A staff member in the Disability Resources office has been invited to discuss principles of University Instructional Design (UID) at the fall faculty retreat. While some faculty seem interested in what she has to say, others appear resistant. A faculty member in chemistry challenges the idea that students with disabilities even belong in college. Another faculty member in art suggests that it is just up to the students to make the necessary adjustments to get through her class. The chairperson in sociology, who has worked with many students with disabilities, finds the ideas of UID intriguing and plans to try them out, as he wants to provide an inviting and supportive environment for all his students. How can faculty hold such different perspectives about students with disabilities? One reason is their underlying beliefs about disability. In this chapter, I review various theoretical perspectives on disability and their historical underpinnings. I also suggest ways in which these perspectives shape educational practice in working with students with disabilities, noting specifically how UID is supported by two of these theories of disability.

Knowing how to create an inclusive environment is a necessary but not sufficient condition for working effectively with students with disabilities. Educators must also understand the students themselves. In this chapter, I also introduce theories of student development that are useful to educators working with students with disabilities and, indeed, students in general. Psychosocial, cognitive-structural, and social identity theories help faculty and student affairs administrators and staff members to use UID intelligently in their work with students, taking into account the developmental tasks, cognitive processes, and self-identification issues that students experience during their years in college.

A History of Ableism
Throughout history, disability has been variously viewed as a sign of spiritual depravity, a cause for ridicule, a genetic weakness to be exterminated, something to be hidden away, a source of pity, a community health problem, and a problem to be fixed (Griffin &
McClintock, 1997). These views of disability have shaped the ways in which individuals with disabilities have been treated in society. They also influence the theoretical perspectives that guide current strategies for addressing the issues of people with disabilities in educational settings.

Griffin and McClintock’s (1997) summary of the history of ableism is a helpful reminder of the various perspectives that have shaped interactions between society and people with disabilities. Griffin and McClintock noted that during the Middle Ages, physical and mental illness and disability were considered evidence of having fallen out of favor with God and many people with such impairments were prosecuted as witches. At the beginning of the 17th century, people with disabilities were evicted from hospitals and poor houses and were forced to beg on the streets, where they were often ridiculed.

As the authority of science replaced religion in the 19th century, disability came to be viewed as a genetic deficit rather than a spiritual weakness and people with mental and physical impairments became the responsibility of medical personnel (Griffith & McClintock, 1997). Institutionalization of individuals with disabilities in hospitals, asylums, or other institutions away from mainstream society was common during this time. Alternatively, individuals with disabilities were treated as “human curiosities” (p. 219), appearing in “freak shows” (p. 219). The eugenics movement, which began around 1850, favored improvement of the human gene pool by controlling reproduction to ensure that only desirable traits were passed on and strengthened negative attitudes toward individuals with disabilities of any kind. Sterilization and euthanasia were advocated as ways to eliminate the “defective” (p. 221) from society. As late as the 1950s, laws still existed in some states “prohibiting persons ‘diseased, maimed, mutilated, or in any way deformed so as to be an unsightly or disgusting object’ from appearing in public” (p. 222).

The mid-1950s saw the start of the deinstitutionalization movement, when many individuals with disabilities became the responsibility of their communities without appropriate support (Griffith & McClintock, 1997). Part of this movement was the mainstreaming of children with disabilities into public schools. The poor treatment of people with disabilities following deinstitutionalization led to the independent living movement, which was begun in the 1970s by people with disabilities to establish control over their lives and to gain the same rights that other citizens had. Out of this movement came the 1973 Rehabilitation Act (Section 504) that “prohibited discrimination against ‘otherwise qualified handicapped’ individuals in any program or activity receiving federal assistance” (Griffin & McClintock, p. 223). This bill ensured the rights of persons with disabilities to be involved in decision making regarding their treatment and also addressed architectural and transportation barriers. In 1990, the Americans with Disabilities Act extended and clarified the Rehabilitation Act to “[require] access and [prohibit] discrimination in public accommodations, state and local government, [and] employment” (p. 225). Vestiges of these historical perspectives are reflected in the various theories that guide how disability is understood and addressed currently.
Disability Theories
In this section, I review the most common theories for explaining disability and discuss how adherents of the theory might view individuals with disabilities and their participation in education.

The Medical Model
Dating back to the 18th century and still prevalent, the medical model considers disabilities as medical conditions to be treated and people with disabilities as invalids (Hughes, 2002). The focus is on what the person cannot do and individuals with disabilities are expected to accept and adjust to their conditions (Michalko, 2002). Because the individual is viewed as sick, participation in “normal” activities, such as attending college, is seen as inappropriate or impossible. In this model, disability is treated by means of medical interventions, such as medication or surgery, that are used to address symptoms of, or problems associated with, a disability. It is up to doctors and other medical professionals to determine how the individual will live his or her life, rather than individuals with disabilities themselves.

The Functional Limitations Model
In society, there are normally accepted ways of performing daily activities and each person is expected to conform to these prescribed behaviors. Disability, however, often prevents activities from being carried out in a normative manner. For instance, if one cannot walk, entering buildings with steps is impossible. Adherents of the functional limitations model assume that it is up to the individual to adapt to the situation created by his or her disability (Michalko, 2002). Like the medical model, the functional limitations approach views disability as a matter the individual must deal with and overcome (Jones, 1996). Because the “problem” of disability lies within the individual, persons with impairments must find ways to adjust to the environment (Michalko). This is accomplished through rehabilitation and adaptation. Persons with disabilities are subject to extensive evaluation and assessment to determine the full extent of their abilities. Attempts are then made to find ways to accommodate the individual or “make up for” the deficiency.

This perspective provides the theoretical rationale upon which service providers in higher education base the identification of accommodations that will enable students with disabilities to attend college and complete classes successfully. Often such accommodations create a “separate but equal” mentality because individuals with disabilities must take tests in a different location than their classmates or use a special entrance to a building that requires ringing a bell for admission. Attitudinally, those providing accommodations may believe that they are doing the student a favor and may convey pity, condescension, or contempt for being asked to provide these services.

The Minority Group Paradigm
With the growth of the disability rights movement in the 1970s, a new perspective of disability developed that focused on the experiences of people with disabilities as members of an oppressed group (Michalko, 2002). Similar to the experiences of nondominant
ethnic, racial, and sexual identity groups, people with disabilities were seen as sharing
commonalities based on the discrimination and alienation they dealt with in mainstream
society (Jones, 1996). Taking ownership of their lives, people with disabilities rejected
society’s view of disability as an impediment and took on a disability identity that was
political in nature (Michalko). Some proponents of this model have suggested that the
unique shared experiences of people with disabilities creates a distinct disability culture;
at the least, as Scheer (1994) noted, they share an understanding of life as a person with
a disability that creates a bond. Although this model does empower individuals with
disabilities, disability is still assumed to be an individual trait and individuals with disabili-
ties assume the role of victims of oppression (Jones, 1996).

In the college setting, adherents to the minority group model strive to create a group
consciousness among students with disabilities, providing vehicles for students to come
together to advocate for their rights. Increased visibility and awareness of the issues and
injustices faced by students with disabilities would be a goal of service providers using
this perspective. Although admirable goals, the onus for change is still left to individual
students and the institution is not held responsible for seeing that all students are treated
as equally worthy of an inclusive education.

The Social Construction Model
Unlike the minority group model, the social construction model focuses on the source
of the stigmatization and oppression experienced by individuals with disabilities, finding
it in the norms of society that privilege certain ways of being over others (Marks, 1999).
In effect, society “creates” disability by considering some forms of being and doing as
normal and correct and others as dysfunctional and not normal. In this model, the source
of the “problem” of disability is a biased and excluding environment rather than an
impaired individual (Marks). It is the environment that needs to be changed rather than
the individual (Fine & Asch, 2000).

Proponents of this model work to ensure that environments are barrier-free and welcom-
ing to all people. This perspective has led to the development of Universal Design (UD)
principles, both in architecture and instruction. However, critics have argued that its
exclusion of the person from consideration goes too far (Paterson & Hughes, 1999).
Hughes (2002) argued that the lived experiences of individuals with disabilities must be
considered, as they shape the ways in which the environment is experienced.

The Social Justice Perspective
The social justice perspective, which combines elements of the minority group model
and the social construction model, takes both the individual and the environment into
consideration. This model emphasizes the role played by privilege and oppression in
determining the experiences of individuals with disabilities. Social justice theorists stress
that individuals without disabilities in society have traditionally possessed the privilege
and power to determine how individuals with disabilities—the oppressed group—
are viewed and treated. A major goal for social justice advocates is the elimination of
“ableism”—the “pervasive system of discrimination and exclusion that oppresses people with disabilities on individual, institutional, and societal/cultural levels” (Rauscher & McClintock, 1997, p. 198). Like the social constructionists, social justice theorists argue that what causes persons to be disabled are “unnecessary social, economic, and environmental barriers rather than physical, psychological, or developmental conditions or impairments” (Griffin, Peters, & Smith, 2007, p. 336). An additional social justice goal is to achieve a reinterpretation of normality so that physical, mental, and sensory differences are no longer viewed as abnormal (Griffin et al.). The social justice perspective also considers the interaction of impairment with other social identities, such as gender, sexual orientation, or ethnicity, as well as the environmental contexts in which individuals find themselves and the specific nature of their impairments; in this way, individuals are viewed as multidimensional and unique (Castañeda & Peters, 2000; Griffin et al.). Because Universal Instructional Design focuses on changing the environment rather than requiring the individual to adjust to it, social justice advocates view this intervention positively. In addition, the principles of UID are based on a respect for the human dignity and self-authorship of all students, as stressed in this model (Griffin et al.).

**How Theories of Disability Guide Educational Practice**

Understanding the theoretical underpinnings of educational interventions for students with disabilities is important as they—intentionally or unconsciously—shape the attitudes, expectations, and motivations of educators providing instruction and advice. For example, the medical model suggests that education, at least at the college level, is not appropriate or attainable for individuals with disabilities, who are better off under the care of medical personnel. Faculty members with this belief, such as the chemistry professor in the opening scenario, may be unwilling even to consider UID as they see enrollment of students with disabilities in college as inappropriate in the first place.

According to the functional limitations model, the purpose of education is rehabilitation and the role of service providers is helping individuals to adjust to their impairments and make the best of the situation in which they find themselves. Faculty members adhering to this perspective, such as the art professor mentioned in the introduction, take the position that it is the student’s job to adjust to classes as presented rather than expecting the class to be designed proactively to allow students with disabilities to participate fully. If asked, they might be willing to accommodate a request for modification.

In the minority group paradigm, individuals with disabilities are seen as members of an oppressed identity group who must fight for their rights against a dominant society; however the “problem” of disability and the responsibility to deal with it is still centered in the individual. This perspective would indicate to educators that they have no real obligation to make any changes in how they work with students with disabilities, other than to treat them with respect, which of course is a positive step forward but not a comprehensive intervention.
In contrast to these individual perspectives, the social construction view of disability shifts the focus to the environment and clearly requires that persons who control the educational environment make modifications to ensure that individuals with disabilities have access to equitable opportunities in the classroom without having to request such changes. Thus, UID would be viewed as a reasonable strategy for modifying the classroom environment. However, how the individual is viewed and treated in this process is deemphasized within this framework.

A social justice perspective, on the other hand, incorporates both environmental and individual components, with the environment being seen as the source of the disability and therefore the necessary focus of interventions that will enable students with disabilities to receive an equitable education, and individuals being viewed as multifaceted and unique, responsible for their own decisions, and worthy of respect and consideration from those around them, including instructors and service providers. While either a social constructionist or a social justice perspective can provide a foundation for Universal Instructional Design, social justice is the most inclusive model for ensuring that individuals are valued and included in implementation of specific interventions. The sociology professor introduced in the opening scenario appears to take a social justice perspective in that he is concerned both about creating a welcoming environment and respecting the students with whom he works.

**Student Development Theories**

While disability theory provides guidance in determining the overall nature of the educational intervention faculty and staff might find appropriate, student development theory assists them in understanding students themselves—those with disabilities and those who do not have disabilities. In this section I present an introduction to the various theories of student development and how they can guide educators in their work with students. In particular, I focus on implications of the theories for students with disabilities.

**Psychosocial Theories**

Psychosocial theories of development focus on the personal and interpersonal issues affecting individuals’ lives (Evans, Forney, & Guido-DiBrito, 1998). Psychosocial theorists posit that development occurs when internal psychological or physical change causing an internal crisis for the individual collides with an external social demand to cause a developmental crisis. The result is a series of developmental tasks or stages in which the individual’s “thinking, feeling, behaving, valuing, and relating to others and oneself” (Chickering & Reisser, 1993, p. 2) changes. Stages are generally (but not rigidly) sequential, cumulative, and culture specific (Evans et al.). The degree of success in resolution of crises affects later development. Some of the developmental issues faced by students include developing competence, managing emotions, establishing identity, and developing purpose (Chickering & Reisser). Other theories of psychosocial development focus on the role played by challenge and support (Sanford, 1966); transitions (Schlossberg, Waters, & Goodman, 1995); life events (Fiske & Chiriboga, 1990); and timing, agency, and interactions with others (Elder, 1995) on development. Some theorists included...
in this family also focus on specific developmental issues, such as career development (Super, 1990).

Psychosocial theories focus the attention of educators on aspects of the lives of students with disabilities. For instance, Sanford’s (1966) theory of challenge and support reminds educators that students with disabilities face unique personal and societal challenges, such as exclusion from participation in mainstream activities, and need individual and institutional support to succeed. Universal Instructional Design can be an important source of support because its goal is to provide an inclusive classroom environment in which no student is singled out.

In considering Chickering and Reisser’s (1993) vectors of development, educators need to be aware that students with disabilities must address the same developmental tasks as other students, but the issues involved in doing so may be more complex. For example, intellectual competence issues may be harder to resolve when students have been told all their lives that they are incapable of learning. UID provides conditions that help to dispel this belief.

Life events theories suggest to educators that the onset of a disability, such as the loss of sight, is a major life event that will affect individuals in significant ways that can affect academic performance. Students who have to learn new ways to negotiate their environment and approach academic material can be easily overwhelmed. The existence of UID, which will allow them alternative means of studying and learning, will be an important vehicle to maintain control of their lives.

Life course theories (e.g., Elder, 1995) purport that timing, agency, and interactions with significant others all affect the manner in which individuals experience and respond to a disability, important factors to keep in mind when interacting with students with disabilities. Students who experience brain injuries in accidents during college are certainly greatly affected by the life implications of this event, perhaps more so than if the event had happened later in life. Likewise, individuals’ sense of agency and the support, or lack thereof, from family and friends will shape how they handle the experience. Understanding these factors can assist faculty in working with students and introducing alternatives for studying and engaging in classes.

Finally, career development theories (e.g., Super, 1990) can assist educators in working with persons with disabilities, who face unique personal and environmental challenges in identifying a career direction. Students may be very realistic about their abilities and how they might be applied in specific careers or they might have given very little thought to this aspect of their lives. Faculty and advisors who understand career development models can assist students in investigating options using various approaches suggested by UID.

**Cognitive-Structural Theories**

Cognitive-structural theories focus on the process of reasoning that individuals use and
describe changes in this process from simple to complex (Evans et al., 1998). They illu-
minate changes in the way people think, but not what they think. According to cogni-
tive-structural theorists, both heredity and environment are important in intellectual
development; individuals must be ready and the environment must present challenges
for development of cognitive processes to occur. Individuals move through a series of
stages, or “sets of assumptions people use to adapt to and organize their environments”
(Evans, 1996, p. 173), which always arise in sequential order regardless of cultural influ-
ences. When confronted with new information, individuals first try to make sense of it
using their current set of assumptions; if that does not work, they develop new, more
complex assumptions (Evans et al.). Development, while following an order progression,
takes place at an irregular rate and not every person reaches the highest stages of cogni-
tive functioning. Cognitive-structural theories focus on intellectual development (Perry,
1968); reflective judgment (King & Kitchener, 1994); and epistemological development
(Baxter Magolda, 1992); as well as moral development (Gilligan, 1982; Kohlberg, 1976);
faith development (Fowler, 1981; Parks, 2000); and self-evolution (Kegan, 1994). Each of
these theories has implications for working with students with disabilities.

Theories of intellectual and epistemological development (e.g., Baxter Magolda, 1992;
King & Kitchener, 1994; Perry, 1968) suggest that the complexity of cognitive reasoning
used by students with disabilities will affect how they make sense of their experiences.
For instance, students who think dualistically (e.g., in concrete, absolutist terms) will look
for answers from authorities and expect faculty to tell them what to do and how to do it.
They may have difficulty with options provided in a UID approach.

Moral development theories (e.g., Gilligan, 1982; Kohlberg, 1976) remind educators that
students with disabilities, like other students, will make meaning of moral dilemmas in
different ways. Some dilemmas may relate to decisions involving their impairment, diag-
nosis, or disability. For instance, cheating is an option that many students with learning
disabilities report considering to achieve the grades they want in classes (Evans, Assadi,
Herriott, & Varland, 2004). The support of UID strategies for completing assignments
might deter students from using this option.

Faith development theories (Fowler, 1981; Parks, 2000) focus on the role of spirituality
and faith in a person’s life. How individuals view and approach disability may be related
to their spiritual beliefs. For instance, some religious belief systems still equate illness and
disability with sin or see it as punishment for wrong-doing. In earlier stages of faith devel-
opment, such a viewpoint would be unquestioned. In a UID classroom, where various
abilities are accepted, students may come to a greater sense of self-acceptance.

Kegan’s (1994) theory of self-evolution suggests that a person’s sense of self evolves based
on relationships with others. How one handles having a disability and what one expects
from other people in one’s life can be partially explained by this theory. In earlier stages
of Kegan’s model, individuals are very dependent on others for their sense of self-worth.
Faculty using UID who respect and value the contributions of students with disabilities
may provide them with positive support that will assist them in developing the sense of self-authorship evident in later stages of Kegan’s model.

**Social Identity Theories**

Social identity theories examine how individuals come to understand their social identities (race, ethnicity, gender, sexual orientation, class, etc.) and the roles played by these identities in their lives (McEwen, 2003). Social identities are contextual and fluid; they vary across time as well as national, geographic, and cultural environments. Identities are socially constructed within hierarchies of privilege and oppression, with some identities being dominant and others being subordinate. Thus, social identities exist within power relationships; they are not merely different. Social identities influence how individuals view themselves and influence their day-to-day experiences. Identities are also embedded in and influence what happens in society, communities, and social institutions—ideological, political, and economic. Each person has many social identities that influence each other and are part of every social interaction and personal experience (Jones & McEwen, 2000). Development of social identities consists of increased awareness and abandonment of internalized oppression (McEwen). More complex development is valued as a goal and is associated with increased mental health. Social identity theories include theories of minority identity (Atkinson, Morten, & Sue, 1998); racial identity (Cross & Fhagen-Smith, 2001; Ferdman & Gallegos, 2001; Helms, 1995; Kim, 2001; Renn, 2004); ethnic identity (Phinney, 2003; Sodowsky, Kwan, & Pannu, 1995; Torres, 1999); sexual identity (Cass, 1979; D’Augelli, 1994; Fassinger, 1998); gender identity (Lorber, 2000), disability identity (Olkin, 1999); and multiple identities (Jones & McEwen, 2000).

As the social justice model discussed earlier stresses, how individuals experience and view disability is influenced by their race, ethnicity, gender, class, sexual orientation, religious identity, and other aspects of the self. The various social identity theories can be very helpful in understanding identity development processes. For example, students with disabilities may also be questioning their sexual orientation. In gay male communities, physical appearance is often a factor in social acceptance (Guter & Killacky, 2004). This realization may make it especially difficult for a student to develop a positive identity as either a person with a disability or a gay man. As another example, African Americans are often inappropriately placed in special education based on the mistaken assumption that their learning abilities are inferior to those of Whites (Obiakor, 1992). As a result, Ball-Brown and Lloyd Frank (1993) have noted that many African American students avoid using services for students with disabilities or even refuse to acknowledge having a learning impairment. This may be particularly the case if students are in the immersion stage of racial identity development (Cross & Fhagen-Smith, 2001), when distrust of Whites is high. The lowered stress of a classroom designed using UID principles would be of great assistance in enabling students to address their social identity concerns while also staying on top of their studies.

Atkinson et al.’s (1998) minority identity model centers on how individuals who are members of minority groups view themselves, members of their own group, and members...
of the majority group. These attitudes, which develop through five stages of increasing acceptance of self and others, can be applied to how persons with disabilities view themselves, other individuals with disabilities, and those who do not currently have a disability. Olkin’s (1999) minority identity model of disability uses a similar five-stage model in which individuals move from denial of having a disability to advocating for disability rights. Olkin also noted various psychosocial factors that influence this developmental process, such as degree of impairment, level of uncertainty associated with the impairment, and the likely outcome of the impairment. Understanding how a student views his or her disability and disability in general is very helpful to faculty and staff in working with the student. A student who is in denial of even having a disability likely will not want to discuss various ways in which that disability might affect his or her academic work. UID would be particularly helpful to such students because it would not require that they disclose their impairments or ask for accommodations.

Finally, Jones and McEwen’s (2000) multiple identity model underscores that individuals have many social identities that may or may not be salient at various times and locations. In some classes, for example, a disability might be much more salient because of the types of learning activities involved. In another instance, being the only student of color in a class may be a more salient identity for this same student. Faculty must be careful not to assume that being a person with a disability is always the most salient identity for a student. Again, UID is helpful in that no demands are made of students to disclose should they not feel the need or desire to do so.

Conclusion
Understanding the theoretical underpinnings of disability and of student development provides faculty and staff with a foundation upon which to design interventions to assist students with disabilities to be successful in college. In particular, these theoretical approaches provide a strong rationale for the use of Universal Instruction Design principles in the classroom and in advising and working individually with students. In addition, faculty who can provide an appropriate theoretical rationale for their learning outcomes and pedagogical strategies will be more effective in convincing others to follow their lead in the implementation of UID.

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