

The Paradox of Academic Trust and Accessibility

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Abstract: This interlude examines the paradoxical nature of trust and accessibility in academic spaces through the author's dual perspective as an AuDHD PhD candidate and Teaching Fellow. Through autotheoretical reflection on a particularly challenging semester complicated by medication side effects and anxiety, the author explores how institutional power dynamics create an uneven landscape of trust: while tenured professors can extend implicit trust to struggling students, precarious teaching fellows often feel constrained by institutional pressures and mentorship that emphasizes skepticism over accommodation. This tension reveals how institutional structures of distrust can impede disability-conscious pedagogies, even when individual instructors are committed to accessibility.

Keywords: UDL, institutional accessibility, institutional trust, crip time

The connection between trust and accessibility may not be immediately evident to those granted institutional privilege, but the two could not be more intertwined. This interlude dwells on the strained relationship between accessibility and trust between instructors and disabled students, a dynamic which has important implications for writing assessment. Specifically, I argue that institutions and individual faculty members grant trust based on how “legitimate” an individual student’s disabilities appear, and that the identity and presentation of the individual—such as their real or perceived race, gender, sexuality, class background, demeanor, medical status, position within the institution, and writing and languaging—deeply affects their ability to access the accommodations they need. As instructors, trusting and supporting our students when they express their needs can easily make the difference in how we assess them as capable students, which, in turn, affects their future opportunities.

Here, a note on positionality may be in order: I am an autistic and ADHD (AuDHD) candidate in the Rhetoric, Composition, and Pedagogy PhD program at the University of Houston, where I am currently specializing in discourse analysis and neuroqueer theory. I am in my mid-20s, white, cisgender (mostly), heterosexual male with numerous undiagnosed, often invisible, mental disabilities and neurodivergences. I teach a few classes each year as part of a fellowship provided by the university. Because of my position, age, race, and gender, I tend to be trusted by classmates and professors when I talk about my experience with neurodivergence and disability, and these aspects of my identity inform my experiences with trust, access, and writing assessment.

The Fall 2024 semester was supposed to be a light term in which I happily finished my coursework and then quickly moved on to studying for my comprehensive exams. By the end of the semester, my health made my studies anything but light and easy. In Summer 2024, I was told my weight was causing problems with my blood sugar levels and fatty tissue buildup in my liver. It was serious enough that my doctor suggested I take semaglutide for assistance in losing weight. After a few months of weekly injections, I began experiencing extreme fatigue. Some days I was entirely unable to complete any work, and there were short periods of time where I could hardly move. I finally decided to stop taking the medication after I collapsed down the stairs on my way to bed one night.

On top of the medication’s side effects, I experienced a resurgence in the worst of my anxiety and insomnia symptoms following the results of the 2024 presidential election, at a much higher intensity and much more frequently than in previous years. Over the next couple months, I spent multiple nights not sleeping at all, and yet I somehow had to function while fulfilling my duties as a student taking three classes, a graduate student advocating for increased teaching fellow pay, a student member attending three separate committees, and an instructor teaching two courses.

Fortunately, I had very supportive professors who graciously extended deadlines for me, and one allowed me to take an incomplete for the semester. They trusted me implicitly when I described my medical and mental health struggles, not even asking for a doctor’s note. Even though they could not fully understand my world within “crip spacetime”—Price’s (2024) term for the experience of disabled people who feel as if they are living within a different reality than the able-bodied people around them—they were still trusting and sympathetic. Their trust and willingness to support my accessibility needs without question was the only way I survived that semester. I cannot help but wonder if I would have been afforded the same level of trust and been given the same access to support without evidence of need had I been a first-year student of color straight out of high school.

As I dealt with a variety of health challenges that impeded my academic progress, I read the emphatic pleas in disability scholarship encouraging instructors to simply trust their students (Price, 2024), to recognize the cost of accessibility work and the experience of “access fatigue” (Konrad, 2021; Price, 2024), to be aware of and work with the constraints of crip time (Wood, 2017), to recognize the ableist and neurotypical standards of the institution without forcing them on students (Nicolas, 2017), and to address language barriers for disabled students who do not speak English as a first language (Cioè-Peña, 2021). However, the scholarship could not teach me how to address administrative distrust aimed at me as an instructor. Whenever I spoke of trusting a student implicitly and supporting them, many of my teaching mentors cautioned me about deceptive students trying to gain an advantage over their peers. Despite my own experiences with health problems, their advice made me hesitant to implicitly trust students who needed my support because I was uncertain that I would receive departmental or administrative support. Meanwhile, students who desperately needed accommodations were in a race against the clock to communicate between doctors and student accessibility services to prove that they needed support. The length of a semester was already short in comparison to the strenuous amount of work that students need to complete within those 16 weeks, but becomes even shorter when students have to spend so much time advocating for their own needs and managing unfamiliar health conditions.

The next semester, I entirely remade my syllabus according to Universal Design for Learning (UDL). UDL attempts to build flexibility into a classroom environment to limit the need for granting extra accommodations. For example, flexible attendance standards can help students who are chronically ill make up the assignments they miss when they cannot attend in-person, while flexible deadlines allow those with executive functioning difficulties an easier time completing assignments according to their needs. Following UDL, I made changes such as allowing flexible attendance and participation, implementing flexible deadlines for assignments, creating makeup assignments for when students missed class, and listening to and trusting students about their needs in the class. These changes directly impacted how I graded and assessed students, not only because I no longer assigned penalties for late submissions, but also because I found myself no longer preoccupied with whether or not a student “deserved” an extension. I also gave out far fewer extensions under this syllabus because students had that leeway to submit an assignment late, lessening some of the grading burden on myself. Remaking my syllabus certainly took some time and effort at the beginning of the semester, but it more than made up for that initial labor by saving me time during the semester.

My attention to access had important implications for the class’s “assessment ecology” (Inoue, 2017); it allowed me to focus more on assessing the student’s writing itself rather than simply assessing their ability to turn in an assignment on time. Deducting points on an assignment for late submission not only applies a grade to punctuality; it also actively creates an environment in the classroom that values a normative ability to turn in assignments on-time (Inoue, 2017). Inoue points out very clearly that the systemic racism of the classroom begins with the type of assessment professors engage in. By that same measure, I would argue that grading punctuality builds in an ableist assumption about the skills needed to write well and punishes students unable to adhere to that normative standard. As such, I did my best to avoid such pitfalls in my revised syllabus and feel that both myself and my students benefitted from the changes I made.

While some teaching mentors were supportive of my policies, administrators who directly oversaw my teaching expressed concern that I may not be following university policy, even

suggesting my teaching fellowship could be revoked if I continued. Their initial reaction was to distrust students and assume they were taking advantage of the accommodations granted by the university, a sentiment echoed by university administrations across the United States and Canada. A 2024 article in *The Chronicle of Higher Education* expresses doubts about the validity of many requests for accommodations. Levinovitz (2024) suggests that freely offering accommodations without requiring proof of a diagnosis or disability “incentivize[s] feigned or exaggerated symptoms” from students trying to “game the system.” A similar article was published in *The Atlantic* the following year, with Horowitch (2025) joining the number of voices publicly advocating against trusting students. Accusing people of faking disability is hardly a new phenomenon; Samuels (2014) traces the conception of the “disability con” at least back to Hermann Melville’s 1857 novel *The Confidence Man: His Masquerade*. The articles by Levinovitz (2024) and Horowitch (2025) are evidence that accusations of faking disability remain a consistent barrier for disabled people.

My point here is to call attention to the paradox of trust that institutions create with their policy of initially distrusting students about their disability. The crux of the paradox is this: a student must gain institutional trust to access the support they need, even as the people granting that trust are encouraged to doubt the experiences and claims of “opportunistic” students. Thus, for a student to obtain the support they need at the university, they need evidence from a trusted source such as a medical professional. If the medical professional doubts the student’s needs, formal accommodation becomes prohibitive. Yet, even when all the paperwork has been filed and the student legally has access to accommodations, the labor required to get through the accommodations process can be completely unmade by a professor who doubts their student’s needs or an administrator who advises an instructor to be wary of “disability cons.” A teaching fellow with limited experience must worry about whether the institution will believe in their pedagogical decisions to implicitly trust students, whereas a tenured professor might be granted more institutional trust—although that trust has become less reliable as universities are emboldened to fire professors who continue to advocate for DEI. At every step in a student’s quest for accommodation or inclusion, access depends upon the willingness of those in positions of authority to trust students about their disabilities.

What I have learned from my experiences in Fall 2024 is that readily and inherently believing someone’s claim that they are disabled and need help, even without “proof,” directly affects their access to the world around them. Official methods of obtaining accommodations take a considerable amount of time, and allowing people to bypass those official channels can help them receive the support they need much more quickly than if they are required to show proof of a disability every time they need support. As Dorfman (2019) notes, “inclusion depends not only on the signs, symbols, and policies of inclusion but also on how laypeople experience rights and their legal consciousness” (p. 1053). In other words, if disabled people are not trusted or are accused of faking a disability when advocating for their own needs—or even if they do not think they will be trusted—they may miss out on the important systems of support they require to succeed in their writing classes, in their careers, and even in their day-to-day lives.

I want to end by encouraging all writing instructors to more readily trust their students, yet I also want to acknowledge that the challenges facing disabled students are systemic and more widespread than a single classroom. An individual syllabus or professor does not change the institution. While UDL certainly has some capacity to eliminate the need for trust by granting students more flexibility, the design of a course can only help students insofar as it is supported

by the larger institution. If disability studies as a field is to make any widespread change in writing assessment for neurodivergent and disabled students, its members must first resolve the pervasive attitude of distrust toward students that is standard within higher education. Institutions must extend trust to even the most vulnerable instructors, so that they may feel empowered to extend that trust to their students.

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