

## I. Toward Vulnerable Collectivities

When my students think and write, I ask them to engage their whole bodies and minds. I understand the acts of thinking and writing as inextricable from our complexly embodied situations. Influenced by feminism and what Rosemarie Garland-Thomson calls *sitpoint theory*, my approach affirms the full range of different *bodyminds*<sup>1</sup> in the classroom, a way of understanding the complex interaction of body and mind, a basic unity that cannot be separated. This helps students understand that they are each living with different capacities and limits—fostering a sense of community well-being, in which each member contributes in the ways most accessible to them. I stress from the first meeting that we have a collective responsibility to create a supportive environment that allows each student to inhabit their bodymind as they learn. From freewriting sessions to group reflections to individual check-in meetings with my students, I try to provide multiple venues by which vulnerability can be engaged compassionately and shaped into nuanced interpretation and insight. I believe that only in these kinds of mutualistic environments can we ethically critique difficult texts (however uncomfortable) in a way that empowers students. Inclusivity in this model is not only a plurality of voices but an ongoing practice that inevitably involves tension and work through discomfort in a safe space where no one is ignored or dismissed.

I seldom view or present myself as a “figure of authority” at the front of the classroom but rather as a member of an interdependent knowledge-making community learning to work together in sustainable ways. This often takes the form of facilitation and peer learning. I usually begin my classes with a series of larger, open questions drawn from student comments and discussion posts about the readings, as well as a brief recap of the previous class by the students. I then offer a brief period to freewrite for students to process their thinking and affective responses to the texts before we shift into a more discussion-based session in which we collectively offer answers to the questions guiding that session or even gesture to new ones that extend into future classes. I then collate their ideas and responses on the board in idea maps that help students visualize the different threads of that class and to have a baseline for their notetaking. My pedagogical method typically reserves lecture only for providing critical tools and necessary background information for student inquiry. In most cases, I prefer to encourage my students to take ownership of their learning through exercises that have them pursue additional research or through presentations that build on class readings and student interests. When students learn as much from each other as they do from me, they come to value their peers as valuable sources of knowledge and as the audience to whom they write.

Choosing to join my students in their encounters with history, literature, and theory requires a scholarly humility open to the unpredictable, the unplanned. Disability reminds us that life is about contingency, and inclusive pedagogy must in turn be adaptive to the shifting needs of a classroom community. A crucial disability concept animating my pedagogy is *crip time*, which recognizes how bodyminds do not always align with timelines that insist on certain paces, rhythms, and scales of work that may not be sustainable for all students. Often understood as merely signaling later start times for meetings or providing additional time for completing assignments or exams, *crip time* really involves a reorientation of students’ relationship to academic time and its expectations of productivity. As Alison Kafer puts it, “rather than bend disabled bodies and minds to meet the clock, *crip time* bends the clock to meet disabled bodies and minds.” As opposed to timed exams, I structure my classes with longer-term writing assignments that students work toward in small incremental forms. I like to assign lower stakes writing opportunities throughout the semester like discussion posts, journaling, close-reading exercises, and short papers that then feed into larger projects (annotated bibliographies, research papers, class blogs) that are also broken down into component parts due well before the end of the semester. I designate certain class meetings as workshop sessions focusing on specific needs that emerged out of student feedback and my responses to each assignment. This distributed model of assessment, coupled with a midterm course evaluation and collectively designed grading rubrics, allows me to address concerns earlier on and to give students multiple opportunities over the semester to develop and improve through guided, goal-oriented revision.

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<sup>1</sup> I borrow this term from Margaret Price: as a refusal of Cartesian dualism, “bodymind” encapsulates how disability is a complex interaction *between* mind and body rather than isolatable to one or the other.

In terms of access, I take a multimodal approach to classroom design that incorporates not only textual objects but also art and visual culture, as well as film and online media like YouTube videos, fanart, and digital exhibitions, which were crucial in my “Gothic Fictions” course for thinking about the afterlives of a genre. Students learn how to “read” different cultural productions as texts with different purposes, strategies, and audiences. To enable my students to experiment with different ways of engaging with class material, I offer the option of a creative project which reimagines a course text or concept in the form of a chapbook, fine art piece, short play, or short fiction. Access for me also means having my students grapple with how certain perspectives become excluded from study: which voices do we get access to and why? In my “Disability Narratives Class,” this took the form of including interviews, experiential accounts, and TED talks by disabled people alongside theoretical and literary sources. In larger literary surveys like “The Romantic Period,” I foreground the issue of canonicity to consider which literary forms, writers, and topics escape scholarly attention as a result of certain calcified narratives of the period (i.e. Romanticism being reducible to “the Big Six” writers).

## II. Bridging “The Two Cultures”

As a literary historian of science and medicine in the eighteenth and nineteenth centuries, I am invested in thinking critically about what interdisciplinarity looked like before what C. P. Snow called the division of the “two cultures” by examining with my classes the shared rhetorical strategies, epistemological structures, actors, and networks of what are too often presumed to be separate enterprises. By refusing an otherwise anachronistic coherence of the terms “literature” and “science,” I take up the approach of scholars like Tita Chico and Devin Griffiths who understand these domains as complexly entangled and co-constituted: *literature was science and science was literature*. Attention to science’s historical dependence on concept metaphors and figurative language often reveals for my students how science has always already been shaped by society and culture. In both my surveys and upper-division topics courses, I model this interconnection by having my students encounter *science as rhetorical entities, as texts that coexist with, draw from, and respond to literary texts*. I embrace productive disorientation in my classrooms: students are challenged to reconsider what they believe to be “literary” or “scientific” in collective encounters with unfamiliar pasts and to trace potential continuities into the present.

Through collective annotation exercises that involve my students working in small groups to apply literary methods like close-reading to case histories and even scientific poems from George Cheyne’s *The English Malady* to Erasmus Darwin’s *The Temple of Nature*, I prompt them to identify the narrative qualities of scientific expression—diction, tone, style, voice, and organizing principles—that convey scientific knowledge as “objective” and as “fact.” I often assign semester-long “laboratory notebooks,” an exercise which adapts this fundamental scientific practice for students in literature to keep detailed records of their observations and their developing ideas. This twist on the commonplace book cements the connection between literary and scientific research as acts of evidence gathering and interpretation that requires active reading and an appreciation of knowledge-making and writing as accretive processes that take time. The lab notebook’s cumulative structure and low-stakes form work against student impulses to write to the last minute to instead encourage more long-term experimentation with thinking that synthesizes multiple texts and frameworks. Students come to major assignments much more prepared to write having “test-driven” their arguments in their notebooks, which I then have my students share with one another in discussion forums and use as the foundations for our class discussion.

Having taught in medical school contexts and in classroom environments with primarily STEM students on pre-medical and public health tracks, I also see my teaching as advocating for the value of the humanities in shaping more ethical and compassionate STEM research and practice. Along with their lack of familiarity with the histories of their own fields, I find that a common misperception among many students is that the study of literature offers a vague sense of cultural refinement rather than practical utility. As I try to model, narrative medicine *is* medical practice as it trains practitioners to not only learn empathy but also to work with ambiguity and make conclusions when data remains incomplete or open to multiple interpretations. Like Rita Charon and Sari Altschuler argue, attending to humanistic competencies (i.e. narrative, attention, observation, historical perspective, ethics, judgment, performance, and creativity) prepares health professionals to practice creative

analytical thinking that will serve them in clinical encounters and policy-making. I similarly try to challenge humanities scholars to resist their own monolithic views of science and medicine as only oppressive and uncaring—history bears numerous examples of more patient-centered medicine practiced at the bedside and patients who played active roles in their own healthcare.

I frequently repurpose a pedagogical exercise familiar to students with clinical experience: bioethics case studies. These exercises, typically used to train students to read and interpret a case report, also place students in a position of navigating its potential ethical impasses and implications for medical practice. One of my and my students' favorite pairings is Frances Burney D'Arblay's narrative account of her mastectomy (1812) with Audre Lorde's *The Cancer Journals* (1980). As a guiding question, I ask my students how cure and recovery might not always be benevolent, especially for marginalized groups: what happens to women who fail to recover and that failure invites further stigma and social exclusion? Reading Burney and Lorde's narrative accounts together, my students witness how therapeutic care can harm patients by reducing them to medical objects and dismissing their subjective experiences before, during, and after treatment. By practicing what Roy Porter has called “doing medical history from below,” students learn how illness and disability have a contested social history that often departs from medical and scientific progress narratives of innovation.