Searching for Authenticity in Disability Identity Development

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This article explores the nuances and pathways of disability identity development as well as what may constitute authentic disability identity in various theories and models. Authentic disability identity is influenced by how individuals interact with different power structures and systems and ultimately how they are related to normativity produced by ableism. Because each individual will have unique interactions with these systems, identity development and thus authenticity varies. Practitioners in higher education, with an understanding of how systems influence such nuanced identity, can create more open and flexible pathways to accommodations, improve outreach, and expand support outside of academic contexts.

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The concept of authenticity and disability identity presents itself in unique ways across disability identity development. How an authentic or idealized disability identity is defined varies by theory or model and is dependent on the lens through which disability is viewed. Authenticity and disability identity often are determined by how theories understand and promote various definitions of disability and often arise around the nexus of identity development and systems of power, in this case, ableism (Friedensen & Kimball, 2017). More specifically, this nexus can be described as how systems of oppression may or may not influence the theories themselves, calling into question the validity of each theory in constructing identity and facilitating development. In effect, different theories facilitate identity development through their conceptions and relationships to able-bodied norms and ableism (Abrams & Abes, 2021).

It is important to note that various and sometimes contradictory definitions of disability have an impact on disability identity development (Curtis et al., 2018). As revealed in the context of ecological models of identity development, disability is defined by various environments, policies, and power structures that each define disability – and thus disability identity development -- in their own way. Disability identity development models' relationships to ableism emerge through how they discuss the validity of differing definitions of disability and disability identity (Friedensen & Kimball, 2017).

In this paper, I will discuss how different disability identity models create different conceptions and ideal versions of disability identity development. First, I will break down two common types of identity development theories regarding disability: stage and ecological theories. The structure of these theories creates key differences in identity progression and the arrival at disability identity (David & Hendersen 2010; Friedensen & Kimball, 2017; Gibson, 2006; Forber-Pratt & Aragon, 2013; Johnstone, 2004). Then I will look at one specific ecological theory that has dominated disability identity literature in the last a decade: crip theory. Crip theory is a post-structural theory that takes a critical stance on the dis/ability binary and compulsory able-bodiedness (McRuer, 2006). Various perspectives on this theory will be presented and used to evaluate whether crip theory supports disability identity development, what sort of identity it creates, and how it differs from other theories in empowering disabled individuals through ableism to an arrival at an authentic self.

Stage Theories

Stage theories, such as Gibson's (2006) three-stage disability identity development model and Forber-Pratt and Aragon's (2013) model of social and psychosocial identity development describe the progression of identity development using linear stages through which disabled individuals progress. In models for disabled individuals, this progression broadly starts with a general awareness of a disability and ends with both having pride in a disability identity and integration into the disabled

community. In Gibson's (2006) model, individuals progress from denial or passive awareness toward identifying (albeit perhaps negatively) with having a disability to an acceptance of their disability. This model was created in the context of moving practitioners toward more identity-conscious practices of supporting persons with disabilities in clinical settings. Stages in this model also correspond with life stages where *passive acceptance* is most strongly correlated to childhood, while *realization* and *acceptanc*e occur in adolescence, early adulthood, and adulthood. Gibson also acknowledges how environmental challenges and interactions with others may create regression or progression, especially between stages of *realization* and *acceptance* where individuals may flux between acceptance in various forms of frustration with their identity. Understanding triggers, situations, and contexts that facilitate changes in self-perception can help practitioners tailor interactions that facilitate a positive and integrated disability identity for clients. Ultimately in the final *acceptance* stage, obtaining a disability identity in this model means having a positive self-perception and a well-incorporated disability identity while also being able to integrate into the able-bodied world (Gibson, 2006). All in all this model promotes a positive but restrained disability identity.

Forber-Pratt and Aragon's (2013) model reassesses the disability identity development of college students in a post-Americans with Disabilities Act (ADA) world. The general trajectory of this model follows students as they move from individual acceptance to giving back to the disability community through increased interaction with disabled individuals and pride in their identity. The first stage is *acceptance*, where an individual has moved through the stages of grief to accept their disability. At this stage, the ADA plays a crucial and new role in identity development almost creating a cause-and-effect dilemma. Identity understanding and acceptance must be held to access the ADA (Forber-Pratt 2013), while almost simultaneously the ADA is what legally validates and solidifies identity (Friedensen & Kimball, 2017). The second stage, *relationship,* marks building relationships with other disabled individuals and "learning the ways of the group" (Forber-Pratt & Aragon, p. 8). Stage three, *adoption,* stresses social justice and individual independence, often in the form of individual advocacy to ensure institutional compliance. Finally, in *giving back to the community,* disabled students act as proud role models for others who do not have an integrated identity or have not yet adopted aspects of disability culture (such as independence). While acknowledging fluidity in the development process, the authors stress the benefits of a healthy identity, which for disabled individuals is a positive disability identity. Forber-Pratt & Aragon (2013) describe the importance of a healthy disability identity, stating that "a healthy, intact identity provides a strong sense of self and ability to face ableism by reaffirming desired goals and personal worth" (p. 3), and thus the desired goal. Compared to Gibson (2006) this model promotes a more disability-forward identity, one where centering this aspect of identity is as beneficial as it is necessary (Forber-Pratt & Aragon, 2013).

As seen in Gibson's (2006) three-stage disability identity development model and Forber-Pratt and Aragon's (2013) model of social and psychosocial identity development, identity progression (or

reversion) can be driven by interactions with individuals or environments. However, stage theories do not create space for individuals to be at multiple stages simultaneously, dependent on context. In later research, Forber-Pratt (2018) reflects on how environments, specifically the college environment, facilitate access to disability culture and thus influence how students enter and progress through the identity-building process. Two caveats of Forber-Pratt's and Aragon's (2013) original model are that it is dependent on physical disability and its visibility, and that it was developed in an environment where disability was more prevalent. This visibility acts as a facilitator of identity development that those with other types of disabilities may not have access to.

Ecological Theories

Ecological theories inherently recognize the fluidity of disability and locate disability in society by acknowledging the role of context and environment in creating varying categories of disability identity. Johnstone's (2004) categories are neither linear nor static, allowing individuals to weave in and out of different identities depending on both context and self-perception of disability. The categories include *externally ascribed and disempowering, overcompensating, identities that shift away from disabilities, empowerment, complex,* and *common identities.* These categories stem from how different environments inform personal understanding of disability. For example, those with disempowering identities often have their disability identity ascribed to them by others, and as a result, overcompensate in spite of their disability, and those who shift away from disability identity may do so as the result of a negative relationship with it. For example, certain defining disability labels such as Down Syndrome, ascribed by others as a result of a single physical difference, are also attached to connotations and stereotypes that may not apply to or define who that person is. If disability or disability labels are attached to a negative connotation or stigma, individuals may move away from or reject it as a core aspect of their identity.

Empowering identities allow people to feel pride in their disability and engage in disability issues and politics, while *complex identities* allow for the possibility that for some disability may be both a positive and negative experience. Disability as a social identity has become more prominent as the social model of disability has become more prevalent. Moral and medical definitions of disability have dissuaded individuals from creating a relationship with their disability whereas social models encourage it by reducing stigma. As individuals navigate environments where these definitions may carry various weights, identity and self-perception may shift. This model initiates the concept that individuals may have multiple relationships with their disability that may even occur simultaneously and all of which are valid because relationships to environments are complex. In comparison to stage identities, there is less of a hierarchy with ecological models due to their recognition of the contextual dependence of identity (Johnstone, 2004).

David and Henderson (2010) similarly created repertoires that evaluate how social spatial inclusions (interactions) create political space, specifically with autistic individuals. These theories facilitate identity development primarily through external interactions while creating space for an individual sense of self. While internal identity may not necessarily reflect external interactions or expression of identity, diagnosis or degree of individual identity attainment influence one's ability to navigate these repertoires. However, as one participant of their study stated, "being categorized by others as disabled does not constitute coming out as disabled" (David & Henderson, 2010, p.164), illustrating this tension between an internal sense of self and external environments.

The first repertoire, *keeping safe,* describes the processes and decisions of identity disclosure where individuals evaluate relationships and combat negative encounters that promote concealment. The second, *qualified deception,* explores how when passing as neurotypical is an option, those with autism may opt in or out of keeping safe, advocating for general needs without disclosure. The *like/as resistance* repertoire includes individuals who speak out or resist harmful stereotypes or notions of autism, hoping that disclosure decreases stigma and creates space for an autistic culture to develop. Finally, when enacting *education*, autistic individuals adopt the responsibility to educate others about autism. This model illustrates how social environments can support or limit identity development and performance. For these participants, ableist environments make it necessary to pass as neurotypical, whereas individuals with more freedom and security may disclose or come out as autistic. Individuals' proximity to ableism facilitated through social interaction forces disabled individuals to adopt different external and -- where ableism enforces negative perceptions of identity -- internal disability identities. Here, authenticity is survival (David & Henderson, 2010).

Other scholars discuss disability identity development through an ecological-esque lens. Friedensen and Kimball (2017) explore disability as "a multivalent, fluid concept that encompasses a broad set of phenomena that shape the experiences of individuals as they interact with others; social systems and processes; and legal structures" (p. 229). As a result of these forces, there is not one framework that can explain how seemingly contradictory and opposing identities can exist simultaneously, and thus the authors use the concept of theoretical borderlands to illustrate this fluidity. Medical, diagnostic, legal, environmental, and cultural systems and policies entrench and calcify disability identity on an individual and systematic level. Subsequently, individuals may be limited in their development as a result of their visibility to these various power structures. For example, diagnoses become a stand-in for identity itself and are the basis of obtaining a protected legal identity, which in turn may influence how an individual is limited or supported in environmental landscapes. Finally, how individuals are validated or invalidated through support in turn impacts their understanding of their identity. These authors suggest applying crip theory to identity development as a way for individuals to make a "conscious decision to accept, modify, or reject society's messaging regarding identity" (p. 230), allowing individuals to interrogate their respective positionality to power

structures while also enacting self-preservation. This theory, like other ecological theories, promotes centering and empowering disability identity while recognizing the fluid need to adapt different aspects of identity as means of survival (Friedensen & Kimball, 2017).

Crip theory

Crip theory, conceptualized by Robert McRuer in 2006, has more recently normalized in disability identity discourse and views disability identity through an ecological, post-structuralist lens. In crip theory, the ecological environment is that of compulsory able-bodiedness and the oppressive barriers that it creates for those it defines as having a disability. Acknowledging disability as a result of constructed normalcy, crip theory creates disability identity outside of -- or in juxtaposition to -- concepts of normalcy, even going as far as disassembling disability identity itself (McRuer, 2006). Through this lens, the disability identity is left for each individual to define for themselves based on what feels meaningful (Abrams & Abes, 2021).

Crip theory has been used to reimagine disability identity development in college students. Crip theory deconstructs ableist norms through a series of concepts – compulsory able-bodiedness, fluidity of disability, crip time, and relationships - ultimately challenging norms of able-bodiedness and able-mindedness. From a post-structural perspective, crip theory challenges systems of oppression and how they impact behavior and experiences rather than seeking methods for disabled individuals to persist within ableist environments (Abes & Wallace, 2020).

Crip theory challenges the idea that disability is an exception to an able-bodied norm, rejecting able-bodiedness as an idealized and unobtainable state of existence toward which everyone should strive. Under ableism, a dis/ability binary exists while through the lens of crip theory disability is a fluid identity that can change depending on context. As the permeability of the boundary between disabled and able-bodiedness increases, so may disability identity itself. With a looser, broader definition of disability, more individuals are able to identify with it, and find refuge under its umbrella (Abes & Wallace, 2020). Different policies, practices, and environments in addition to differences within the body render individuals able, disabled, or somewhere in-between. However, crip theory also recognizes that claiming disability or a stable disabled identity is imperative to legally qualifying for accommodations and the survival of individuals with disabilities (Abes & Darkow, 2020).

Crip theory introduces the idea of crip time – a new understanding of time that challenges the normal pace of life (Abes & Darkow, 2020). Instead of pressuring individuals to conform to rigid and disabling time and scheduling, "crip time bends the clock to meet disabled bodies and minds" (Kafer, 2013, p. 27). Although everyone benefits from navigating time in this altered temporal landscape, individuals who may find the status of their impairments to be fluid in nature require this way of existence. Fluidity is unpredictability, and instead of disabled people losing out because of unpredictable symptoms, crip time forces systems and structures to change so experiences aren't lost.

In practice, this includes flexible attendance, work time, and flexibility required of able-bodied individuals (Kafer, 2013).

Finally, cripistemology, or knowledge production by disabled people, suggests that ableism creates challenges with agency and dependency in relationships. Disabled individuals are often viewed as being dependent on others for their success, however, crip theory proposes that most individuals are interdependent and deconstructs an ideal of the independent individual. Cripistemology suggests how disclosure, often necessary to receive accommodations and support, forces disabled individuals to share vulnerable aspects of their experience. This forced intimacy may prevent real intimacy from happening because it often occurs out of necessity for survival, and not because it was desired by the disabled individual. Access intimacy similarly comes from the need to disclose a disability to receive proper accommodations (Abes & Wallace, 2020).

Crip theory rejects ableist constructs perpetuated in prior theories and provides a barrier between these constructs and identity development. Crip theory dispels idealized bodies created by medical models, challenges in relationships, and environments that often force individuals into difficult encounters that have an impact on their sense of self. Finally, the concept of fluidity allows individuals to reconceptualize how they exist in space and time allowing them to enact their disability and disability identity free from ableist norms (Abrams & Abes, 2021).

In its origination, crip theory stemmed from queer theory and was used to illustrate the similarities between how compulsory able-bodiedness and heteronormativity both produce and "other" disability and queerness (McRuer, 2006). Abrams & Abes (2021) expand on this by using crip theory to illustrate a disability identity that forms as a reaction and a resistance to compulsory able-bodiedness through interviewing a queer college student with chronic illness. Nonapparent, fluctuating disabilities fall inbetween the false disability/able-bodied binary, and for those with "nonapparent disabilities, passing is enacted because of compulsory able-bodiedness and able-mindedness that perpetuate a false normalcy and reproduce binaries about who is a college student" (Abrams & Abes, 2021, p. 264). These students pass reactively based on the social norms placed on them by others or do so intentionally to protect themselves from discrimination. Disability is not easy to claim when disability is not continual or visible; however, flare-ups restrict the ability to claim an unimpaired identity (Abrams & Abes, 2021).

This study demonstrates a simultaneous expansion and deconstruction of the disability identity through the concept of radical-self love, which is defined in this case as loving oneself because of their disability, not in spite of it. Oppressive structures that enforce the dis/ability binary compartmentalize the disability experience and erase or fragment identity. Authenticity and identity do not exist in a vacuum but are situated in the context of systems of privilege and oppression. Using radical self-love, disabled individuals can reject conditions that enforce conformity to able-bodiedness because their self-love does not stem from nor is validated by compulsory able-bodiedness. This results

in a cripped authenticity that is fluid across lifespans and contexts. Abram and Abes (2021) state in sum:

> By embracing multiple temporalities, cripped authenticity shifts the critique away from the individual to expose oppressive systems. Rather than a reaction to ableism (and heterosexism), cripped authenticity empowers the queer health rebel by embracing a fluid navigation of the authentic self. Situated in crip time, authenticity is a self-driven act of radical self-love. (p. 272)

Cripped authenticity situates authenticity in the contextualized self and validates a spectrum of individual conceptualizations and iterations of oneself throughout a lifetime. The type of authenticity offered by crip theory suggests that empowered and disability-forward identities as incomplete and partial experiences of a more diverse reality (Abrams & Abes, 2021).

Identity Theory and Model Critiques

Crip theory rejects identity development models and theories that only focus on individuals without additionally addressing oppressive systems in the surrounding environment (Abes & Wallace, 2020). Although it perpetuates individuality by granting individuals the flexibility to carve out their own meaning in response to intersectional contexts, it differs from prior ecological and stage theories. Abram and Wallace (2020) directly critique theories such as Forber-Pratt and Aragon's (2013) psychosocial identity development model by stating that these types of theories are often in line with second-wave theories that center the individual while "leaving relatively unchallenged the ableism in which students are situated" (p. 575). Even ecological theories that account for context and oppression in different environments fail to critique the identities that develop out of validation from different policies, laws, social stigmatization, and diagnosis. These theories accept this development as a result of real-life oppression that individuals face without questioning any alternatives (Abes & Wallace, 2020). Finally, crip theory allows for a complex disability experience where there is no idealized, positive self-conceptualization of disability. Disabled people can build a personal relationship with their disability which allows for real-life, complicated, and both positive and negative emotions around disability. Crip theory provides space for movement, adjustment, and impermanency (Abrams and Abes, 2021).

Critiques of crip theory vary, from critiques that the name itself perpetuates visibly disabled experiences (Bone, 2017) to its failure to address real-life experiences of having a disability (Jenks, 2019). The most prevalent critiques respond to the crip theory's reduction of a dis/abled binary, its disassembling of the disability identity, and generally, its inability to effectuate actual change (Bone, 2017; Jenks 2019). Both Bone (2017) and Jenks (2019) argue that in viewing disability as a social identity and a construct of ableism, crip theory homogenizes the disabled experience and ignores the real-life differences and implications of impairments. Jenks (2019) argues that the deconstructionist nature of crip theory depicts disability as "purely socially constructed rather than something that

marks the individual as different" (pp. 457). Therefore there needs to be a separation between *impairment*, which is a physical or mental condition situated in the body, and *disability*, which is the ability or inability to participate in social, political, and economic life. This difference, created by an impairment, means the need to access real medical equipment, procedures, and services. Thus, a disentanglement of disabled identity from ableism does not increase access to those services. When medical and legal understandings of disability dominate discourse and implicit social understandings of disability, individuals need to be able to see and understand themselves within them (Jenks, 2019). Finally, Bone argues that by eliminating a dis/abled binary, crip theory silences disabled voices, allows for the misappropriation of disability identity, and results in a lack of collective group identity. Crip theory essentially wants to have it both ways; where when anyone can claim disability, no one can (Bone, 2017).

Discussion and Implications for Higher Education

The goal of authenticity is a healthy relationship with the self. What that means for every theory is different and depends on each individual's relationship with and understanding of disability. Understanding disability through a crip theory lens is chronologically and ideologically the most progressive understanding of disability. However, while disabled individuals are able to inherently understand their experience with unfairness, discrimination, and ableism, they might not have the tools to reflect or evaluate this relationship in a liberatory manner. It takes privilege, time, and education to get to a place where individuals can reinforce a positive understanding of the self, especially when medical and legal understandings of disability dominate discourse and implicit social understandings of disability. In an ableist system, it may be most expedient to seek medically and legally validated disability identity.

Each theory may have a place for describing an individual's trajectory depending on how constrained or guided that is by their contexts. For example, having a positive understanding of disability in spite of disability might be beneficial for some individuals based on their values and understandings of themselves of who they are in this world. Stage theories may be mini progressions within larger ecological contexts which then have different complex relationships to power and ableism. Perhaps the optimism provided by the end stages of stage theory, even while situated in ableism, may provide a more realistically obtainable and therefore authentic identity than the messiness that crip theory requires. How an individual's disability identity is comprised may look like stacked concentric circles of theories or intersecting, shape-shifting amorphousness however, one theory may not be enough for authenticity all on its own. For identity theory to be operationalized effectively, practitioners must have a strong grasp on how identity and the systems that legitimize it are interconnected. In practice, one would be hard-pressed to find support systems without a medically or legally assigned identity, however, that does not mean disability does not exist outside of those systems.

By understanding these nuances, practitioners in higher education settings can create a variety of pathways for access to accommodations and support on college campuses for students with disabilities.

Disability services offices (DSOs) have the opportunity to provide resources that allow students with disabilities to flourish as their entire selves, no matter what place they are in their identity development or what spaces or existences they are required to inhabit as college students. While the majority of DSOs operate explicitly from both a medical and legal context, they do not need to be constrained by them. Compliance standards created by the ADA that govern DSOs should be treated as a floor, not the ceiling for what we can do for students with disability. With that caveat in mind, the following changes could help DSO more holistically support students, allow various entry points for students regardless of identity status, and work to dismantle barriers created by medical and legal models of disability while preserving the benefits of their existence. These recommendations follow three categories: reducing barriers to receiving accommodations, improving the culture of disability services offices, and expanding resources and services that fall outside the realm of traditional accommodations.

Disability service offices can and should be inherently accessible, but unfortunately this is not most commonly the case. DSOs rely on medical diagnosis, a way of making sure that yes, a student is verifiably disabled. Medical diagnosis as a prerequisite to legal protection creates a host of issues. Medical care is expensive and therefore inaccessible. Navigating a healthcare system rife with bias takes both time and an unwarranted amount medical of savvy to reach a diagnosis (FitzGerald & Hurst, 2017; Samulowitz et al., 2018). DSOs should have clear and timely pathways for students seeking diagnosis if this is what they require, understanding that undergraduates may not have access to affordable healthcare, or the support required to navigate the healthcare system. This could include services integrated into student health services, like appointments, medical providers, and therapists specifically for testing and disability-related diagnosis. Finally, allowing prior IEPs from a student's secondary education to carry a greater weight in documentation could prevent the cost and time restraints of retesting. Carrying out these suggestions would reduce the burden students may face navigating healthcare and the pressure obtain a medically and therefore legally validated identity.

Disability service offices need to offer student-centered approaches of support that are apparent to any student no matter where they are at in understanding their identity. DSOs need to be welcoming, well-advertised, and have clear pathways for entering the accommodations process. This is important because research shows at the post-secondary level, low levels students with disabilities are requesting accommodations and those that do are receiving less support than they received at the secondary level. At the postsecondary level where disclosure of a disability is mandatory for students by the ADA, only 35% of students with disabilities informed the institution of their disability. Whereas 95% of students with disabilities received at least one accommodation in high school, only 23% received at least one accommodation at the postsecondary level (Newman & Madaus, 2015). Progression of

identity development may play a role in whether a student understands themselves as a probable recipient of resources, so students with various disabilities will need to see themselves represented in the services provided. As discussed in Abrams & Abes (2021) students who have a chronic or mental illness, disabilities that are non–apparent and fluid in nature, maybe have a more challenging time claiming or connecting to a disability identity and therefore their validity in qualifying for accommodations. Finally, students who are denied or deemed unqualified for accommodations will still need support and DSOs need to be able to connect them with other support systems on campus. Students seeking support deserve to find support that works for them.

Disability service office staff need to have a collaborative and flexible approach when working with students to find accommodations that will be useful to them. Staff can use different disability identity development models to understands how students may identify, and provide resources and support based on this understanding. Staff need to understand what challenges students are facing and should provide students with all the options possible to them, not just those often attributed to their disability (Dolmage, 2017) as students may not even be aware of how their disability interacts with academic spaces (Hong, 2015). Too little support and clarity of accommodation options causes confusion and intimidation, and dissuades students from even attempting to navigate the accommodations process (Hong, 2015). DSO staff also need to understand that the condition of a student's disability, and therefore the effectiveness of their accommodations, may change and should be prepared to find new solutions to support the student. It's important that staff do not over-prescribe accommodations for the sake of providing them. Providing unhelpful accommodations just because they are easy to provide doesn't help the student, may make the student question themselves for not succeeding with the support of accommodations, and may increase challenging interactions with faculty that are ultimately unnecessary (Dolmage, 2017). Finally, DSOs need to take a progressive stance on providing accommodation and searching for new and innovative options. Institutions have the power to legally decide what a reasonable accommodation is and thus they have the power to interpret what they are required to provide (ADA, 1990). With this power, institutions can view this responsibility as either a baseline that can be added upon or as a cap on what they are willing to provide students. Because accommodations should be offered from the lens of fixing a broken system and not a broken student, staff should reflect on bias that may perpetuate concerns of unfairness to routinely initiate expansions of accommodation offerings.

Universities need to extend their services beyond the expected classroom and academic accommodations. DSOs can reduce reliance on diagnosis by working with faculty to integrate accessible tools into their teaching. As discussed by Rendón (2012) Western conceptualizations of teaching, learning, and demonstrating knowledge are often narrow, inaccessible, and create very constraining learning environments for all students. One solution is to construct syllabi using Universal Design and decolonized practices, providing multiple modalities for students to learn course

material and demonstrate their knowledge (Rendón, 2012). It's important to note that students should not be expected to master all of these modalities in order to demonstrate their knowledge for true accessibility to occur (Dolmage, 2017). While Universal Design is often touted as design that is accessible to the largest number of users possible, Universal Design must be approached from a perspective of supporting those most marginalized first for it to be truly effective. Design decisions stemming from interest convergence will always prioritize non-disabled students and may leave students with disabilities behind (Peters, 2022).

Second, DSOs should support students with disabilities beyond the classroom; the college experience for students with disabilities does not stop once they exit the classroom or their residence hall. Students with disabilities want to get involved, work, make friends, and live a full college experience. These students may need extra support in negotiating relationships, personal and professional, in other parts of their lives due to others' lack of understanding, insensitivity, or bias toward disability. Unlike classrooms, relationships cannot be governed.

Finally, college campuses need to provide access to cultural spaces that create opportunities for connection and representation. These spaces need to center the disabled experience and disability culture, and be a place where students feel uplifted and supported for who they are, and not in spite of their disability. Cultural centers can be a place for anyone with a disability to find support, especially for students who may not obtain proper medical and legal documentation for their accommodations. Getting connected to cultural centers can then provide the validation a student needs to succeed. Cultural spaces are needed because disability means so much more than what accommodations a college is willing to grant them; disability is an identity to be celebrated and one worth building a community around.

Conclusion

In sum, disability identity development theories struggle between recognizing real-life manifestations of identity development and an ideal healthy disability identity. These definitions are complicated by different definitions of disability, variations in the type of disability, and the different contexts in which a disabled person exists. Stage theories nurture individual identity development that recognizes the importance of fostering positive identity development and integration into a supportive disability culture (Forber-Pratt & Aragon, 2013; Gibson, 2006). Ecological theories recognize the different realities that individuals face in the context of different power structures and how that may create multiple or differing disability identities (David & Hendersen 2010; Friedensen & Kimball, 2017; Johnstone, 2004). Finally, crip theory dispels the need for a constant disability identity allowing individuals to identify with their disability identity as environmental and physical conditions may require it of them (Abes & Wallace 2020). Across theories are tensions that bring to light the different possibilities and realities that make positive and empowering identities possible. However, it is theories that create to most space for these tensions to exist that allow individuals to self-define an authentic

disability identity. Practitioners working with students with disabilities in college settings can apply these different understandings of disability identity development to perform better outreach and engagement with students with disabilities by reducing barriers to receiving accommodations, improving the culture of disability services offices, and an expanding resources and services that fall outside the realm of traditional accommodations. Understanding where students may be in their identity development process can help practitioners support students in finding and celebrating their own disability identity.

References

Abes, E. S., & Darkow, D. C. (2020). Using crip theory to create campus cultures that foster students' disability disclosure (practice brief). *Journal of Postsecondary Education and Disability*, *33*(3), 223–231. https://eric.ed.gov/?id=EJ1281097

Abes, E. S., & Wallace, M. M. (2020). Using crip theory to reimagine student development theory as disability justice. *Journal of College Student Development*, *61*(5), 574–592. https://doi.org/10.1353/csd.2020.0056

Abrams, E. J., & Abes, E. S. (2021). "It's finding peace in my body": Crip theory to understand authenticity for a queer, disabled college student. *Journal of College Student Development*, *62*(3), 261–275. https://doi.org/10.1353/csd.2021.0021

Americans With Disabilities Act of 1990, 42 U.S.C. § 12101 *et seq*. (1990).

Bone, K. M. (2017). Trapped behind the glass: Crip theory and disability identity. *Disability & Society*, *32*(9), 1297–1314. https://doi.org/10.1080/09687599.2017.1313722

Curtis, R. S., Hall, A., Weaver, S., & Meyer, J. (2018). Personal and collective disability identity development. *Développement Humain, Handicap et Changement Social / Human Development, Disability, and Social Change*, *24*(1), 7–20. https://doi.org/10.7202/1086201ar

Davidson, J., & Henderson, V. L. (2010). 'Coming out' on the spectrum: Autism, identity and disclosure. *Social & Cultural Geography*, *11*(2), 155–170. https://doi.org/10.1080/14649360903525240

Dolmage, J. T. (2017). *Academic ableism: Disability and higher education*. University of Michigan Press.

FitzGerald, C., & Hurst, S. (2017). Implicit bias in healthcare professionals: a systematic review. *BMC medical ethics, 18*(1), 1-18. https://doi.org/10.1186/s12910-017-0179-8

Forber-Pratt, A. J. (2019). (Re)defining disability culture: Perspectives from the Americans with Disabilities Act generation. *Culture & Psychology*, *25*(2), 241–256. https://doi.org/10.1177/1354067X18799714

Forber-Pratt, A. J., & Aragon, S. R. (2013). A model of social and psychosocial identity development for postsecondary students with physical disabilities. In *Emerging perspectives on disability studies* (pp.1-22). Palgrave MacMillan, New York.

Friedensen, R. E., & Kimball, E. (2017). Disability and college students: A critical examination of a multivalent identity. In J. Huisman & M. Tight (Eds.), *Theory and Method in Higher Education Research* (Vol. 3, pp. 227–245). Emerald Publishing Limited. https://doi.org/10.1108/S2056-375220170000003013

Gibson, J. (2006). Disability and clinical competency: An introduction. *The California Psychologist, 39*(6), 6-10.

Hong, B. S. S. (2015). Qualitative analysis of the barriers college students with disabilities

experience in higher education. *Journal of College Student Development*, *56*(3), 209–226. https://doi.org/10.1353/csd.2015.0032

Jenks, A. (2019). Crip theory and the disabled identity: Why disability politics needs impairment. *Disability & Society*, *34*(3), 449–469.

https://doi.org/10.1080/09687599.2018.1545116

Johnstone, C. (2004). Disability and identity: Personal constructions and formalized supports. *Disability Studies Quarterly*, *24*(4). https://doi.org/10.18061/dsq.v24i4.880

Kafer, A. (2013). *Feminist, crip, queer*. Indiana University Press.

McRuer, R. (2006). *Crip theory: Cultural Signs of Queerness and Disability*. NYU Press.

Newman, L. A., & Madaus, J. W. (2015). Reported accommodations and supports provided to secondary and postsecondary students with disabilities: National perspective. *Career Development and Transition for Exceptional Individuals*, *38*(3), 173–181. https://doi.org/10.1177/2165143413518235

Peters, M. (2022). Caring classrooms in crisis: COVID-19, interest convergence, and Universal Design for Learning. *Disability Studies Quarterly*, *42*(1).

Rendón, L. I. (2012). *Sentipensante (sensing/thinking) pedagogy: Educating for wholeness, social justice and liberation*. Stylus Publishing, LLC.

Samulowitz, A., Gremyr, I., Eriksson, E., & Hensing, G. (2018). "Brave men" and "emotional women": A theory-guided literature review on gender bias in health care and gendered norms towards patients with chronic pain. *Pain Research and Management*, *2018.*