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Chronic illnesses, like arthritis, asthma and emphysema, cancer, Chronic Fatigue Syndrome, diabetes, COPD, Gulf War Syndrome, heart disease, HIV/AIDS and immune deficiencies, multiple sclerosis, neurological and neuromuscular diseases, and Post Traumatic Stress Syndrome, to name a few examples, vary considerably from person to person in symptom expression and in severity — as is true of most illnesses, as well as most disabilities. This variability causes misconceptions on the part of observers about the incidence and progress of illness and disability, as well as significant periods of denial on the part of the subject-person with the condition about the extent to which the condition is self-defining. Further complicating these misconceptions and denial, on the occasion of more severe symptomatic episodes, the person with the condition often disappears, even though others continue to hold expectations that classes will be taught, committee work fulfilled, articles written and published, and assignments handed in on time. How can a person experiencing episodic symptoms meet these expectations and when is it appropriate for oneself or others to adjust those expectations? Many but not all of these conditions result from social, environmental, and viral factors to which all people are increasingly exposed, with which many will develop a disabling condition, and about which communities, broadly defined, must respond in a manner different from the dismissal, marginalization, and exclusionary practices predominant of the past and still in force today.

Academics, like any other professionals, will probably encounter chronic illness in themselves, in their colleagues, and in their students. Each of these encounters requires its own contextualized response to the questions of expectations, yes, and also to the questions of accommodation, solidarity, support, human families and friendship, a shared sense of human frailty, interdependence, common purpose, prosperity, and human flourishing. These latter questions permit explorations into the theological, philosophical, historical, sociological, psychological, economic, and scientific implications of illnesses and of disabilities. People with chronic illnesses and people with disabilities — and their advocates in disability studies — have only begun to expose some of the answers to these broader questions and the implications of practices that sequester or exclude them. People with chronic illness have fared only a little better in contemporary society and the modern workplace than their near cousins with mobility, sight, and sound disabilities. The teacher hospitalized for intensive chemotherapy will rightly be permitted a substitute teaching plan; the colleague undergoing coronary bypass surgery will rightly be given recuperative time from the office; the student undergoing physical therapy following a sport injury will rightly be excused from class attendance. Except for these temporary accom- modations, what of their failure to return to the previous level of engagement, and how does “the academy” respond to a persistent encounter with chronic illness?

All teaching professionals and students face a wide range of challenges. From class preparation to class delivery and attention, to exam-making and studying, to grading and writing assignments, both the professional and the student engage in time-consuming and mental-labor intensive work. Chronic conditions may very well impede work progress, but they do not necessarily bring all work or productivity to a stop. Moreover, people with chronic illnesses, like people with disabilities, are protected under the guidelines of the ADA. And while accommodations characterize properly human ways of being with one another, accommodations are a civil right. Is “slow” progress an acceptable accommodation? How is the academy to reconcile seemingly disparate degrees of the fulfillment of obligations?

Accommodations and Teaching

In the earliest days of the Greek academies, at the time of Jesus’s brief career instruction with the disciples, and at the medieval houses of study and universities, teachers conducted their lessons while sitting. Remnants of this practice are evident when royalty or the Pope, for example, take their place upon the throne or cathedra in order to pronounce solemnly law and doctrine that are subsequently imposed upon the citizenry or faithful to obey. The one who sits in these contexts exercises a magisterial teaching authority. By virtue of both credentials and employment, college and university professors are the magisters of today. I mention this sitting posture as one way of appropriating in positive fashion a symbolic gesture — the seated authority of the teacher and the chair from which authoritative teaching is promulgated — as an accommodation of fatigue for the teacher with a chronic illness. Likewise, teachers using a Socratic method of instruction not only invite their students to respond, they may also invite their students to lead class, to direct discussion, to compose examination questions, and to critique or evaluate their own and their student colleagues’ work. Interactive learning exercises, technologically sophisticated or otherwise, are a proven successful teaching methodology. In addition to classroom opportunities where students lead, distance and Web-based education provide significantly alternative methods from the traditional chalk-and-talk pedagogy of course delivery. Where graduate programs are offered, a graduate student assistant may be assigned to the teacher with a chronic illness and this graduate student, under the supervision of the faculty member, may be enlisted to conduct class, further developing her or his own craft as teacher, as well as responding to an episodic need. These methodologies may set in motion other creative and purposeful accommodations for the teacher whose chronic illness interferes episodically with course instruction.

Accommodations and Collegiality

Not unlike the accommodations proposed for teaching, accommodations for a colleague concern both a workplace ethic and expectations of productivity. Collegiality comes in many forms: as a social support system between peers; as an academic support system between the same or cognate scholarly discipline; and as an institutional/departmental infrastructure support system between faculty members sharing a corporate vision about the work that needs to be done. When considered from a collegial point of view, notions of “independent,” “autonomous,” and “exclusive” work lose force as the dominant features of standard operating procedures. The colleague with a chronic illness presents simply the paradigm conditions under which mutuality dominates workplace activities. Ask any administrator — anecdotal evidence suggests that productivity increases and/or remains stable where collegiality reigns and work is engaged in ensemble.

Social, academic, and infrastructure supports must no longer be considered a concession or a lowering of expectations but as accommodations. These support systems contribute to the success of everyone involved in the curriculum. Socially, peers provide outlets for leisure and frustrations — everyone needs friends. Academically, scholars provide an essential critique of, as well as a potential for, joint investigation and writing projects — academic colleagues need editor-collaborators. Structurally, faculty provide relief to each other in the burdens of committee work — faculty need faculty to discharge the work of higher education. Ideally, faculty members will be friends with one another, will comment constructively, and will smooth the progress of committees. Realistically, the academic workplace can be unwelcoming, colleagues may be hypercritical or gratuitous, and time-intensive committee work often falls on a single faculty member where full participation would be more productive.

Accommodations and Students

Students present all manner of reasons explaining their difficulty in meeting the demands of coursework. Some of these reasons have everything to do with procrastination and/or a lack of disciplined study habits. Others have a legitimate base, arising from child or adult care, a death in the family, a chronic condition, or a disability. These bases can be accommodated by reevaluating a strict attendance policy, by providing course lecture materials in more than one format (e.g., on a Blackboard Web site, or through handouts), by pairing students and assigning teamwork, and by alternating assignment methodologies from writing to presentations to oral examinations.

Fortunately, most students with chronic conditions take their studies seriously; their very presence in the classroom indicates their determination to learn, to fulfill requirements, and to succeed.

The teacher of a student or students with chronic conditions ought to be informed by the student or by Disabled Student Services in order to begin to accommodate specific needs, especially in order to appreciate when the student experiences episodic symptoms resulting in excessive absence or delayed assignments. Teachers and administrators may want to reconsider the traditional duration of a semester's coursework, perhaps along the lines of European university models where coursework extends through an academic year. This accommodation would serve many students and would modify significantly Western industrialized notions of productivity to encompass the integration and appropriation of materials across a spectrum of studies. Until such time that personal/student development matters more than paper products, individual teachers can offer alternative ways for students to demonstrate mastery in the subject. Without knowledge of a chronic condition, however, teachers will presume willful negligence on the part of students.

Benefits

Imagine the failure of not accommodating Audre Lorde, Frida Kahlo, Flannery O'Connor, Virginia Woolf, Stephen Hawking, Ray Charles, Itzhak Perlman, and Stevie Wonder — how much poorer the worlds of arts and letters, astrophysics, and music would be. No more or less than "normates," people with chronic illnesses or with disabilities may be geniuses. Accommodating the teacher, colleague, and student with a chronic illness or disability provides other benefits that may go largely unnoticed. First, the teacher may be relieved of worries that accompany slow progress, widespread use of technological support, and/or episodic absence. Second, students with disabilities may be encouraged in their own pursuit of gainful employment and potentially a career in academe. Third, a graduate student teaching assistant will gain valuable classroom teaching experience. Fourth, colleagues in the teaching professions may learn to appreciate alternative methodologies and technology-enhanced course delivery systems that they may incorporate into their own course instruction. Fifth, colleagues who venture into collaborative projects, especially with senior faculty members, will find some of the pressures of the "publish or perish" dogma relieved and a fresh perspective gained from which to conduct subsequent work. Sixth, the college or university community that welcomes students and colleagues from diverse disability communities enhances the learning environment in ways similar to the campus that welcomes diverse national and cultural communities. Seventh, in addition to avoiding lawsuits, the college or university community that practices a policy of inclusion earns a reputation for justice.

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