Disabilities and Social Engagement: Inclusive Classroom Preparation for Pre-Service Art Teachers

Alyssia Ruggiero
Appalachian State University

Abstract

In light of disability studies' recent examinations of the dichotomy between medical and social models in terms of their influence upon attitudes toward people with disabilities, the author discusses her selection of course materials for a college-level course, Art and the Exceptional Learner, targeted to pre-service art teachers. Structured teaching opportunities with disabled high school students and adults are also recounted, as well as student reactions to these experiences. The conclusions of both author and students favor a social model as the best foundation for establishing inclusive classrooms in U.S. public schools, which in turn are thought to have the best potential to bring about social change that favors better understanding and acceptance of disability across the social spectrum.

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In this article I discuss current discourse in Disability Studies, particularly the differences between medical and social models, with particular focus on facets of a specific social model that I believe to be the most productive for preparing art teachers to work with students with disabilities. In terms of both teaching and learning, in my experience pedagogical practices derived from a social model align with an ethic of care as well as essential relational aspects. I define and describe some of these practices, both theoretically and experientially, as well as in light of pre-service teachers' learning experiences. I also discuss social and pedagogical implications of this social model as depicted in research studies and from the pre-service learning experiences of art education students.

Mandatory mainstreaming in U.S. public schools, which was instituted in 1990 by the Individuals with Disabilities Act (IDEA; Public Law No. 94-142), has made it likely that teachers of any subject will have students with disabilities in their classrooms. Because art is often viewed as a less "academic" subject, art teachers are even more likely to have students with disabilities (Feldman, Carter, Asmus, & Brock, 2016). The experiences I recount herein have convinced me that the socially driven teaching ideals and practices can help prepare art teachers for accommodating and teaching such students.

IDEA, which brought tens of thousands of children with disabilities into the American public school system (Engle, 2003; Kluth, Straut, & Biklen, 2003; Sommerstein & Weisels, 1996), mandated that such children be educated in the "least restricted environment appropriate to meet their specific need" (Bain & Hasio, 2011, p. 34); this usually means "regular track" classrooms

(Tilton, 1996). The placement of these students in such classrooms forms the basic definition of inclusion (Bain & Hasio, 2011).

The societal effects of IDEA have spread beyond student life. Special needs educators and researchers have affirmed that "regular schools with [an] inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving justice for all" (Foreman & Arthur-Kelly, 2008; cited in Obiakor, Harris, Mutua, Rotatori, & Algozzine, 2012, p. 477). The implementation of IEA has raised the bar in school for students with disabilties: "[w]ith inclusion, students with disabilities are expected to achieve academic and emotional success while learning beside their peers without disabilities" (Obiakor, Harris, Mutua, Rotatori, & Algozzine 2012, p. 477; see also Algozzine & Ysseldyke, 2006; Hall et al., 2004; Theoharris, 2007).

Despite the widespread implementation of inclusion in schools, in practice it does not often reach its full potential or truly benefit the intellectual and emotional development of all students (Obiakor, Harris, Mutua, Rotatori, & Algozzine, 2012). These failures are particularly salient for students with disabilities. Beginning and seasoned teachers alike have ignored or not effectively attended to the needs of students with disabilities, including not making necessary accommodations for them. Practical reasons for these failures may include teachers not having enough time or resources (Bain & Hasio, 2011). A lack of knowledge about and experience in working with people with disabilities may also account for the diminished benefits of inclusion (Bain & Hasio, 2011).

Another problem arises from the fact that many university programs that train teachers lack opportunities for authentic experience, particularly field-teaching, and rely instead on cursory courses (Bain & Hasio, 2011). In terms of meeting the intellectual and emotional needs of special needs students, educators and researchers who are concerned with establishing equitable classrooms have advocated for pre-service teachers to interact and engage with people with disabilities, so that they may gain necessary skills and confidence (Bain & Hasio, 2011; Jay, 2008). This emphasis underscores that readings and lectures which provide explanations and definitions of various disabilities do not, on their own, sufficiently prepare teachers to run fully inclusive classrooms. Instead, many pre-service teachers report feeling overwhelmed and confused by diagnostic language, medical definitions of disabilities, and explanations of special needs categories (Bain & Hasio, 2011). Research has supported that interactions between pre-service teachers and people with disabilities are necessary to alleviate these feelings (Bain & Hasio, 2011, Power & Costley, 2014). Research has also shown that interactions between people with and without disabilities may work to diminish fears and to challenge preconceptions, biases, and low expectations (Jay, 2008; Power & Costley, 2014).

I personally became aware of the importance of interaction between pre-service students and people with disabilities in 2013, when I was first given the opportunity to teach Art for the Exceptional Learner (a disability course for pre-service Art Education students and one of two required courses that are intended to prepare pre-service art teachers for teaching students with disabilities) at a university in North Carolina. The amount of planning and preparation I ended up taking on for this course was both significant and, at times, overwhelming. In each passage of each book I read in order to bring my background in Disability Studies up to par, I encountered unfamiliar acronyms; medical terms and definitions; genetic descriptions; explanations of biological manifestations, as well as physical and mental limitations; and diagnoses and treatments.

The difficulties I experienced in deciphering these sources and selecting materials for the course were exacerbated by the astounding number of articles and books pertaining to the wide spectrum and variations of many disabilities. Even after I narrowed my literature review to the 13 categories of special education defined by IDEA (http://www.understandingspecialeducation.com/13-categories-of-special-education.html), which are used to determine which students are qualified to receive special education (see Table 1), both the amount and content of the information remained exorbitant. When I reflected on how pre-service teachers might hypothesize the necessary adaptations and accommodations to address the 13 categories, even in part, the task seemed impossible. Moreover, without the presence of real students, in class we would only be able to discuss fictitious students.

Table 1
Thirteen categories for special education

In order to qualify for special education, the IEP team must determine that a child has one of the following:

- Autism
- Blindness
- Deafness
- Emotional Disturbance
- Hearing Impairment
- Intellectual Disability
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impaired
- Specific Learning Disability
- Speech or Language Impairment
- Traumatic Brain Injury
- Visual Impairment

Source: http://www.understandingspecialeducation.com/13-categories-of-special-education.html

This conviction was confirmed very soon after the course was underway and the class had reviewed accounts of disabilities and hypothesized corresponding accommodations. Clearly, field experience that would allow my pre-service teachers to interact with real students with real disabilities was going to be essential. I therefore arranged for a nearby high school to send 15 students with disabilities and their teachers to engage in art education with me and my pre-service teachers in our university classroom. The high school informed me ahead of time that several of the students used wheelchairs and that some had very limited body and motor functions. Without knowing much more about our high school guests or what their specific needs would be, my students and I collectively applied our best judgment and planned for their visit.

To make our space more accommodating for wheelchairs, we rearranged the classroom furniture and provided easy access to tables and workspaces. We also designated each workspace for the use of different art materials and for processes that required different levels of skill and ability. We hoped that our efforts would successfully engage and accommodate the students' diverse abilities.

However, in many ways we were not prepared for the high school students' arrival. As soon as they exited their bus, outside our building, the ones in wheelchairs had to be rerouted to an entrance near the elevators that would get them to our third-floor classroom. I felt embarrassed as I watched them getting rained on as they moved to the alternative entrance, knowing they would have to use the same route to leave the building later. I was again caught off guard, when they finally entered our classroom, by my instant feeling of sympathy for them and the challenges they faced in doing such things as walking or talking—things that many people take for granted.

However, as the three-hour visit unfolded, and as I interacted with the high school students, my emotions moved away from sympathy. Not only had the pre-service teachers and I successfully chosen materials and processes for them, they welcomed the opportunity to make their own choices; many navigated the room to use the workspaces that we had set up. As I moved around to observe and talk with them, I was fascinated by some of the processes they were engaged in. Most memorable to me was the painting process of a boy whose teacher informed me had severe autism. I watched as he systematically painted title characters from the 1937 Disney animated film *Snow White and the Seven Dwarfs*. He began by painting seven identically shaped and colored heads, in two rows. He then painted seven hats, one at a time, until every head wore a differently colored hat of the same shape. He eventually added seven bodies of the same shape but differently sized, using colors that matched the hats had already painted. When he was finished, he had achieved a remarkable likeness to the Disney renditions.

Also memorable to me and to many of my students was the experience of a girl with autism who frequently stuck out her tongue. She spent the majority of the time making a rubber-band harmonica with large popsicle sticks that she had decorated. Once she was done she was interested only in playing her new harmonica; her teacher responded to this enthusiasm by allowing her to play the instrument as a reward for her engagement in some of the other available art processes. A week or so later, this teacher wrote to tell me that the harmonica continued to serve as a useful tool for motivating this student both to engage in classroom activities and to remember to keep her tongue inside her mouth.

An experience that awed many of my students and me was the ability of one boy to communicate through a computer. Most of us had never seen this kind of technology. We were awed that it allowed him to express his desire for different materials and to talk to us in general.

These and other experiences stirred my students to share their beliefs, emotions, and misunderstandings about disabilities in later class discussions. Like me, many had also felt sympathetic upon first meeting the high school students; before their visit, all of us had held preconceived notions and expectations. The actual experience, however, dislodged these. As a class we had initially focused on the perceived limitations of and challenges we assumed were routinely faced by these high school students. But when we witnessed the things they could do, as we interacted with them, our focus began to shift. We watched as they painted expressively, meticulously, and without hesitation and while they played the harmonicas they made; and we noticed how they idiosyncratically communicated and expressed themselves. Behaviors such as these made strong impressions on us.

The short time that the high school students spent in my class reminded me that in order to effectively teach and learn, you must first get to know those who you are teaching and learning with. This and other similar realizations, which were shared by my students, continued to fuel deeply reflective and thoughtful discussions for the remainder of the semester.

Medical Model vs. Social Model

The visit from the high school students, and the dialogues it provoked, caused a significant change in the way I subsequently structured the course. Namely, that semester I moved away from the perspective of the medical model I had researched to that of a social model along the lines of what I had experienced. In fact, social models and their connotations have come to supply an explicit framework for the evolution of both my perspective on teaching and my teaching practices. As my consideration for people with special needs and my convictions about the necessity of classroom inclusion for them have become very different, so has what I value in the pre-service education of art teachers.

The differences between medical and social models account for some of this shift. Haegele and Hodge (2016) indicate that the way people describe and talk about disability contributes to their expectations and interactions with people who have disabilities (see also Barton, 2009). When I first started teaching on the topic of disability, the bulk of my knowledge had been gleaned from textbooks, other types of books, and research articles that focused on medical descriptions, causes, and symptoms of various disabilities. Accordingly, the descriptive rhetoric I employed in class lectures and discussions reflected medical models. The freshness of such discourse in the minds of the pre-service teachers and myself when we first met the high-school students likely influenced our initial responses to their disabilities. Studies have supported this association: "[T]he way disability is defined and understood is important because the language people use to describe people with disabilities influences their expectations and interactions with them" (Haegele & Hodge, 2016, p. 193; see also Barton, 2009).

Medical model

The language used by authors who write from a medical model focuses on what is "wrong" with a person and on his or her limitations (Bloom, 2014). Individuals are described according to their disability, which becomes the defining characteristic that shapes others' beliefs about them (Bloom, 2014; Haegele & Hodge, 2016; Row-Heyveld, 2015; Wiesel & Bigby, 2016). Disability in the medical realm is understood as a deficiency, such as an illness, which must be treated and "cured" to allow people to fully function in society (Haegele & Hodge, 2016). The negative perceptions and deficit-based definitions embedded in a medical model have strong potential to negatively influence how society talks about people with disabilities and how other people interact with them (Bloom, 2014; Haegele & Hodge, 2016; Row-Heyveld, 2015; Wiesel & Bigby, 2016).

Once a person has been diagnosed with a disability, and thus with its associated limitations, that status often shapes and becomes the focus for how they identify themselves and how others identify them (Bloom, 2014; Haegele & Hodge, 2016; Power & Costley, 2014; Row-Heyveld, 2015). Such people become the ones who "can't" or "don't"—the ones who need help. An identity that focuses on the content of a person's limitations may causes reactions in others such as anxiety and avoidance both of which hinder positive social interaction; the reaction of sympathy, while nominally more positive, can do the same (Bloom, 2014; Corbett, 2015; Wiesel & Bigby, 2016).

How children are diagnostically identified determines the educational services they will receive (Haegele & Hodge, 2016). These services, which do not always take into account the wishes of the child or family, may even interfere with the child's social and emotional development (Haegele & Hodge, 2016; Feldman, Carter, Asmus, & Brock, 2016). One example would be educational services that entail removing children from classrooms where their peers without disabilities remain. Such special placements, which single out children on the basis of their disabilities, can easily threaten how they are identified and accepted by their peers (Feldman, Carter, Asmus, & Brock, 2016; Power & Costley, 2014; Haegele & Hodge, 2016).

On a more general level, the physical separation of students with and without disabilities is one of many examples of educational policy that can disempower marginalized groups and impart "symbolic violence" (Bourdieu, 1977, 1986, 1997; Power & Costley, 2016). Bourdieu defined symbolic violence "as social power that imposes limitations on those who do not have the social capital required to combat challenges, in this case imposed by the mainstream system" (Power & Costley, 2014, p. 36). "Social capital" or "social power," as described by Bourdieu (1997, 1986, 1997), are qualities necessary for mainstream success; as such, they are doled out by the entities that impose limitations on marginalized groups. The segregation of students with disabilities (i.e., students who have little or no social capital or social power) from their peers without disabilities (who are assumed to have both social capital and social power0 makes it difficult for the former to establish relationships that enhance their feelings of social acceptance (Feldman, Carter, Asmus, & Brock, 2016).

Classroom segregation takes on a new importance during adolescence, a challenging developmental stage in which fulfillment of social and emotional needs are perceived as paramount. For adolescents, feelings of social acceptance are extremely important for the development of their self-efficacy and for their emotional well-being (Feldman, Carter, Asmus, & Brock, 2016; Obiakor, Mateba, Kagendo, Rotatori, & Algozzine, 2012; Power & Costley, 2014). Being singled out as different from peers, particularly when the difference has been socially deemed inferior, can be emotionally damaging for adolescents. (Feldman, Carter, Asmus, & Brock, 2016; Power & Costley, 2014). At any age, the removal of students from a "regular" classroom for the purposes additional attention, support, or resources may indeed be necessary for their intellectual development; however, removal does not necessarily consider, and can potentially damage, social and emotional aspects of their development (Feldman, Carter, Asmus, & Brock, 2016; Obiakor, Mateba, Kagendo, Rotatori, & Algozzine, 2012; Power & Costley, 2014).

Medical model implications for teachers. After extensive reading about the fundamentals and implications of a medical model applied to the education of special needs students, I concluded that a medical model alone is not enough even when a correct diagnosis supplies important information about a singular aspect of a student with disabilities and helps teachers to determine and fulfill that student's educational needs. This conclusion is supported by Haegele and Hodge (2016). Moreover, my research strongly indicated that a teacher who is only focused on or concerned about disability or limitation cannot teach and respond to a student with disabilities in a way that will help him or her attain full potential (Foss, 2015; Haegele & Hodge, 2016; Obiakor, Festus, Mateba, Kagendo, Rotatori, & Algozzine, 2012).

This type of singular focus ignores a student's inherent gifts and strengths, which I believe should be given equal (or greater) attention so that they can be nurtured, developed, and sustained. Research affirms that helping sudents with disabilities build their strengths and recognize, develop, and exercise their gifts can offset or even outweigh the negative impacts of disability (Foss, 2015; Huk, 2015; Stanbeck, 2015). This approach also supports the idea that medical view(s) should be expanded to include social views. Such an expanded view will allow for a more holistic understanding of children with disabilities and for teachers to see and respond to students beyond their disabilities or limitations (Bloom, 2014; Haegele & Hodge, 2016; Jay, 2008).

A social model

The underlying premise of a social model involves changing society rather than changing a person with a disability (Haegele & Hodge, 2016). This is because a social model subverts the concepts of a medical model by suggesting "that it is not one's bodily functions that limits his or her abilities, it is society" (Haegele & Hodge, 2016, p. 197; also see Barney, 2012; Roush & Sharby, 2011). A social model has also been explained by Bloom (2014) as "examining disability not as a physical or mental defect but a cultural and minority identity" (p. 181). In this work, Bloom positions this explanation under the paradigm of social dismodernist theory, which considers disability a normal aspect of the human condition, queries the social categories around disability, and questions what it actually means to be "abled" and "disabled." In her deconstruction of medical models that are focused on individual defects, Bloom also urges us to consider "new ways in which differences can really speak to, challenge and transfer institutions, communities, and people" (p. 181).

Bloom (2014) faults social construction for negative perceptions of disability; these include, stigma, silence, and habitual assumptions. She defines stigma as "a social construct that allows people to feel inferior to others by way of comparison and the designation of some human differences as discrediting others" (Bloom, 2014, p. 182), and "silence as socially constructed behavior that perpetuates exclusion" (Bloom, 2014, p. 184). The assumption that most directly accounts for silence indicates that people do not want to talk about their disability but instead "just want to be treated like everyone else, and therefore one should overlook and not mention their disability" (Bloom, 2014, p. 182). This silence causes awkwardness between people with and without disabilities, thereby hindering their social interaction. Haegele and Hodge (2016) have concluded that these negative social perceptions are compounded by other social factors, including ignorance and/or fear of differences. Collectively, these social constructs perpetuate segregation and exclusion of and discrimination against people with disabilities (Haegele & Hodge, 2016; see also Blustein, 2012; Brittain, 2004; Palmer & Harley, 2012).

Becasue disability has been recognized as socially constructed concept, it seems feasible to deconstruct it via social means. In that case, deconstruction would yield to social reconstruction and thereby allow disability to be more positively defined and understood, and in turn for people with disabilities to be more easily accepted. In short, social changes are necessary for creating more positive and engaging experiences for the disabled, in America's communities as well as its schools (Bloom, 2014; Haegele & Hodge, 2016; Jay, 2008; Stanbeck, 2015).

Social model implications for teachers. Both my research and classroom experience have convinced me that teacher preparation based on the premises of a social model is likely to supply a viable framework for socially redefining and reconstructing concepts of disability in the U.S., as well as to increase social justice and equality in U.S. communities and in classrooms. In part, I have reached this conclusion because the same conditions in American society that separate people with differences and diverse abilities from the mainstream also exist in American schools. Symbolic violence expressed by the physical separation of students, classrooms that do not accommodate all types of students, silences, and damaging assumptions are routine in U.S. schools (Power & Costley, 2014). As noted above, as they do in the larger society, these conditions perpetuate the segregation and exclusion of, as well as discrimination against, students with disabilities in the nation's schools.

A school's implementation of inclusion as intended by IDEA has the potential to reverse symbolic violence. Inclusion allows not only for social interaction between students with and without disabilities but also for the development of an accepting environment that accommodates all types of students. Researchers in special needs education have gone so far as to say that "regular schools with an inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all" (Foreman & Arthur-Kelly, 2008; cited by Obiakor, Festus, Matua, Rotatori, & Algozzine, 2012, p. 477). In terms of pre-service training, if inclusion is to most effectively foment both education and social change, it is essential for teacher training curricula to include experiences that prepare teachers to run inclusive classrooms.

The majority of inclusive educational experiences that have been defended in disability studies, and the majority of studies that have declared such experiences to be essential for pre-service teachers have been derived from/based on a social model. Each of these experiences (building relationships, crossing boundaries, and practicing self-reflection, authentification, and normalization) is dependent on the interaction of pre-service teachers and students with disabilities. Keddie and Lingard (2013) make this point explicitly:

> Pedagogies that connect with the non-dominant knowledges of marginalised/ disadvantaged students in ways that accord these students a voice and a sense of autonomy are necessary to foster cultural and political justice. Such practices are all the more imperative at this moment of increasingly diverse student populations. (p. 443)

Pre-service teaching at Watauga Opportunities Inc.

Having learned the significance of interaction between pre-service teachers and people with disabilities, as I prepared for my third semester of teaching art for special needs students I planned an extended period of time for my pre-service teachers to interact with such students. After some failed attempts to arrange consecutive days for my pre-service teachers to visit local classrooms for students with disabilities, I turned to Watauga Opportunities Incorporated (WOI), "a non-profit community rehabilitation program providing vocational training, job placement, employment opportunities, community opportunities and residential services to adults who have barriers to employment and community inclusion" (www.woiworks.org/index.cfm/about-woi/about-us/).

Although at WOI my pre-service teachers would be working with adults and not with school-aged children, I believed they would benefit from repeated visits and longer periods of engaging with people with disabilities. (Eventually, I was able to arrange for them to spend shorter periods in inclusive, self-contained local school classrooms). According to Jay (2008), in some ways it may be more beneficial for college-aged students to work with adults rather than children. He based this conclusion on the idea that college students may feel superior to children, who obviously are younger and less knowledgeable. For my part, I welcomed the opportunity to schedule teaching and learning experiences for my students during which they would be less likely to be tempted to feel superior. Moreover, I felt confident that my pre-service teachers could learn from the WOI adult participants and that they would be able to adapt their experiences to working with children. I also knew that our meetings in our university classrooms after their visits to WOI would provide opportunities to relate these visits to formal pedagogical practices and K–12 classrooms.

Many of the pre-service teachers felt apprehensive before our visits to WOI began and even after a few visits had been completed. In our class discussion after the first visit, one said that she had been nervous about "maybe messing up or not being able to handle a situation." Another student felt "a little intimidated about working with adults with disabilities since I only had limited experience with disabilities and only with people my age or younger." A third was "slightly nervous…as I had never had the opportunity to work with adults or anybody with disabilities before."

The art activities we had planned to do with the WOI participants became an entry point for talking and becoming comfortable with them and for facilitating the building of more extended dialogue and deeper relationships. Explaining art materials (e.g., watercolor, oils, pastels, markers) and techniques to the participants—in other words, having specific topics to share, about which they were confident—made it easy for the pre-service teachers to initiate other types of conversation. Their explanations also helped participants feel comfortable asking questions, which in turn led to more explanations and interactions. One pre-service teacher reflected on the effectiveness of using art materials as an ice-breaker by saying: "I was really awed at how something as simple as drawing with markers was creating an environment for us to share and build connections between everyone at the table."

As the interactions initiated by artmaking continued over subsequent visits, the pre-service teachers became comfortable enough to discuss subjects other than art with the WOI participants. As this progression unfolded I was reminded of Jay (2008), who observed that “[w]orking across borders of difference [in this case, becoming immersed and engaged with a marginalized population] can help people [in this case, pre-service art teachers] to “overcom[e] initial attitudes of superiority, fear, and prejudice” (p. 264). Where my students had not previously even been aware of WOI’s existence, they had now moved across a boundary and had initiated and experienced “dialogue across differences” (Jay, 2008, p. 256).

My students continued to acclimate to this new environment, to become familiar with a population with which they had no prior experience, and to become more confident and comfortable teaching and learning with them. Accordingly, as we neared the end of our eight-week semester, our class discussions no longer reflected reservations; instead, the pre-service teachers were clearly having a good time as they learned from their experiences at WOI. One shared, “I have really enjoyed getting to know some of the adults and making some personal connections. One participant drives past my bus stop every day to get to work, he recognizes me and waves to me every day as he passes.” Another pre-service teacher added, “I have learned so much from simply being there and interacting in a way I never had before!”

A few members of the WOI staff noticed the pre-service teachers’ increased relaxation. A habilitation technician observed that “they seem more comfortable and friendly now.” The assistant director commented that “at the beginning, the participants appeared to feel unsure and maybe a little scared, this was likely mirrored by the students’ [pre-service teachers] feelings. This all changed once the participants and students connected through art.”

After the visitation period ended, as my students and I reflected on our initial difficulties with understanding what some of the participants were trying to communicate, one student said that she had “learned to pay attention to [a nonverbal participant] because she was fully capable of giving me signs if I was willing to look for them. Nonverbal communication is possible and looking for any sign of response will help communication go further.” Another student said that she had “felt extremely inadequate the first few times…I felt awkward asking them to keep repeating what they were saying. After a good amount of time working consecutively with them I learned to decipher what they were saying. The consistent weekly experience impacted how we interacted and gave me a certain comfort level where I felt OK communicating.”

I also faced an initial challenge, which involved communicating with an 80-year-old woman who mumbled seemingly nonsensical words to me. But after several weeks I noticed that between a string of indecipherable sounds she would use a word or two that I understood. With careful listening and trying hard to understand her, I started hearing her differently; then I realized that if I listened for and connected her recognizable words, I could understand what she was telling me. From then on, when we engaged in conversation, she grasped my hand as a way of showing how grateful she was to be heard and understood.

Stanbeck (2015), who writes about the limitations and difficulties of articulation, suggests that unconventional human communication should be held in the same esteem as poetry—an art form that also, at times, is structured in highly unconventional ways. In hindsight I recognize that my students and I were lucky at WOI in that we were never informed of the participants’ specific diagnoses, the titles of their disabilities, or the nature of their limitations. Thus the pre-service teachers and I had no choice but to learn from the participants. As we learned from them and about them, we became better able to communicate and interact with them, and to guide them in art making.

Toward the end of the semester, as we began our final discussions about our experiences at WOI, I invited the program's associate director to address the class. I assumed, as did many of my students, that her lecture would include information about participants' specific disabilities. But we were wrong. Instead, she told us about spring romances at WOI, crushes experienced by participants, and their interests in sports and other hobbies. We were delighted by her reminiscences about taking participants on cruises and about how much fun they had had while swimming, dancing, socializing, and even drinking. We also listened, in disbelief, to heartbreaking stories about participants—some of whom we now knew—who had been raised in institutions where they were lonely and treated poorly, not least because their disabilities had not been accepted or understood. She talked about their sorrow and isolation after being separated from their families and communities. There were happy endings too, however: some of the people whose lives began so roughly were working at WOI and in the community; others had fallen in love; some had even married.

The pre-service teachers and I listened with empathy and compassion to all of these stories. Our guest used her storytelling, in a way that only stories can accomplish, to very effectively connect us—her listeners—to the human qualities of the participants we had worked with. From this experience, I as well as my students learned that the social activity of storytelling, as well as the stories themselves, have the power to change how people with disabilities are identified. Medical models label people and can objectify them, but a story humanizes them (Bloom, 2014). For people who have disabilties, personal stories that capture their lives and experiences can introduce affirmative perspectives, particularly that of "survivor rather than sufferer" (Bloom, 2014 p. 187).

In our discussion about the associate director's visit, the pre-service teachers expressed very clearly how deeply moved they were by her presentation. In a typical comment, one student called it "one of the most valuable experiences I've had this semester… I had never heard anyone open up like that before." Another commented: "I had never really thought about how adults with special needs live their lives or about what my peers with special needs would be doing outside of the environment."

My students also realized that storytelling in K–12 classrooms can help create the empowerment and equality that children with disabilities need. This process, which is referred to by Mossman as "authentification," coincides with and depends on "normalization" (Corbett, 2015, p. 462). In this case, normalization occurred when my students began to understand physical disabilities as normal conditions and to accept them just as any other difference between people could be accepted.

Starting with the connections and relationships we established with the adult participants at WOI, and continuing through the deepening of these relationships by the stories they heard, ultimately my students and I acquired an authentic view of this group of people with disabilities. By the end of the semester, I was gratified to see how the pre-service art teachers saw these disabled adults not as handicapped but as normal people who had lived through and experienced some of the same things they themselves had done, albeit differently. This journey to understanding and acceptance underscores the assertion that there is nothing wrong with being disabled, and that when disability is normalized, people with disabilities are empowered (Bloom, 2014, p. 184). When this assertion is grasped through interactions with disabled people, it affirms that "there is more than one way to move through space, to access a text, to process information, to communicate—more than one way to be a human being" (Bloom, 2014, p. 184)

As an art teacher and trainer of art teachers since 2005, I believe that from the experience of crossing boundaries and building relationships with the WOI participants, this group of pre-service teachers gained more than they possibly could have from any textbook or hypothetical situation. They listened to, understood, and learned from these adults despite having entered into these relationships with the assumption that they would be the teachers and the disabled adults would be the learners. In addition, they built these paradigm-shifting connections in spite of initial self-doubts and uncertainties. Perhaps the most valuable outcome will be their ability to transfer and use what they learned at WOI in their careers as art teachers, for the benefit of students who have disabilities as well as those without.

Comments on the end-of-semester evaluations reflected the value and utility of this learning experience. One referenced "valuable understandings of how to interact and treat people with disabilities as equals," and another spoke of "a huge gain in my knowledge about the lives and experiences of people with disabilities." Another, who declared that "this was the most relevant course I have taken for my major [art education]," also praised the "authentic [and] liberating experience" of working with the disabled learners. Still another "walked away more confident in my ability to build relationships and connections with everyone despite our different experiences and different needs…. [w]hich will in the longer run help me to be a more conscious and effective teacher for all of my students."

Conclusion

In order for people without disabilities to become aware of their fears, ignorance, misconceptions, and biases, as well as for such people to reduce and even alleviate these issues, it is necessary for them to have social interaction with people with disabilities. As the pre-service art teachers in my class learned from direct experience, it is not through medical language or diagnostic labels that one person learns to understand another. Crossing boundaries, engaging in dialogue across differences, and building personal connections and relationships are the activities that create mutual understanding. If standard curricula for pre-service teachers (in all subjects, not just art) included this type of social engagement, the results would include more affective/effective teaching and learning and more fully inclusive classrooms. Increased social interaction between pre-service teachers and people with disabilities has the potential to widen the teachers' perspectives; in turn, this widening feeds their professional and personal acceptance of and respect for different kinds of abilities and for all people who learn and encounter the world differently. When all teachers develop these attitudes, inclusion will be truly realized in classrooms. At that point, when inclusive experiences are positive for all students in school, a creative spark that can result in positive and inclusive experiences for all people in American society will have been ignited.

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