of any kind, represents the commitment of important resources, not as a single "moment of decision" but, in a continuing pattern or network of distributions and allocations that must be sustained over time (Schaffer and Lamb 1981, 8). The limits of organizational resources to provide services and accommodation are already anticipated in the concept of "undue hardship." The decision to accommodate proceeds mainly on the basis of precedence where the university is familiar with, or has already encountered, the numbers and kinds of accommodations that students with disabilities might request. As they negotiate and arrange accommodation with individual instructors in their particular courses, the actual requirements and "needs" of chronically ill students are subordinated to the kinds of accommodations and services to which the institution or the instructor is already habituated. As such, disability policies and the practices of accommodation are intended to be responsive to the "needs" and requirements of disabled students, but only insofar as the resources and established practices of the university allow.

Depending on the differences between students, and the way in which each individual instructor takes up and uses the institutionally organized concepts and categories, disability policies are activated and accommodation unfolds with varying degrees of success or usefulness. The lack of "fit" between chronic illness and the organizational framing of disability gives rise to the extra "work" that is needed to negotiate and arrange reasonable or
acceptable accommodation in every course and with each instructor. These work processes are understood by the university as the “individualization” of accommodation to suit each disabled student’s “unique needs.” In practice, however, this individualization appears more as means of shifting the responsibility for change from the university to the student.

Foucault writes that “individualization appears as the ultimate aim of a precisely adapted code” (1977, p. 99). Indeed, the individualization of accommodation effectively compartmentalizes decisions about academic accommodation to particular situations and specific students and instructors. Therefore, the more difficult procedural changes entailed by academic accommodation are never “shared” amongst the disabled student population in the way that physical changes to the landscape, or the acquisition of specialized adaptive equipment can be used by many disabled students.

The individualization of accommodation also forecloses the setting of general institutional rules of precedence. Compartmentalized to specific students or situations, general procedural changes and modifications to teaching and evaluation practices are unlikely to become widely accepted or taken for granted as ordinary everyday practices. In other words, individualization omits academic accommodation from the established institutional agenda. Without general familiarity as to what “counts” as reasonable or acceptable, both students and faculty embark on an institutional encounter that is novel and uncertain. This is why, in the excerpts above, students talk about being denied accommodations previously deemed acceptable and vice versa.

Because institutional decision-making tends to proceed on the basis of rules of precedence and established institutional agendas, individualization is also a means of preventing “loopholes” and avoiding the unnecessary expenditure of institutional resources. By performing the “work” of putting forward suggestions for accommodation, providing alternatives, and actively negotiating the accommodation students are required to continually adapt themselves to the institutional items and services. Likewise, faculty also perform the “work” of engaging with the students, considering the student’s suggestions, and perhaps even modifying or changing their own teaching and evaluation practices.
Together, the coordination of the work of students and faculty protect the university, as an institution, from the "critical impact of the wear and tear" of continual adjustment and readjustment (Schaffer & Lamb, 1981, p. 8). Where students must adapt themselves to the institutional items and services, the existing social organization of the university is preserved and maintained.

At the same time that individualization of accommodation requires students to "work"—i.e., the work of petitioning the instructor, negotiating and securing an acceptable and reasonable accommodation, providing education on issues relating to illness, and enduring the heightened visibility of their bodies or course work—it also reinforces and brings into being the institutional order, in compliance with the university's legal obligation to accommodate students with disabilities. By simply requesting accommodation, regardless of whether or not the accommodation is useful, or whether the individual subsequently drops the request, or develops ways or "games" for handling them, the chronically ill student is always participating in the realization of an institutional course of action that "counts" on behalf of the university's public display of good citizenship.

Conclusion

Smith's approach provides a unique way to investigate what she calls "the relations of ruling." University disability policies are a good example of textually mediated ruling relations that organize, regulate and coordinate the activities of students and faculty. Designed to reconcile the relevances of human rights legislation with the interests and relevances of the academy, the policy can be seen to produce an institutional order out of the conflicts, disagreements and resistances that characterize the process of providing accommodation.

This is not to say that accommodation never operates in the interests of disabled students. Students depend crucially on some form of accommodation to access and participate in postsecondary education. Yet in spite of the good intentions of policy-makers, faculty and administrative staff, accommodation depends on objective administrative—or ideological—practices that only selectively attend to disabled students requests and
demands. The same procedures that are integral to accountable administration and organizational decision-making, also operate to subordinate and cancel the needs and requirements of disabled students.

Accommodation, as it is spoken and experienced by chronically ill students, is not a standardized institutional "item" provided to disabled students; it is an institutional category under which a complex organization of work processes take place. These work processes, which proceed under the guise of individualizing the accommodation to suit each disabled student's "needs" can actually be seen to constitute an unfair, onerous, and even discriminatory process that undermines the full inclusion and equal participation of chronically ill students in their postsecondary educational studies.

The argument that disadvantage and discrimination may be consequences of institutional measures designed to produce fairness for particular disadvantaged groups, contradicts the taken for granted assumptions that lofty ideals can be legislated and that good rules will always have good effects. Yet the abstract criterion of social justice must always be understood as a set of coherent tasks and goals that are enacted in the actual local settings and circumstances of people's everyday lives. Even though they are organized and implemented in the interest of producing fairness for excluded and disadvantaged groups, equity policies and disability policies are necessarily bound up in relations of ruling. By interrogating the inadequacies of these policies, and showing how apparently beneficial practices may turn out to have negative or unintended consequences, researchers provide a place to begin to engage in oppositional work. They allow professionals, and those who are ordinarily objects of other's professional practices, to choose what kind of stance to take, and what course of action to follow, and thus disorganize the "ruling project as originally conceived" (Cambell & Manicom, 1995, p. 11).

Works Cited


Ignored by Sociologists?". pp. 65-78 in The Disability Reader: Social Science Perspectives, edited by in Tom Shakespeare. London: Cassell,
Chronic Illness and Academic Accommodation


