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# Influences on Perceptions of Students with Disabilities Regarding Services and Supports Rendered at Their Collegiate Institution

Taylor Leanne Mikalik
*West Virginia University*, tmikalik@mix.wvu.edu

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Collegiate Institution


Taylor Mikalik


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George Mamboleo, Ph.D., Committee Chairperson
Reagan Curtis, Ph.D., Member
Suzanne Hartman, Ph.D., Member
Nathan Sorber, Ph.D., Member

School of Education


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**Abstract**


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Taylor Mikalik

Over the past several generations numerous policies and laws have been established that have allowed people with disabilities to further their education. Students with disabilities enter higher education with varied experiences, which allows for a wide array of perceptions of the services and support provided on this level. The purpose of this dissertation was to study what these perceptions are and how these perceptions were formed; in hopes to encourage more students with disabilities to self-disclose and access beneficial services in the future. A semi-structured narrative interview was conducted with 8 students willing to self-disclose and who received services and support at a Northeastern University. It was determined that the services provided were seen as beneficial for their academic goals. Overall students had minimal barriers in the acquisition of services. Additionally, it was determined that although stigma was experienced by all participants, emerging in a total of seven themes: (1) family (this cultural and religious beliefs within the family unit), (2) educators, (3) staff, (4) classmates, (5) coworkers, (6) the general public, and (7) perceived stereotypes. However, these instances of experiencing stigma were not a reluctance factor in seeking services and support for 7 of 8 students. This suggests that although this Northeastern university is providing adequate service and support, strides can be made on the institutional level to continue exploring best practice in services. Additionally, universities need to be proactive in ensuring students know what services are available and how to get them. Lastly universities need to be leaders in the attempts to dissipate stigma.

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**Chapter I: Introduction**

In the not-so-distant past, people of all ages with disabilities were often institutionalized and forgotten. However, with the creation of new policies and laws, basic civil rights are being granted to people with disabilities. Children with disabilities, including infants and toddlers with disabilities, are now receiving services and supports that help guide them successfully through the educational system. These services and supports have allowed a large population to attain further education; something that would have been unheard of just a few decades ago. Students now have laws protecting their rights; requiring an appropriate and enriching education be provided, requiring education to not impose financial burdens causing families of children with disabilities to withdraw from services; and providing transitional services, no matter whether the transition be to an independent life, a workplace, or to a secondary or vocational setting.  The increased population of individuals with disabilities engaging in higher education can offer an abundance of insight from personal perspectives. This insight can be pivotal for colleges to better understand why services are or are not being utilized and how to improve those services.

The alteration in policies from K-12 have contributed to a larger population succeeding in grade school, therefore creating a rising population of students with disabilities attending higher education institutions. For instance, the number students with learning disabilities who graduate from high school and attend post-secondary education has increased steadily over the past 20 years (Foley, 2006), which in turn has contributed to the increase in the number of students with disabilities enrolling in post-secondary education (Eckes & Ochoa, 2005). This increase in enrollment would have been unheard of just a few decades ago. This increase is not only due to changes in policy and procedures during the K-12 years, but also in higher education. Higher education alterations would include the 2004 alteration to the Americans with Disabilities Act

(ADA), which prohibits discrimination of people with disabilities in public places, including

private schools (Russo & Osbourne, 2008); and the 2008 amendment, which clarified the term

"substantially limiting," which in turn allowed consideration for some people with episodic

impairments to qualify for accommodations (U.S. Equal Employment Opportunity Commission,

n.d.). Alterations such as these have influenced colleges and universities to create or enhance

disability services offices, which track the progress of students and the services provided, to help

facilitate access to higher education and the academic success of students with disabilities

(Wessel, et al., 2009).

Many of these policies force higher education facilities to recognize systemic issues

ingrained into their foundation, which may have been previously overlooked due to small cohorts

of students who utilized the assistance and services offered. However, with these growing

numbers and policy enforcements, such as the Americans with Disabilities Act, these once

ignored issues must be adjusted. Because of these policies, many colleges and universities have

disability services offices to help facilitate access to higher education and the academic success

of students with disabilities (Wessel, et al., 2009).

Even with sufficient adjustment and adherence to current policies, it is necessary to

acknowledge the numerous factors that influence students with disabilities' perception of the

need for services and supports in college. These perceptions are often weighed against past

experiences (Mamboleo, et al., 2020). Previous studies show these experiences can be comprised

of numerous elements that influence student behaviors when determining whether to seek

services or not. This can include whether the student views the services and supports as useful or

not (Cole & Cawthon, 2015; O'Shea & Meyer, 2016; Stein, 2013), how stigma influences the

student (Hong, 2015; Stein, 2013), whether real or perceived (Marshak, et al., 2010; Squires, et

al., 2018 ), what students believe the faculty behavior will be (Cawthon & Cole, 2010; Cook, et al., 2009; Mamboleo et al., 2020), and how students believe their peers will perceive them (Debrand & Salzberg, 2005; Mamboleo et al., 2020; Murray, et al., 2008). Additional factors influencing whether students seek services are internal factors such as self-perception (O'Shea & Meyer, 2016; Squires et al., 2018), type of disability and whether it is non-visible or visible, self-awareness (Cole & Cawthon, 2015; O'Shea & Meyer, 2016), and self-motivation (O'Shea & Meyer, 2016). These possible factors can either promote or create reluctance when seeking service depending on how the student perceives the experience.

It is also important to understand how and why educational environments have flourished or failed for the individual, as well as being able to recognize ways to adjust factors within the environment to allow for more suitable outcomes in the future. By exploring the nature of how environments evolve for students with disabilities, researchers can see how perceptions and policies materialize and are influenced, allowing insight for advancement and change. Through the utilization of a semi-structured narrative interview the researcher can gain a deeper knowledge of how students with disabilities perceive the services and supports provided to them in their higher education settings and aim to extrapolate previous experiences and their influences. These past experiences and their influences can then be reviewed through a critical theory lens focusing on Bourdieu's forms of capital and Foucault's power and knowledge; then cross examined with Bronfenbrenner's ecological model. This method should allow for insight on how these influences shaped students with disabilities' current perceptions of services and supports received and provide useful feedback on how to realign current services to better fit the needs of these students.

To accomplish this, a fusion of critical theory, specifically Pierre Bourdieu's Forms of Capital and Michel Foucault's power and knowledge as understood in Foucault's (1973) "Birth of the Clinic,", with Bronfenbrenner's ecological model seems to be most fitting due to the nature of the theories and the way they seemingly overlap one another. Bronfenbrenner's ecological model allows one to observe and better understand how society has shaped our perspectives through facets called the microsystem, mesosystem, exosystem, macrosystem, and chronosystem, which represents how interaction of and between systems impacts developing individuals (Bronfenbrenner, 1994). This allows researchers to explore different factors shared by participating students with disabilities on how they were influenced by their environment.

**Statement of the Problem**

Over the past several generations numerous new policies and laws have been established that have allowed people with disabilities to further their education. Students with disabilities enter higher education with varied experiences. These varying experiences allow for a wide array of perceptions of the services and supports provided on this level. The purpose of this dissertation is to study what these perceptions are and how these perceptions were formed; in hopes to encourage more students with disabilities to self-disclose and access beneficial services in the future.

**Significance of the Problem**

By better understanding the perceptions of students with disabilities in higher education, it is hoped the researcher will gain an overarching view of past experiences, and how these experiences have led to the students' perceptions regarding services and supports provided in college. Information gleaned from this study will allow for a deeper insight into these

perceptions as well as offer insight on how students with disabilities can be better supported. This information could also be vital in promoting institutional changes.

**Purpose of the Study**

The purpose of this study, therefore, is to review students' perceptions of the services and supports they receive for their disabilities in a college setting, and to evaluate what influenced these perceptions.

**Research Questions**

For this study, the researcher has interviewed self-disclosed participants who are in college at Northeastern University (pseudonym) and have some form of disability qualifying them for services or supports from the university. Participants were asked to develop timelines regarding their past experiences with services. The timelines allowed for recall during the online semi-structured narrative interview process. Semi-structured narrative interview transcripts, accompanied by timelines developed for stimulated recall, were then analyzed for the following research questions:

1. What are the perceptions of college students with disabilities regarding the services at their college?

2. How does the level of access to services and supports earlier in life impact the way students with disabilities seek services and supports in college?

3. For those students with disabilities who are reluctant to seek or utilize services in college, what are the factors influencing their reluctance?

## Chapter II: Literature Review

To better understand what influences the perceptions of students with disabilities regarding services and supports provided in college and how this knowledge can be transposed into best practices for higher education, an in-depth literature review has been undertaken. First an extensive background of disability law and policy from K-12 to higher education was examined. Policy and law was the focus of this increased enrollment of students with disabilities into higher education facilities, although it is acknowledged that increased diagnosis could also be a factor. Following the law and policy review, an all-encompassing review of the theoretical frameworks was utilized, including an examination of how these theories fit. This was followed by a review of the behaviors and perceptions of students with disabilities regarding services and supports, such as usefulness and stigma.

### Disability Law and Policy from K-12 to Higher Education

In the past, people with disabilities were not seen as a societal category separate from those without disabilities, as they are today. For example, in Ancient Greece and Rome life expectancy was shorter for a healthy person; it was even shorter for those who suffered from disabilities, due to lack of proper care (Braddock & Parrish, 2001), but that was the extent, and the difference did not require a label.  Later, disability was treated by society as a contagious disease, a punishment for evil doing, and an ailment that was to be hidden away and institutionalized dating back as far as the Middle Ages (Braddock & Parish, 2001), except for those who were deaf or blind (Braddock & Parish, 2001). It was not until the 1900's when laws and policies began to be put into place acknowledging the abilities of this population, the violation of basic human rights, and the need to accommodate a higher quality of life.

The development of these new policies was gradual, and did not fully encompass quality of life or the need for education, until the more recent past. For people who were deaf, the first school in the United States was opened in 1817 (Winzer, 2009). For those who were blind the Braille system was published shortly after in 1829 (The Editors of Encyclopedia Britannica, 2021) and introduced into education institutions in the 1830's (Winzer, 2009). However, people with other types of disabilities were often sent to hospital-schools (Berger, 2013), and later to institutions and asylums (Smart, 2009). These facilities were often over-populated, under-staffed, and unfit to care for the large numbers of people they held. The population in many of these facilities were neglected and mistreated, and methods of education, if any, were usually monotonous labor of no real value to the individual (Smart, 2009). Although states adopted laws requiring education for children with disabilities, they were seldom upheld until after the Civil Rights Movement period. The Civil Rights Movement was a social movement to end segregation and discrimination for African Americans in the United States, but it paved a path for people with disabilities to achieve equal rights as well. This is due to the creation of "The Civil Rights Act" in 1964. "The Civil Rights Act spurred a major focus on prohibiting discrimination in education, social services, and other federally sponsored activities" (Winzer, 2009, p. 105). The case of *Brown v. Board of Education* (1954), which deemed segregation of white and black students in the public-school system to be unconstitutional, was an important case in creating this new legislation, and later a foundation for people with disabilities to start implementing social change. The changes came largely due to advocacy groups and the parents of children with disabilities fighting for the same rights to equal educational opportunities that had been gained by racial and ethnic minorities (Russo & Osborne, 2008).

Advocacy groups spurred numerous policies/acts to be put into place for people with disabilities. Some of the more notable policies/acts for children with disabilities in the educational system can be seen in Figure 1: Timeline below and include the Elementary and Secondary Education Act also referred to as Public Law 89-10 (Winzer, 2009) which has been reauthorized numerous times and includes the Improving America's Schools Act of 1994, the No Child Left Behind Act of 2001, and the Every Student Succeeds Act of 2015; the Rehabilitation Act , which includes the Free and Appropriate Public Education (FAPE);  and Section 504, the Education for all Handicapped Children Act, now known as the Individuals with Disabilities Education Act (IDEA) (Russo and Osborne, 2008).

*Figure 1: Timeline disability policy/ acts*
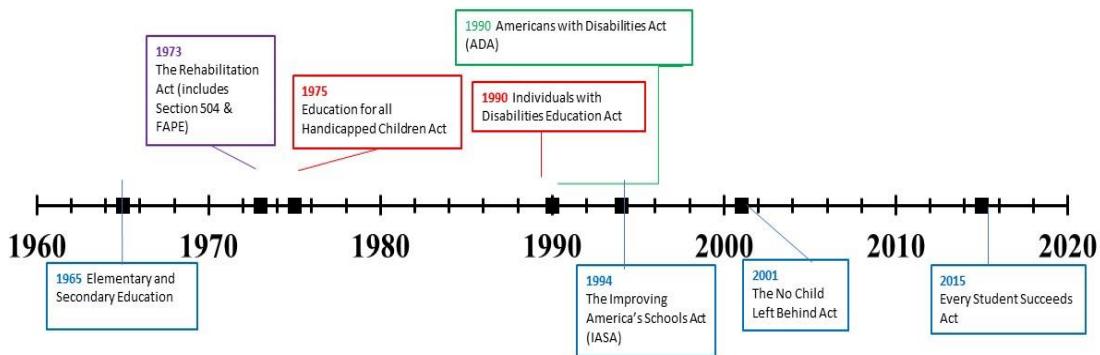
***Elementary and Secondary Education Act***

The first major broad-scale education act to be established was in 1965 and known as the Elementary and Secondary Education Act (ESEA) and was known as part of the solution of the war on poverty (Social Welfare History Project, 2016). The ESEA authorized state-ran programs in school/districts that meant qualification and were willing to participate. These state-run programs focused on raising achievement levels of students who were struggling. These struggling students included students who needed to learn English,  had disabilities, mobility problems, learning difficulties, poverty, or transient students (Washington Office of Superintendent of Public Instruction, 2016). In 1966 a subcommittee of the House Education and Labor Committee held hearings on the need to support the education of children with disabilities. In this hearing, the subcommittee learned that roughly one third of a 5.5 million population of children with disabilities were being provided an appropriate special education; the rest were either not enrolled or sitting idly in classes that were not supporting them (Colker, 2013). This discovery spurred several amendments, many with components benefiting children with disabilities. These included funding areas with lower socioeconomic status (Jeffrey, 1978; Social Welfare History Project, 2016), provided funds to state programs to educate children who were considered disabled, in an age range from birth to 20, as well as providing support to state ran institutions that assisted children who are disabled (Winzer, 2009). Title II was put in place to fund preschool and support libraries and the acquisition of textbooks. Title III created the Adult Education Act of 1966 and mandated that educational programs to be provided to students who needed special education or related services year-round, whether school was in session or not, and gave authorization to establish the Bureau of Education for the Handicapped and A National Advisory Committee on the Handicapped (Winzer, 2009). It also established definitions and

limitations related to the law, dedicated to the education of people with disabilities (Jeffrey, 1978; Social Welfare History Project, 2016), and acknowledged students with limited English proficiency, hence creating the Bilingual Education Act (Immigration to the, 2015).

ESEA was reauthorized in 1994 to The Improving America's Schools Act (IASA). The Improving America's Schools Act of 1994 had amendments that lead to the creation of numerous programs that enhanced the educational process for all students, especially those with disabilities. These changes included the Title I program, technology programs (which influenced assistive technology) and alterations to the Bilingual Education Act to receive additional funding (Stedman, 1994). ESEA was again reauthorized in 2001 to The No Child Left Behind Act. The No Child Left Behind Act of 2001 included accountability to demonstrate that students were meeting outcomes, an increase in parental choice to move to higher performing schools in their district and/or alternative educational options such as tutoring (Weishaar, 2007). ESEA was reauthorized once again and became the Every Student Succeeds Act of 2015. This reauthorization required each state to provide the following: a state plan to serve as guideline which must be made in coordination with other related laws and acts, proof that standards are being meant, a statewide accountability system, an identification method for schools in need of support, and annual state reports cards.  In addition to these new standards and requirements, came an expansion of funding opportunities that include school improvement grants, assessment grants, student support and academic enrichment grants, charter school grants (National Conference of State, 2016).

### *The Rehabilitation Act of 1973*

The Rehabilitation Act of 1973 prohibits discrimination based on disability in federal agencies (Winzer, 2009) and consists of serval sections to clarify further areas that prohibit

discrimination of disabilities. These sections include clarification for federal employment (section 501); in the employment practices of federal contractors (section 503); programs run by federal agencies and programs that receive federal financial assistance (section 504) (Employer Assistance and Resource Network on Disability Inclusion, 2019). Section 504 addresses the school environment and students' needs. This is done by making sure that students with disabilities get the kinds of educational services they need to succeed in school (Employer Assistance and Resource Network on Disability Inclusion, 2019). Children who qualify for a 504 plan have a record of impairment, have a physical or mental impairment which limits major life activities, and/or are regarded as having an impairment or a significant difficulty that is not temporary (Understood Team, n.d.).  Included under section 504 of the Rehabilitation Act, is the right to Free Appropriate Public Education (FAPE) to all qualified students with a disability. FAPE requires educational programs to be appropriate to the student's needs. To accomplish this, the program must be designed to meet the individual needs of a student with disabilities to the same extent that the needs are meant for a nondisabled peer, at no additional cost to the student's family. In some cases, special education, aids, and services are necessary to accommodate specific needs or may be needed to achieve the required level of appropriateness (U.S. Department of Education, 2010).

### *Education for all Handicapped Children Act of 1975*

The Education for all Handicapped Children Act ensured that children with disabilities in public schools that accept federal funds would get one free meal each school day and will have equal access to an education (Govtrack, n.d.). Additionally, Free Appropriate Public Education (FAPE) guidelines require education programs to meet the needs of students with disabilities to the same extent as it does nondisabled peers, at no cost, this includes meeting a range of needs

such as aids to assist the student, special education classes, and services to accommodate the student's needs (U.S. Department of Education, 2010). Additionally, this act required that school districts provide administrative procedures, also referred to as procedural safeguards, so that parents of children with disabilities could dispute decisions made about their children's education and required that students be placed in the least restrictive environment that allows the maximum exposure to their non-disabled peers (Govtrack, n.d.). This act also outlined what was to be classified as a disability and who could receive an Individualized Education Plan (IEP). This Act was amended in 1990 as the Individuals with Disabilities Education Act.

***Individuals with Disabilities Education Act***

The title of the Individuals with Disabilities Education Act was originally Education for all Handicapped Children Act in 1975, however with amendments made in 1990 it became the Individuals with Disabilities Education Act (IDEA). These amendments included person-first language by replacing "handicapped children" with "students with disabilities", expansion of disability classification to include autism and traumatic brain injury, and inclusion of transition planning for student with IEP's (Weishaar, 2007). In 1997, the IDEA was amended again to include procedures addressing discipline of children with disabilities. This included factors such as an IEP team membership mandate; the inclusion of children with disabilities in district assessments as determined by the IEP team; the inclusion of goals and objectives in the IEP; and functional behavioral assessments and behavior intervention plans with emotional or behavioral needs (Weishaar, 2007). In 2004, the IDEA was renamed the Individuals with Disabilities Education Improvement Act, yet it is still referred to as IDEA.

The IDEA has seven basic principles, all of which are crucial in ensuring that a fair and equal education experience is provided to children with disabilities, just as it would be to their

non-disabled peers. The first principle is zero reject/ child find.  Zero reject means that schools

cannot deny students with disabilities a free appropriate public education, even if they have been

expelled (Weishaar, 2007). The second principle is nondiscriminatory assessment. This means

that students who are suspected of having a disability must receive comprehensive and

individualized evaluation. The third principle is the need to have appropriate education that can

be individualized in accordance with the student's needs. The fourth principle is to ensure that

children are placed in the least restrictive environment. The fifth and sixth principle are geared

towards parents' rights with parental input in the IEP process, due process, and notification. The

seventh principle is the right to educational achievement (Weishaar, 2007).

***Americans with Disabilities Act (ADA) of 1990***

Often the policies that are specifically set for children do not fully translate into higher

education, this changed with the implementation of the Americans with Disabilities Act of 1990

(ADA), which prohibits discrimination against individuals with disabilities in both the public and

private sector (Russo & Osbourne, 2008). "Basically, the intent of the ADA is to extend the

protections afforded by Section 504 to programs and activities that are not covered by Section

504 because they do not receive federal funds" (Russo & Osbourne, 2008, p.17). To be more

specific, the ADA expanded the rights of people with disabilities by outlawing discriminatory

practices in employment, public accommodations, transportation, and telecommunications. This

means that the same rights and opportunities must be given to those with disabilities as their non-

disabled peers. In the college atmosphere, this translates to accessible facilities,

accommodations, and modifications.

**Theoretical Framework**

The theoretical framework utilized for this study consisted of a cross-sectional examination of interviewees responses under the critical theory lens focusing of Bourdieu's forms of capital and Foucault's power and knowledge as seen in Foucault's "Birth of the Clinic," (Foucault, 1973); then cross examined with Bronfenbrenner's ecological model. The critical theory framework allowed the researcher to view individuals, their life paths, and how their perceptions have been influenced by factors such as policy change, societal perception evolution, and the availability of education/life paths. All these factors played an integral role in the person's development, which are also seen through the lens and levels of the ecological model. Additionally, the ecological model provided insight into how culture and sub-cultures influenced the environments. By looking at the individual across their lifespan, the research was able to better understand how their belief systems, ideals, and expectations have evolved over time. Understanding perceptions of students with disabilities regarding services and supports provided in higher education allowed a voice to be given to students with disabilities, which in turn can perpetuate significant changes in how higher education institutions development and implementation of policies and assist with the realignment of services and supports for the rising population of students with disabilities attending these institutions.

*Critical Theory*

Critical theory's foundation has roots within social theory. In 1923, at the Frankfurt School many German philosophers and social theorists (Bohman, 2016) such as Kant, Hegel, Nietzsche, Freud, and Marx (Ozmon & Craver, 2008), began contemplating variations of critical theory. Horkheimer describes critical theory as a mode to liberate oneself (Horkheimer, 1972; Bohman, 2016). The ideals of the critical theorists have not changed, just the reality in which the

theorists live. For instance, today we have expanded these theories to recognize many feminist

theories and feminist approaches, critical race theory, cultural theory, gender and queer theory,

media theory and media studies, and the aim is still to critique society, social structures, and

systems of power, hence fostering egalitarian social change (Crossman, 2019).

Social theories are analytical frameworks that allow researchers to examine social

phenomena. These phenomena can include how society evolves, how behaviors become

normative, how gender roles form, how social hierarchies occur, and various other social

phenomena (Allan, 2013; Harrington 2005).  Critical theory looks at these same phenomena and

attempts to alter the pursuit of equality and justice. For instance, when reviewing historically

how people with disabilities were treated differently, and the limited rights given to this

population; both social theory and critical theory look at how and why this treatment evolved,

and why rights were limited based on societal views. Furthermore, critical theory allows for an

exploration of ways to confront and alter perceptions, allowing for equal treatment and rights. It

is this type of outlook that needs to be utilized in adjusting higher education environments to be

more conducive for those with disabilities.

### *Pierre Bourdieu- Forms of Capital*

Pierre Bourdieu work, 'The Forms of Capital,' states that, "Cultural Capital can exist in

three forms: in the *embodied* state, in the form of long-lasting dispositions of the mind and body;

in the *objectified* state, in the form of cultural goods (pictures, books, dictionaries, instruments,

machines, etc.); and in the *institutionalized* state such as academic qualifications" (Bourdieu,

2011, p.86). This definition is brought up due to the fact it is a form of capital which promotes

social mobility. Some people with disabilities can be at a disadvantage in respect to these forms

of capital, depending on the severity of the disability and the pre-existing social class to which they were born.

The embodied state suggests cultural capital is inherited. This could be through genetics, allowing one to be physically built in a manner that is more acceptable by society. This form of capital is not always given to people with disabilities, especially with physical disabilities. Those with physical disabilities, whether it be missing limbs or a missing chromosome that alters the outward appearance, may not fall into society's perception of normative. Additionally, some disabilities that weaken the muscles, such as muscular dystrophy or cerebral palsy, make one's attempts to acquire such a physical form, quite difficult. Even Bourdieu's linguistic capital, which is defined as the mastery of and relation to language (Bourdieu & Passeron, 1990) falls under this category, and could be hard to achieve for a person with a disability that affects their ability to speak or make certain sounds. For instance, someone who is born with partial hearing will likely never articulate as well as a hearing person. This is also true of someone who stutters. Both cases can cause hindrances in social interactions as well as educational attainment, whether the person's disengagement is due to missed information or embarrassment. In either case, the person does not fall into society's normative category, which then can cause hindrances due to stereotypes about one's perceived abilities.

According to Bourdieu (2011), the objectified state suggests that cultural capital is gained through goods (Bourdieu, 2011).  These goods are meant to be more abstract than monetary. By abstract, it is believed to be more of an experience that acquaints one with subject matter. For instance, cultural capital can be attending the theater, or a museum as means to gain a cultural experience. These activities can be costly. This cost proves to be problematic when considering persons with a disability has a higher rate of being impoverished (United States Census, 2010).

Poverty affects approximately 28.6 percent of people aged 15 to 64 with severe disabilities and

17.9 percent of adults with non-severe disabilities in the 2010 census report compared to the 14.3

percent of people with no disability being in poverty (United States Census, 2010).  Poverty

could be due to how people with disabilities have limited opportunities to earn income due to

societal perceptions of one's abilities, as well as physical and cognitive limitations due to the

disability (American Psychological Association, 2006). Societal perception may cause an

employer to assume that an employee who is blind would not be able to do office work or

assume an employee who is physically impaired that hindered their ability to walk would not be

able to give guided tours around the facility.  While in some severe cases this may be true, in

many cases with proper accommodations these duties are feasible, and therefore, should not

hinder employment. In addition to functional limitations caused by the individual's disability that

could prohibit one's ability to work, the disability is accompanied by increased medical

expenses, perpetuating possible poverty further (American Psychological Association, 2006).

The availability of funds can impact a student's educational attainment, which can affect

one's social class. Social class is the concept that people are grouped into hierarchical societal

categories according to their wealth. The categories often consist of lower, middle, and upper

class, which are referred to as socio-economic status.  These variations of socio-economic status

are attempted to be balanced through numerous methods such as social service agencies, district

tax adjustments and disbursements to create equal education opportunities, and other federally

funded programs. Yet, these attempts do not always reach the targeted population, whether with

or without a disability; nor do they guarantee an increase in cultural capital. Even if one were to

assume that a child who came from a well-to-do family would be privy to cultural capital

experiences, one must consider the severity of the disability and the demands placed on the

family to meet the child's needs. This could easily change their entire family's socio-economic status.

To better understand this, imagine a child with a mild learning. This child would reside in the general education classroom and would experience all the same lessons and activities as the children without a disability. However, outside of class the cultural capital they acquire would vary depending on their family's socio-economic status. If this child was from a family with a higher socio-economic status, this child would be more likely to have more experiences that would enhance cultural capital. For example, this child's class may be studying Shakespeare and this child has taken an interest in the topic. This child's family would be able to afford to take that child on holiday to England, explore the Globe Theater, take in a show, visit Shakespeare's birthplace, and so on. However, if this same child was from a middle-class family a holiday of this sort would likely be out of their budget. Instead, this child may be taken to the theater locally or in a nearby city to see a play. However, if this same child were from a family of lower socio-economic status, both options could be too expensive. Therefore, this child may resort to watching a rendition of a Shakespeare's play on television or online.

Lastly, Bourdieu (2011) mentions the institutionalized state, which suggests cultural capital is measured by one's academic success, such as education and skills. This can place people with cognitive disabilities at a less than advantageous state, especially when it comes to high-stakes testing (Brantlinger, 2006) and standardized tests (Harvey-Koelpin, 2006). Although this can vary in severity, additional work and effort that must be put forth by a student with a learning disability in comparison to a child without a learning disability is far from equal, and without considerations of the test being biased in regard to social class (Brantlinger, 2006).

Social class can also influence the institutionalized state. To better understand this, imagine a child with mild learning disabilities. This child would have some services and supports provided to them through the school system, because it is required by law. However, if this child had a higher socio-economic family, there would be a higher likelihood the child would attain needed material and supports to manage and possibly overcome this learning disability. For example, additional tutoring needs could not only be afforded, but the family would have reliable transportation to ensure the child gets to these tutoring sessions. The time or money to hire someone to take that child to the tutoring session would also be feasible if the family was of higher socio-economic status. Additionally, assistive technology would be affordable to a family with a higher socio-economic status. This would insure the child has the necessary, best-fitting technology for their needs. These benefits could allow this child to not only thrive but strive in future endeavors.

Now imagine if that same child was in a middle-class family. Although the family may have some money, they may not have enough money to provide as much tutoring or the best assistive technology available. Additionally, the middle-class family may not have the time to take the child to tutoring as often as the higher socio-economic family due to the need to work extra hours in order to pay for the tutoring. A middle-class family may not have the option of paying someone to take the child to tutoring. This child may in time be on level, and even strive later in life, but the process in achieving will not come as easily without their family having extra funds available.  Now, imagine a family with a lower socio-economic status. This child may only get what is available through the public education system. Additional tutoring may not only be unaffordable, but unattainable due to transportation restrictions. This child may never get enough

extra help to get on level. This child's future endeavors look less promising than the child's

whose family could afford extra supports and services.

It is also important to acknowledge how social class and the known disability may alter

the educational track within the education system. Depending on ability, goals, and the interests

of the child, the goal may be college preparation, vocational preparation, or workforce entry. Of

course, with policies and laws such as the Individuals with Disabilities Education Act (IDEA),

which requires students to receive a free and appropriate education (Russo& Osbourne, 2008)

and the Americans with Disabilities Act (ADA), which prohibits discrimination against people

with disabilities and requires accommodations to be made available (Colker & Milani, 2016),

there is hope they will not automatically set the student upon a track less fitting due to their

disability/disabilities. These educational tracts have a standard they are supposed to meet to be

suitable for the student's goals and objectives, but this does not necessarily translate into true

equality or cultural capital.

### *Michel Foucault- Power and Knowledge*

Michel Foucault practiced a mixed lens of Marxist theory (Allan, 2013) and critical

theory from a historical perspective: an approach that has gained traction with researchers in

disability's studies due to previous difficulties embracing frameworks from cultural studies and

sociology of the body (Hughes, 2015). Foucault was interested in power: how it was built, and

how it could be re-built to better serve the population it was suppressing.  He accomplished this

feat by focusing on the importance of studying power relations from the point of view of those

who are subjected to power (Yates, 2015). Often the point of view is attained by those who are in

power or are considered to be experts, also referred to as the hegemonic power. Foucault focused

on the suppressed groups allowing for them to have a voice, offering a seldom heard side.

Disability studies serve a population of people who are labeled disabled or differently abled. They possess a physical, mental, or intellectual disability limiting one or more of life's major activities (Russo & Osborne, 2008). These variations of abilities have rendered an entire population to be seen as different according to societal norms, which has evolved into a form of hegemonic power.

Foucault believed knowledge and power were directly intertwined because those with power had access to knowledge and those with knowledge had the ability to create systems of power, hence creating social control. An example of this is in Foucault's "Birth of the Clinic," (Foucault, 1973) where he addresses the historical movement of medical language, through what is called the medical gaze.  The medical gaze evolves into a method of discourse which ultimately labels the human, making the patient no longer a human but an entity or subject to be studied and cured, hence objectifying them. Simultaneously, knowledge has been created that gives clinician's power. Hughes (2015) describes this as the moment that "paves the way for the distinction between the normal and the pathological" (pg. 82). This clinical distinction identified and established impairments as characteristics of the condition, which in turn develops a social stigma around the distinction for being different from societal norms (Hughes, 2015).

It could be argued that there has always been this distinction, but Foucault would argue this is not necessarily the case. For example, in Foucault's *Madness and Civilisation* (Foucault, 1967), he expresses how people who would be considered to have a mental illness by today's standards were simply seen as being different, but now are seen as needing to be cured.  Upon creating this new realm of understanding or system of knowledge, a new environment is created which now contains a more specified power struggle. It was within this system Foucault wanted

to understand how certain human acts, practices, behaviors, or characteristics emerged (Yates, 2015).

Through understanding of how certain human acts, practices, behaviors, or characteristics emerged; one can then begin to understand how societal views are formed. This allows one to better understand how these views impact society. For instance, if a child is brought up in a culture where learning sign language is normal due to the large population of people with hearing impairments within that society, it is likely that they will pass this behavior to future offspring. Additionally, if the society they live within views hearing impairments as being "normal" then it is less likely there will be a stigma associated with hearing impairments, and more likely that accommodations will be made for those with hearing impairments. However, this same concept can unfold differently if hearing impairments were not accepted in a particular society. In this case, it would be less likely that future generations would be taught to be understanding of those with hearing impairments and society would be less likely to have readily available accommodations. Therefore, Foucault deduced that power categorizes individuals and imposes a law of truth they must recognize in themselves, and others must recognize in them (Dreyfus & Rainbow, 1982; Yates, 2015).

These examples demonstrate how society embraces or rejects those with hearing impairments, and how labels of acceptable or unacceptable materialize. In both cases this label determined the treatment of this population, determining their reality for them. If society deems hearing impairments acceptable, others take no notice to the hearing impairment, and life is considered normal for all parties. Yet, if society deems hearing impairments unacceptable, the stigma becomes engrained in the population. The population is then forced to notice a difference; forcing the person with the hearing impairment to notice the difference as well. This is the cycle

of knowledge is power, and power is knowledge. Foucault has addressed this in several different variations throughout his works. This cycle has proven to be very interesting and useful in examining students with disabilities and the realms in which they are immersed. By understanding how society has labeled and stigmatized this population throughout history, one can see how a power struggle has occurred and affected their environment. Diagnosis has become grounds for determining student's capabilities, this in turn influences perceived expectations and behaviors expected of those students. These perceptions provide a knowledge base outlined by those in power for society to abide by. Yates (2015) states, "these forms of knowledge and power constitute what is desirable to be done with people, how they are to be understood, related to, organized, and so on" (p. 68).

In many ways society has evolved past previous the notion that those who are different are also somehow deviant. Every day more policies are being created, civil rights are being acknowledged, and advocacy groups are being assembled; but would this have ever been needed if this human need to coin a difference had never materialized. Concerns such as this within disability studies can lead one to wonder if current advancements are truly justices, or just a frail attempt to rectify past injustices. For example, the Civil Rights Movement was a social movement to end segregation and discrimination for African Americans in the United States, but it also paved a path for people with disabilities to achieve equal rights. This is due to the creation of Civil Rights Act in 1964, which prohibited discrimination (of race, color, religion, sex, or national origin) in education, social services, and other federally sponsored activities (Winzer, 2009). The creation of this act has perpetuated numerous advancements in the creation of laws for people with disabilities. The fact that there have to be laws to secure equal opportunity for any population is an injustice in itself. Had labels never been developed, stigmas would never

have been attached. Had stigmas never been attached, rights would have never been denied in the

first place.
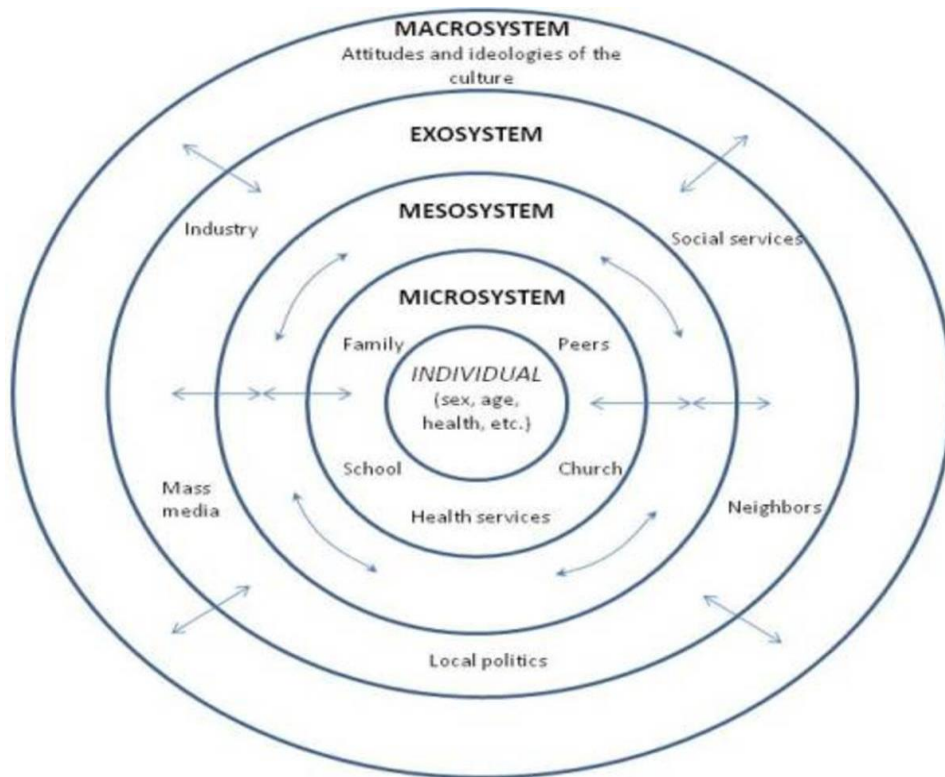


(Social Ecological Model, 2021)

### *Urie Bronfenbrenner- Ecological Model*

The other model that has been intertwined with Bourdieu's and Foucault's theories was

Bronfenbrenner's Ecological Model on Human Development (Bronfenbrenner, 1994, 1995a).

Although this model looks specifically at how an individual develops, it was also viewed as a

more detailed version of social theory, the foundation of critical theory. Bronfenbrenner's

Ecological Model allows one to observe and better understand how society has shaped our

perspectives. These societal views are developed through facets called the microsystem,

mesosystem, exosystem, macrosystem, and chronosystem, which represent how interaction of

and between environment impacts developing individuals. These facets can be reflective of the

environment the individual had to adapt to. For people with disabilities, their environment has

influenced their beliefs about their abilities, services available and rendered, the standard of

those services, and beliefs regarding the institution's level of care. Therefore, if a child with a

learning disability was raised in an environment that taught them that they could overcome all

odds, had excellent assistive technology, and superior teachers and tutors; this child would grow

up to expect similar standards in future education endeavors. If their future education did not

provide the same standard their views of that institution's level of care would be negative.

This chain of influences that shape and create environments, societal norms, and personal

perceptions, can be better understood once one knows what the Ecological Model consists of.

The ecological model was first introduced by Urie Bronfenbrenner in the 1970's

(Bronfenbrenner, 1994, 1995a), and has been revised, expanded, and honed numerous times. The

overall purpose of this model is to better understand human development; and is exemplary of

the idea that there are many ways of knowing (Bronfenbrenner, 1995b). However, it is noted to

do so one must consider the entire ecological system in which growth occurs (Bronfenbrenner,

1994). To better allow for this understanding, Bronfenbrenner developed a system of five

organized subsystems to help support and guide the understanding of human growth

(Bronfenbrenner, 1994). Additionally, there are two propositions specifying the defining

properties of the model researchers should follow (Bronfenbrenner, 1992, 1994).

The first proposition states human development, especially in the early years, takes place

through interaction. Often these interactions are between the child and parents, objects, and

symbols in the child's immediate environment (Bronfenbrenner, 1992, 1994). For these

interactions to take root they must happen regularly, which is referred to as the proximal

processes (Bronfenbrenner, 1994, 1995a). The second proposition reviews how these interactions

form. This is determined by one's environment and can influence relationships as they

materialize. This influence can be both immediate and remote (Bronfenbrenner, 1994, 1995a).

Often, social class is given as an example of the second proposition. This example can provide

various paths in which it could affect one's proximal process. For instance, if one is from a lower

social class, it may be likely that the parent of that child is not as available to have genuine

interaction with their child due to the need to have both parents working (Conger, 1994). This in

turn could lead to lower developmental rates for the child. Whereas, in a middle-class family,

one parent may be able to stay at home resulting in more one-on-one interactions, enhancing the

development of the child.

   Therefore, to capture how interaction influenced development and how interactions

intertwine between environments, Bronfenbrenner formulated a system constituting of five

subsystems: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. All

these systems reflect how different environments produce discernible differences for those living

within the system while linking lives with content (Bronfenbrenner, 1994). The Microsystem is

defined as a "pattern of activities, social roles, and interpersonal, relations experienced by the

developing person in a given face-to-face setting with particular physical, social, and symbolic

features that invite, permit, or inhibit engagement in sustained progressively more complex

interaction with, and activity in, the immediate environment" (Bronfenbrenner, 1994, p. 1645)

This area consists of interactions with family, school, peer groups, and the workplace in respect

to older subjects. Additionally, Bronfenbrenner considered the idea of "significant others" as also

having an influence on developing beings. This category includes parents and teachers as well as

mentors, spouses, close friends, and associates.

The mesosytem is a system of microsystems, which reviews how two or more settings containing the developing person interact and influence the outcomes of that person's development (Bronfenbrenner, 1994).  An example of this can be evaluating how the home life and school life intertwine. This can also have numerous paths and outcomes. An example of this would be if a child with a learning disability required additional assistance with their homework but resided in a household where the parent does not assist with homework. In turn this lack of assistance could cause the child to fall further behind in their academics, thus causing additional problems in their school life.

The exosystem consists of two or more settings, where one of the settings does not contain a developing person, but indirectly influences that person's life (Bronfenbrenner, 1994). An example of an exosystem would be a child for whom the relation between the home and the parent's workplace could impact the child's development. For instance, if the parent has a job which allows flexibility so that the parent can leave with little notice to attend to their child and that child's disability concerns; it is less likely the parent is stressed when at home. This avoids the possibility of toxic stress for the child. However, if the parent is employed in a position where flexibility to attend to their child's needs and disability concerns is not attainable, it could cause stress. This stress would likely be brought home in any number of possible manners, which in turn would affect the child's home life, health, and/or the relationship they have with their parent. This example could easily be expanded to a fourth setting such as school life. If the parent is stressed due to work which affects the home life and their relationship with their child, the child could then have problems at school due to the situation. These problems may materialize in varying ways, such as having problems in their academics, lessening or negative social interaction with classmates, evolving behavior problems, self-isolation, and so on.

The macrosystem looks at how the micro-, meso-, and exosystems overlap in cultures to develop the belief systems, customs, lifestyles, and acceptable knowledge that are embedded in each of these systems (Bronfenbrenner, 1994). This system is particularly important to individuals with disabilities. An example of this could be if a researcher wanted a person with disabilities to judge available resources and services based on what that person believes to be acceptable in accordance with their previous personal experiences; one can get a better understanding of how these previously mentioned systems influenced their perspectives. For instance, if the student with a disability believes the services and accommodations are to be automatically available to those who need to utilize them, it is likely due to the fact they grew up in an environment where these resources were readily available. It is a foundation of understanding and knowledge engrained within them due to their experiences. This could be because their parents and/or school were sure to provide such services, which symbolically confirms this was simply how things worked. If the student believes these services and accommodations are shameful to utilize, it shows the environment they grew up in had a societal stigma attached to the offered services, and probably disabilities in general.

Lastly, there is the chronosystem. This system has parameters extending the environment into a third dimension, the passage of time (Bronfenbrenner, 1994). This system suggests historical events can alter the course of human development not only for individuals, but for large segments of the population (Bronfenbrenner, 1995a). This is an example of how societal beliefs have emerged and changed over time concerning disabilities, which has resulted in wide changes in law, policy, and teaching methods in the academic realm for students with disabilities. This can be seen in the creation of laws such as Elementary and Secondary Education Act, which has been reauthorized numerous times, taking form as the Improving

America's Schools Act of 1994, the No Child Left Behind Act of 2001, and the Every Student

Succeeds Act of 2015 (Russo & Osborne, 2008), all of which have focused on improving

educational opportunities for children in elementary school. Part of this improvement has

included teaching methods. For instance, these laws have influenced the push for inclusion in the

classroom. In the past, students with disabilities were educated separately from other students,

even though specialized education was not always a necessity of their disability, they are now

included in the general education classroom as much as possible. This has not only allowed more

peer interaction, but it has also allowed the school to create a more inclusive curriculum that can

be further modified with the assistance of an Individual Education Plan (IEP) for specialized

instruction. These alterations have allowed numerous children to thrive in school and progress to

further education opportunities that were previously unattainable for many.

### Theories Working Together

Regarding both Foucault's and Bourdieu's critical theories, Urie Bronfenbrenner's

ecological model provided a more detailed rendition of the social theory that critical theory

encompasses. The ecological model is a foundation to understanding how the environment in

which one grows and develops influences a person and the generations to follow. This

environment is also reflective of how past generations have traveled through their own series of

events to get to where they are, and how they are influential to the primary subject. The cycle is

past, present, and future. Understanding this cycle also allows for a better understanding of how

knowledge is determined and how beliefs become engrained.

This understanding complements Foucault's theory, knowledge is power, and power is

knowledge, as seen in the "Birth of the Clinic," where a designated group with power determined

what disabilities consisted of, how the ailment or affliction should be labeled and addressed; and

what capabilities were held by this population (Foucault, 1973). These views are what became

acceptable knowledge for this generation of people, and it can be seen for generations after.

Through this societal form of accepted knowledge also arose stigmas due to the belief that

people with disabilities needed to be fixed or cured. These stigmas then lead to deeply held

beliefs about an entire population that lead to numerous injustices, such as discrimination, which

are still seen in the schools today (Cooney, et al., 2006).

       The creation of this knowledge leads to a belief in how people with disabilities were to be

handled. In the past, it was an unjust societal norm that people who had disabilities were

secluded and isolated from the community, usually stored away in institutions (Smart, 2009).

Where this population was forced to live amplified the stigmas within the macrosystem. For

those who were not institutionalized, they were subjected to a population who feared what they

did not understand.  Sadly, this belief was then reinforced by films that often-portrayed people

with disabilities as villains (Smart, 2009). These views portrayed people with disabilities as

outsiders to the public. Suggesting that people with disabilities were incapable of ever being a

functional part of society and were side show spectacles. This mind-set became so engrained in

society that the negative and inaccurate depictions of people with disabilities contributed to a

lack of opportunities and civil rights for people with disabilities for decades (Smart, 2009).

       This lack of civil rights for people with disabilities can be seen in the creation of laws and

in some case the lack of consideration in laws. For instance, there was once a law referred to as

the "Ugly Law" which allowed facilities to deny services to people who had deforming

disabilities (Coco, 2010). Additionally, many laws had to be created just to address concerns of

unequal opportunities for people with disabilities. These concerns included the lack of accessible

facilities, lack of accessible public transportation, and the lack of accommodation in both the

work force and within the educational system available to people with disabilities. Due to advocacy by both people with and without disabilities, laws and policies have been created to address the injustices over the past several decades.

These laws and policies have enabled people with disabilities to lead fuller lives as the individuals they are. These laws have also led to the realization that people without disabilities have designed a society based on the false assumption that there are few people with disabilities, but in fact, disability is both common and natural (Smart, 2009). This fact has led to an alteration of acceptable knowledge. Although this new form of knowledge shows great acceleration in the treatment of people with disabilities and in the alterations made to ensure equality, these new views have not fully taken root in today's society. This is yet another example of how previously ingrained knowledge has been handed down across the generations. In both cases, whether it be previously engrained knowledge or new understanding, the information travels through the microsystem, to exosystem, to the macrosystem impacting how and what is believed. This evolution in turn influences how and what policies are created, and what resources are made available.

Bronfenbrenner's theory also considers how one's life overtime can be influenced by one's proximal processes through endurance of repeated experiences within one's environment, in particularly socio-economic status. He believes one's wealth, or lack of, can influence stability, the ability to get genuine connection within the home life, the likelihood of experiencing different social and educational benefits, and possible connections with "significant others" that could help one's advancement (Bronfenbrenner, 1995a). This in turn ties in with Bourdieu's theories on cultural capital, primarily in the objectified state (pictures, books, dictionaries, instruments, machines, etc.) and institutionalized state (academic qualifications)

(Bourdieu, 2011), because both benefit from funding.  As mentioned previously, people with disabilities often experience economic disadvantage (United States Census, 2010). Often economic disadvantage experienced in childhood through a familial setting. Additionally, in these cases, parents experience an increased cost of care for the child with a disability (Eddy & Engle, 2008) such as treatment expense, therapies, living assistance, and a variety of material needs (i.e., specialized equipment and assistive devices). These additional expenses can create or perpetuate disadvantages in a family's economic standing. This economic disadvantage can limit one's ability to obtain key material or services that would perpetuate cultural capital, such as learning devices or private tutors. This economic disadvantage, although still very real, has lessened with new laws within the exosystem that then impact the person's microsystem.

**Support Seeking Behaviors and Influences**

The numerous policies and laws established for students with disabilities is one of the primary factors that have assisted in the rise of enrollment in the higher education arena by this population (Holmes & Silvestri, 2019; National Center for Education Statistics, 2016). Although many students report some form of disability in college (O'Shea & Meyer, 2016), others do not report their disabilities (Cook et al., 2009). This lack of disclosure can mean students are not receiving the extra help they need and may become less likely to obtain a degree (Lightner, et al., 2012; Mamboleo, et al., 2018), hence causing a concern with retention rates and academic performance (Mamboleo et al., 2020; Tinto, 1975, 1993). Additionally, this may skew perceived amounts of services or types of services available. To better grasp why students fail to self-disclose a disability, it is necessary to review what elements may be considered determinants for disclosure. This disclosure seems to be weighed against past experiences, and the perceptions

from those experiences; whether the experience was positive or not, and whether there was a stigma associated (Mamboleo et al., 2020).

Previous studies show these experiences can be comprised of numerous elements influencing student behaviors for determining whether to seek services or not. This includes whether the student feel that the services and supports offered are useful or not (Cole & Cawthon, 2015; O'Shea & Meyer, 2016; Stein, 2013), whether stigma is an influence (Hong, 2015; Stein, 2013), and if that stigma is real or perceived (Marshak et al., 2010; Squires et al., 2018). This stigma can also include the students' beliefs of another's actions or behaviors, such as faculty member (Cawthon & Cole, 2010; Cook et al., 2009; Mamboleo et al., 2020), or peers (Debrand & Salzberg, 2005; Murray et al., 2008; Mamboleo et al., 2020). Other factors include self-perception (O'Shea & Meyer, 2016; Squires et al., 2018), self-motivation (O'Shea & Meyer, 2016), self-awareness, type of disability, and visibility of disability (Cole & Cawthon, 2015; O'Shea & Meyer, 2016). These past experiences inform perceptions as either positive or negative, which in turn influences students' support seeking behaviors.

To some accepting these accommodations would seem inherently beneficial, especially because research has found that students with disabilities utilizing accommodations in higher education are more successful (Mamboleo et al., 2020). However, research suggests that often students with disabilities do not request accommodations as much as would be expected (Cole & Cawthon, 2015). To take advantage of services and supports provided in higher education, a student must first make a conscious decision to self-disclose their disability to the institution's office of accessibility (Cole & Cawthon, 2015). The self-disclosure process is not without barriers depending on the student's knowledge of how to begin, where to apply, or what is needed in the application process.

For those who do self-disclose, this ability is often reinforced by previous environmental factors such as school and family support, which are often positive influence of empowerment for one's self-advocacy and self-awareness. Additionally, this self-disclosure plays an intricate role in academic success (Kim & Lee, 2016). O'Shea and Meyer's (2016) research details positive and meaningful high school experiences of participants, often when interacting with teachers and counselors, that later had influence on their ability to self-advocate. Having this skill set instilled prior to college seems very beneficial because it is needed at the college level. For example, the importance of self-advocacy in the college setting consists of being able and willing to talk with instructors to describe their needs, being prepared with proper forms, and proof when applying for accommodations (Francis, Duke, Fujita, & Sutton, 2019). Additionally, Francis, Duke, Fujita, and Sutton (2019) highlights participants renditions of how beneficial family supports are, as emotional support, financial support, and academic encouragement.

Having this empowerment from teachers and parents likely results in a better understanding of one's diagnosis, self-awareness, and likelihood of participating in determining what is needed to succeed (such as IEP or 504 involvement). It is likely that these previous exposures and encouragements also help solidify the benefits of the services these students are requesting. Often students refer to needing services or acknowledging that services help them succeed (Cole & Cawthon, 2015; O'Shea & Meyer, 2016; Stein, 2013). Chiu, Chang, Johnston, Nascimento, Herbert, and Niub (2019) specifically mentions students with disabilities recognizing note taking and similar services being beneficial. These views suggest that these services are form of capital.

Students who choose non-disclosure or not to utilize the accommodations granted, may have a less conscious reasoning. This non-disclosure may be due to not being fully aware of

where ones social identity stands, lack of knowledge from high school experience, knowledge about whether one has a disability would qualify (Francis et al., 2019), a lack of familiarity with process,  knowledge of what accommodations are available (Cole & Cawthon, 2015), confusion about accessibility services, or lack of training in how to explain their disability (Marshak et al., 2010). Other, more conscious decisions for non-disclosure could also include visibility or non-visibility of the disability (Mamboleo et al., 2020), stigma in general, as well as  the fear and embarrassment of being singled out (Chiu et al., 2019; Cole & Cawthon, 2015; Hong, 2015; Marshak et al., 2010), a motivation to assert independence (Squires et al., 2018), a need to be self-sufficient (Chiu et al., 2019), concerns of being resented by peers for special treatment (Hong, 2015), and perceived willingness of faculty to provide accommodations or experience with accommodation use (Mamboleo, et al., 2020).These experiences are also influential to understanding the creation of a student's social identity; a factor that influences how and why students decide to seek service or not.

Student development in higher education as described by Jones and Stewart (2016) has three waves of evolution. However, some acknowledge the vocational guidance movement in the early 1900's as a precursor to these waves because it created matches between personal characteristics and occupation (Patton, et al., 2016; Rhatigan, 2000). The first wave of student development was the 1937 student's personal point of view (SPPV) document that helped professionals evaluate individuals in a student-centered manner (Jones & Stewart, 2016; Patton, et al., 2016). This guide was to help determine who the student is developmentally, how the student develops (psychologically and socially), how the institution can influence that development, and where to direct that development. However, this approach, due to the time was utilized primarily with samples of privileged white men (Jones & Stewart, 2016).

Student Development later evolved (second wave) to take into consideration marginalized voices by incorporating social identities. Social identity development "is the process by which people come to understand their social identities (ethnicity, race, gender, sexual orientation, and others) and how these identities affect other aspects of their lives" (McEwen, 2003; Patton et al., 2016, p.73). This acknowledgement highlighted that there are different experiences for those who are privileged and those who are oppressed, hence creating multiple paths of student development (Jones & Stewart, 2016).

The third wave then dove deeper into a wide array of critical and poststructural theories (Jones & Stewart, 2016), which critique and deconstruct systems of oppression (Abes, 2016). Systems of oppression include ableism, racism, classism, religious oppression, heterosexism, sexism, and genderism (Abes, 2016). These forms of oppression have influenced the evolution of theories such as such as feminist theory, critical race theory, queer theory, and crip theory. These theories more intricately evaluate how hegemonic relationships influence different social identities (Jones & Stewart, 2016) while creating foundational knowledge to influence paradigm shifts among educators (Abes, 2016); which plays an integral role in the growth and development of students (Patton et al., 2016)

Disability as a social identity has been a gradual development (Abes & Wallace, 2018). Studies such as Forber-Pratt and Zape (2017) outlined four key development statuses in disability identity development model: (1) acceptance (of one's disability and by friends and family), (2) relationship (with others like themselves/learns ways of the group), (3) adoption (shared values), and (4) engagement (becoming a role model/helps others/gives back to community). "These developmental statuses describe a pathway that individuals with disabilities go through as their disability identity is maturing" (Forber-Pratt & Zape, 2017, p.354). Often

societal views and environmental settings will affect the development of these statuses. For instance, a student who consistently experiences stigma regarding their disability will have a different path than a student who does not experience the same stigma, shaping the students perceptions/identity differently.

Disability identity may also develop differently due to intersectionality with other identities (Pena, et al., 2016). Studies focusing on intersectionality of identities include LGBTQ (Miller, 2017; Miller, 2018), ableism (Abes & Wallace, 2018) race, ethnic (Stapleton, 2015), gender (Pena et al., 2016), and athletes (Forber-Pratt & Zape, 2018). In each of these studies, researchers observed perception in the context of holding more than one possible social identity, and how this may change how the student identifies in accordance to how the system affects them. For instance, Pena et al., (2016) provides an example of how a student who resides in more than one social identity may often not be considered by the educators/system that is attempting to serve them. One example given is how a student who is deaf, queer, and has a learning disability may be having difficulties coming out sexually and as needing accommodations (Pena et al., 2016). This difficulty may present as an internal barrier, diverting the student from seeking services.

Stigma is a reoccurring theme for many students with disabilities. Literature reveals that student often chose not to disclose because of stigma. Stigma can unveil itself in many forms, such as stereotypes (Akin & Huang, 2019), misinformation (Stein, 2013), and disempowerment (Francis et al., 2019); and none of these provide a positive experience. Akin and Huang's (2019) study reviews how students with disabilities are viewed by their peers, which overall is quite positive whether physical, cognitive, or psychiatric. Additionally, the study details how students with disabilities who have heard stereotypes about their disability may experience stereotype

threat, or the fear of confirming the stereotype (Akin & Huang, 2019). Akin and Huang (2019) also notes that some common disability stereotypes are that individuals with disability are more dependent, incompetent, vulnerable, emotionally unstable, and are less outgoing and intelligent than their non-disabled counterparts (Crisp et al., 2000; Hayward & Bright, 1997; Kelly, Sedlacek, & Scales, 1994; Nario-Redman, 2010; Weinberg, 1976; Wood et al., 2014). The nature of these stereotypes is littered with negative connotation, and likely more than a little disheartening and stressful for the recipient of these beliefs. Stein (2013) reports that students with disabilities express concerns of misinformation, which can lead to them being portrayed in extremes.

Often students recognize and must deal with stigma concerns from teachers, peers, and even parents.  Francis et al. (2019) explores this within the understanding of disempowerment and details how stigma can perpetuate cycles of disempowerment. Disempowerment is comprised of five subcategories: (a) discouragement, (b) debasement, (c) insecurity, (d) isolation, and (e) repeated cycles of disempowerment. Each category provided a list of examples compiled of data received by participants in the study. For discouragement, examples include the timing of diagnosis (too late to help, too early hence defining), undue stress getting accommodations, educator lack of knowledge of disabilities and services and how to approach the matter, unhelpful services, negative impact or ineffective mental health community, lack of training, and on-size-fits-all approach. Debasement included educators not believing the student has a disability, educators who maintain that participants were not "studying," "trying hard enough," or "paying attention" in class, having to prove one's disability despite having disability service form, and professor who refuse to accommodate. Insecurity, consisted of participants reported feeling "depressed," "inadequate", and generally insecure when comparing themselves

to their peers without disabilities, students with disabilities noticing academics was easier for others (some suggested the was due to their Indian household/Asian community), and feeling intimidated or insecure when transitioning to college. Isolation reflected on parents' reaction to diagnosis and parental stigma such as being burden or acknowledgement of needed help. Repeated cycle of their experiences expressed how this was a cycle the participants had to relive with each new educator interaction and service request or usage (Francis et al., 2019).

Naturally the negative impact of any one of these subcategories would make it difficult for students to feel comfortable disclosing their disability, which may explain why educator willingness to provide accommodations is a reoccurring theme in service seeking (Baker et al., 2012; Cawthon & Cole, 2010; Cook et al., 2009; Kurth & Mellard, 2006; Mamboleo et al., 2018). This seems even more pertinent when the people inflicting this stress and perpetuating the stigma are supposed to be guiding figures. An instructor's lack of willingness to accommodate students or overly emphasized accommodation to single out a student is embarrassing (Squires et al., 2018), even more so when behavior reinforces the stigma to the peers of the student with disability. This is then amplified by the fact that often students with disabilities have peers with little knowledge of disabilities, why services are needed, and pre-established stigmas (Olney & Kim, 2001; O'Shea & Meyer, 2016). Often students with disabilities maintain atypical identity (Cole & Cawthon, 2015) by avoiding disability stigma (Chiu et al., 2019; Mamboleo et al., 2020; Squires et al., 2018). These students experience embarrassment when singled out, have a fear of being ostracized by friends (Hong, 2015), wish to avoid being judged or as having an unfair advantage (Akin & Huang, 2019; Mamboleo et al., 2020), or feel resented (Hong, 2015).

Furthermore, reviewing how influential factors affect student's service seeking behaviors, within the theoretical framework's lens of Bourdieu's Forms of Capital and Foucault's theories

of power and knowledge, while being nestled in Bronfenbrenner's Ecological Model, can

enhance the understanding of how and why decision making process evolves. For example, take

a student who has attended a school with useful services and well-trained teachers. That student

could view the service as beneficial to their learning process, hence making the service a positive

form of Bourdieu's objectified capital (if the service is view as a cultural good) that promotes

institutionalized capital (academic qualification). The school's eagerness to have and provide

these resources suggests an acceptance of varied needs. This can be reflective of what society

currently believes, hence expressing elements of Foucault's theories on power and knowledge.

Additionally, these factors are directly influencing that student's microsystem, while also being

influenced by the macrosystem (Bronfenbrenner Ecological Model).

**Chapter III: Method**

**Review of Current Methodologies Utilized in the Field**

Currently, studies regarding the perceptions of college students with disabilities consist of either college student's perceptions or the perceptions of people with disabilities, but rarely both. However, numerous studies show methods can be transposed to this population. These methods consist of quantitative and qualitative research methods, or a combination of the two referred to as a mixed-methods approach.

"Quantitative research is the collection and analysis of numerical data to describe, explain, predict, or control phenomena of interest" (Gay, et al., 2009, p. 6). Quantitative methods used previously when working with populations of people who have disabilities include: growth-based approaches, vertical scaling, value-added models (Buzik & Laitusis, 2010), quality of life Likert scales and scale development (Gomez, et al., 2015), activities of daily living (ADLs), instrumental activities of daily living scales (IADLS) (Friedman & Li, 2015), teacher reports (Leyser & Romi, 2008), and self-concept scales (Ferro & Boyle, 2013). Many of these methods are measured across the lifespan, instead of being specified to the perceptions of college students with disabilities; this is due to limited research examples with this specific population. These methods could prove useful if adjusted to better fit the desired inclusion criteria. In regard to college students without disabilities, variations of mixed methods and online Likert scale surveys (Bohlscheid et al., 2014) are often utilized. However, for secondary student with disabilities quantitative surveys are often implemented in person with a Likert scale, and are accompanied by an additional, more specific scale; for instance, the Student Perceptions of Classroom Support Scale (SPCS) (O'Rourke & Houghton, 20008) or the Goodenow scale (Irvin, et al., 2011).

One of the limitations of utilizing quantitative methods is the questionaries are researcher driven with predetermined questions that reflect what the researcher wishes to discover. For example, many questionnaires have been designed and piloted to discover if reductions need to be implemented to reduce redundancy, then finalized as a set of predetermined questions and answers. These questionnaires/surveys often do not allow for an expansion of the participant's experiences, unless open-ended questions or comment sections are included, which then redefines the process as a mixed methods questionnaire. A strictly quantitative approach results in a limited view, which is useful for many studies. This is less useful if one is attempting to gain an in-depth detailed account of the participant's personal experiences. The predetermined answers restrict the possibility of the participant expressing themselves outside of the given categories.

The research questions presented aim to understand participants on a deeper level, which would benefit from the participants being able to express themselves without restrictions. This can best be done with the utilization of qualitative research methods. "Qualitative research seeks to probe deeply into the research setting to obtain in-depth understandings about the way things are, why they are that way, and how the participants in the context perceive them" (Gay et al., 2009, p 12). To obtain data, researchers must determine an appropriate method suitable for the population's participants. Interviews can be conducted in many different formats, which include but are not limited to unstructured (Gay et al., 2009), semi-structured (Newton, 2010), structured narrative (Stuckey, 2013), and group interviews (McLeod, 2014). Unstructured interviews are sometimes referred to as discovery interviews (McLeod, 2014). There is not a pre-determined guideline set for what questions will be asked during the interview process. Structured interviews consist of predetermined questions designed by the researcher to follow. The interview is done

with little to no deviation from those questions (McLeod, 2014). A semi-structured interview has

a base guideline of questions determined, but also has the flexibility to veer from those questions

(Newton, 2010). Structured narrative interviews, on the other hand, reflect storytelling more than

an interview, allowing the participant to divulge their personal experiences during the interview

process (Newton, 2010). For instance, if an interviewer were to ask about the interviewee's

childhood, with no specifics; the interviewee could, then, begin with whatever memory they

choose. By adding a loose guideline of questions, the researcher is then able to streamline the

interview while keeping the narrative format; this is known as a semi-structured narrative

interview. An example of this could be the interviewer asking the interviewee to tell them about

their childhood when they were seven. The slight guidance allows for the interview to still

present itself in a story-like fashion, but also guides the process along. Lastly group interviews or

focus groups (McLeod, 2014) consist of numerous people being interviewed at the same time.

  All these types of interviews are and can be utilized when interviewing people with

disabilities, yet semi-structured interviews seem most accommodating. For instance, a semi

structured interview format offers confidentiality that would not be able to be achieved in a

group interview. Also, the structure itself allows the person being interviewed to stay on track.

This could be difficult depending on what type of disability they have, but still allows for

flexibility to accommodate the interviewee and their disability, which could not be provided in a

structured or unstructured interview. The convenience of semi-structured interview narrative,

much like storytelling, allows the data and themes gathered during analyzation to be participant

driven, instead of be researcher driven. Newton (2010) explains how semi-structure narratives

are beneficial to the researcher: "1) provide the opportunity to get rich data, 2) language used

was considered essential for insight of perceptions and values, 3) contextual and relational

aspects were significant to understand perceptions, and 4) the data could be analyzed in different ways" (p.2).

When working with people who have disabilities, interviews have been used in varying ways to get a rendition of the individual's experiences. For instance, a study of eight university students looked at the students' perceptions of how their disabilities have affected them (Nielsen, 2001). This process was done in a semi-structured interview fashion consisting of a thirty-item guide (item guide or guide points are often a bulleted list of points/questions a researcher intends on exploring during the interview process) and required three separate interviews of each person (Nielsen, 2001). Lengthy guide point and numerous interviews with the same participant are not always necessary. For instance, a study evaluating veterans living with hepatitis (which can be debilitating) also used a semi-structured interview method (Groessl, et al., 2008). This only required one interview, and if the participants were responding to the questions the guided list suggested, there were fewer points to cover (Groessl et al., 2008).  Similarly, semi-structured interviews were utilized in a study of students with disabilities ranging from 3 to 30 years old to gain perspectives of the roles and impacts of paraprofessionals (also referred to aids or assistants) in inclusive classrooms in their lives (Tews & Lupart, 2008).

The semi-structured narrative interview format is not limited to discovering how something affects the participant, it can also be utilized to discover and discuss expectations. This was seen in a study among interviewed adults with learning disabilities (LD) that aimed to uncover what participants expectations were when considering therapy received or intended therapy to be received (Kilbane & Jahoda, 2011). Additionally, this interview evaluated what motivated participants in life, and showed that most adults with a mild intellectual disability can reflect on and discuss therapy expectations at the point of referral to psychological services

(Kilbane & Jahoda, 2011). Interestingly, this study did differ slightly: it used some mixed

methods by implementing Likert scales to assess. Another variation on the use of semi-structured

narrative interview can be moving the usage of this format from the individual to a group setting

(Shogren, et al., 2015). A group example consisting of 11 focus groups were conducted at

Knowledge Development Sites (KDS) which are recognized as being successful schools for

inclusive settings. Of the 11 focus groups, five groups consisted solely of students with

disabilities, six students without disabilities, and all utilized semi-structure interview format

(Shogren et al., 2015).

   Another form of interview is the stimulated recall interview or SRI. Stimulated recalls are

often utilized in education. Stimulated recalls can also be used during interview research

methods as visual elicitation. Visual elicitation stimuli are artifacts presented during the

interview process, such as physical items, video clips, maps, photographs, drawings, diagrams

(Crilly, 2006), personally made text (Smet, et al., 2010), and/or timelines (Berends, 2011).

Looking closer at how these stimulants work, one can imagine themselves being filmed doing a

particular activity and then later being interviewed about what was happening in the video.

Beyond a basic narrative of the action, one can expect the interviewer will ask why things were

done in a particular manner. This is often done to gain a deeper perspective of the interviewees

thought process leading up to the event playing out in this manner (Lyle, 2002). This same

method can be done in recordings that do not have a visual component. For example, Dempsey

(2010) recorded a jazz musician's jam session, which he later played back as a stimulated recall

artifact during an interview. Another non-traditional example involves the stimulated recall

artifact made by the college tutor participants (De Smet et al., 2010). These college tutors

partook in discussion groups by way of posted comments. These comments were later utilized as

stimulated recall during the interview process.

Tangible items are also frequently used in stimulated recall interviews, and even though

there can be a plethora to choose from, most of the literature focuses on the use of photographs

(Harper, 2002). To do this, researchers must determine specific photographs that would be

beneficial for the study being conducted. It is likely there would be a particular topic or question

within the interview process that would signal the need for the stimulus. This stimulus can be

presented to help the participant to remember the event through recollection, or in some cases to

evoke feelings that would be orally expressed which would lead to a deeper insight (Crilly et al.,

2006). This same method can be used with maps, material possessions, drawings, and keepsakes.

This process is also similar for non-tangible stimulus such as diagrams on a piece of paper or

power points. The paper or laptop can be picked up, but it cannot be explored like a map or

picture. Often the diagram has percentages, which means that the interpretation of the diagram is

not as open to the interview participant as a picture would be. Therefore, diagrams are less

frequently used, and are interpreted differently by the interview participants (Crilly et al., 2006).

The creation of timelines specifically has been proven to be a beneficial method during

the stimulated recall interview process, especially with individuals with disabilities. Often people

with learning disabilities have difficulties with time management and forgetting (Nielsen, 2001).

Timelines, or lifelines, facilitate recollection, sequencing of personal events, provide focal points

(Berends, 2011), and encourage both researchers and participants to stay on track. Staying on

task is sometimes difficult depending on the nature of the disability. An example of this method

has been successfully utilized in conjunction with in-depth interviews to evaluate substance

abuse and treatment (Berends, 2011). Although this is a different population, the usefulness of

staying on track, focal points, time management, and being able to format events in a sequence are all factors this population needs assistance with managing.

In detail, Berends' (2011) study aimed to explore different paths of using in-depth interviews and timelines to gain perspectives on drug use and treatment. The process of this study included the collection of demographics and information on the types and extent of drug use and dependency, a semi-structure interview to gain an understanding of the participant history of drug use and treatment, and the completion of a timeline to accompany the semi-structured interview process (Berends, 2011). The timelines in this study also showed how drug use affected other portions of the participant's life, such as job loss and divorce (Berends, 2011). These methods allowed for a deeper understanding of the full effects the drug use had on their overall lives, not just their physical and mental state. These methods can be used to learn how students with disabilities have maneuvered through the educational system. This allows for the discovery of what factors both positive and negative they have encountered in their educational process and personal lives. For instance, a student with disabilities who discovers there is a service available to them providing a mentor. The mentor would not only be beneficial to their educational process but could also positively influence their personal life. A personal life improvement could be the student gains more confidence in themselves academically, hence increasing their confidence elsewhere while allowing the possibility of more social time. This in turn could further enhance their social life and/or help to eliminate depression.

Berends (2011) use of timelines and interviews can easily be transposed to capture an individual's perspective of disabilities and services, with services being the focus in the higher educational realm. The timeline can compile events and moments the student finds important to their life course, regarding their educational process as a student with a disability. The student

would be able to note when the disability was acquired or if it is congenital, school

implementations of accommodations and modifications allowing them to succeed or hinder

them, the formation of an individual education plan (IEP), and crucial experiences leading up to

their entrance into higher education.  Upon entry to higher education, the timeline may consist of

applying for services, experiences with services, helpful accommodations, teacher assistance and

understanding, or any other plethora of possible information the student finds notable. Because

timelines can be done prior to the interview process, the student could have time to review,

complete, and adjust the timeline to ensure they include everything the student wants in their

rendition of their journey.

**Current Study**

It is important to gain a deeper understanding of the perception of college students with

disabilities on the services and supports provided to them at their collegiate institution to ensure

the services and supports remain useful.  To examine this area, it was necessary to understand

how and why more students are now enrolling in higher education. This was accomplished

through a review of how the laws have changed over the course of the last century. It is also

important to be aware of how outside factors have influenced and fostered these students'

experiences. To achieve this, a critical theory lens focusing on Pierre Bourdieu's Forms of

Capital and Michel Foucault's ideas of Power and Knowledge, has been chosen and utilized with

Urie Bronfenbrenner's Ecological Theory. This decision was made based on the need to

understand how factors in the environment can affect students' educational experiences, and how

these experiences influenced a student's willingness to seek supports and services. With research

questions being reliant on students' renditions of past experiences, it was also important to

determine what methods would best represent this population. With the shortage of research

methods and designs specifically for studying college students with disabilities on their perceptions, related to support and services provided to them, many methods have been reviewed. This process has determined qualitative methods in the form of semi-structured narrative interviews accompanied with timelines for stimulated recall would best allow for the necessary flexibility required to get in-depth renditions.

Informational timelines were developed to express the student's personal experiences throughout their life regarding their disability and services received were completed prior to the semi-structured narrative interview. This semi-structured narrative interview accompanied with timelines developed for stimulated recall was analyzed focusing on the research questions indicated earlier. These included looking at the perception of college students with disabilities regarding services rendered at the college; how students with disabilities levels of access to services and supports earlier in life impacted their willingness to seek services and supports in college; and the factors influencing their reluctance in seeking or utilizing services in college. It was hypothesized:

- College students with disabilities have mixed views, both positive and negative perceptions, of services and supports rendered in college.

- College students with disabilities levels of access to services and supports earlier in life affect likelihood of seeking services and supports in college (lower levels/less likely and higher levels/more likely).

- Factors that influence reluctance in students with disabilities who are seeking or utilizing services in college include stigmas, parental support, usefulness of services, and teacher's knowledge and responsiveness.

**Participants**

The U.S. Department of Education reported in the National Center for Education Statistics (2019) reports that as 2015-2016 19.4% of undergraduate students were students with disabilities and 11.9% of postbaccalaureate were students with disabilities. If this percentage stayed consistent, it would suggest that this particular northeastern University's fall 2019 reporting of 21,086 undergraduates and 5,753 graduate and professional students, would result in a total 4,774 students with disabilities that could potentially be selected for this research study.

The initial point of contact was with the Office of Accessibility. However, this path was not feasible. Instead, the universities registry office was contacted to secure a college wide contact. An invitation to partake in the study was distributed. This invitation was accompanied by a demographic survey. This survey helped determine the participant selection pool. Participants consisted of currently enrolled students who were willing to self-disclose a disability. These participants were limited to students who have been approved to receive services from the Office of Accessibility, whether they were utilizing those approved services or not. Participants could be female or male and were intentionally selected to represent a variation in types of disability and academic level.

**Design**

This study consisted of an initial demographic survey, a semi-structured narrative interview, and a stimulated recall artifact in the form of a timeline. The demographic survey was to assist with determining eligible participants to allow for a variation of academic levels and disability types. The semi-structured narrative interview, although more time consuming than quantitative survey methods, had been determined to be most beneficial due to the allowance for flexibility and in-depth exploration of participants experiences. The accompaniment of timelines

as stimulated recall artifacts within this interview process allowed participants to map out important experiences prior to the interview. This allowed the participants to recall information that may be forgotten otherwise, stay on task, and provided another source of data for the researcher.

As a researcher, I recognize that previous educational experiences have had profound influence on how my interests came to be. While in graduate school for social work background, I partook in an internship/graduate employment with the Center for Excellence in Disabilities. Here, I discovered gaps in literature when considering the voices of people with disabilities and the shortcomings in service available to this population. I also saw firsthand how talking about the needs of an individual can sometimes be a difficult topic, causing stress and anxiety within the client. The magnitude of information to be covered, especially when this information has details over an entire lifespan, becomes overwhelming and hard to remember or keep in order. It is this reason that I choose to utilize the timeline for a stimulated recall artifact. Additionally, the sensitivity of explaining one's needs often seemed hard for clients. Often clients seemed reluctant to converse on their needs at first but became more open overtime and when face-to-face. Aware of the need to create a comfortable environment to assist with rapport building and in-depth conversation, utilization of a semi-structure narrative interview was determined most beneficial.

Furthermore, previous experiences with social work, and public administration, has influenced my own perceptions of how outside factors affect the individual. Often, I observed people who were lost in transition, policies and procedures that seemed to work against those most in need, and shortcomings in adherence to laws/policies that meant minimum standards were met but were otherwise useless. Although these were unintentional consequences, the

existence of these faults directly influenced my personal perceptions; a factor that I must bracket when interviewing and doing data analysis so as not to read my experience into the participant's experiences.

**Measures**

A timeline was utilized as a device for stimulated recall while a semi-structured narrative interview was conducted (see Appendix F). A copy of this timeline was either made on the computer, scanned, or photographed to send in an email. This allowed the researcher to follow along with the participant during the interview. This combination was selected for numerous reasons. One of the main reasons is that semi-structured narratives often flow like a story. This structure seemed to be more comfortable for participants and allowed them to tell their story. Newton (2010) explains that semi-structure narratives "1) provide the opportunity to get rich data, 2) language used was considered essential for insight of perceptions and values, 3) contextual and relational aspects were significant to understand perceptions, and 4) the data could be analyzed in different ways" (p.2). These are the exact reasons why it is necessary to utilize this method. The importance of getting personal perceptions was crucial, and less likely to be accomplished without the in-depth conversation provided during a semi-structured narrative interview.

The use of timelines in the process was to help the population being interviewed, students with disabilities. The participants were asked to fill out a timeline depicting the duration of and important features (positive and negative) of their disability and education. Time to accomplish this was allotted prior to the actual interview. In some cases, the completion of this timeline required the assistance of the interviewer depending on the interviewee's needs. This assistance was important because often the type of disability one has can make it difficult for one to

remember events and/or organize one's thoughts. When one utilizes a timeline, it "results in increased data quality partially due to the possibility that using timelines may create a more comprehensive, in-depth account with a scope to incorporate feelings and reflections expressed by the participants" (Berends, 2011, p.7). Additionally, the use of a timeline as graphic communication is more like communicating a story (Crilly et al., 2006), which reflects the semi-structured narrative form, hence allowing a simplistic flow. The timeline itself became an outline of the interview, stimulating recollection of the important events the interviewee had listed.

This process allowed for flexibility and the chance to build trust before getting to the questions that may be more difficult for the participant to answer. This method allowed for the interviewer to gain a deeper understanding of what the participant is conveying: their trials and tribulations, successes, and needs. During the online interview, zoom was utilized for recordings, so that transcription, coding, and analysis of the data could be done at a later point. During this process, it was important to take notes during the interview to record non-verbal cues, make detailed notes, and to summarize each interview shortly after (Groessl et al.,2008). Considerations of phone interviews were planned in case the participant was not technologically savvy or did not have access to a computer/internet, but no participants needed this.

**Procedures**

Prior to data collection, the Institutional Review Board (IRB) process at the Office of Human Research Protections at the northeastern University was sought. Upon approval of the IRB's, an email was sent to the Office of Accessibility seeking assistance with contacting the students they serve. When it was determined that this process was not a viable option, contact was made with the northeastern University's registry office. Here a full list of all currently enrolled students was provided. At which point a cover letter (see Appendix A) was attached to

an email accompanied with a link to an online Qualtrics survey (see Appendix B) was sent to every student enrolled. The Qualtrics survey was given to help gather some basic demographic information and determine if the participant was a good fit for the study. Once this had been completed, possible participants were contacted by the emails they provided, depending on what information the self-disclosed student participant had provided. This was done to clarify that they were aware of the topic, to double check their qualifications as a possible participant,  to explain the process of the study, to schedule a time to conduct the interview suiting their needs and availability (see Appendix C), and to provide instructions to complete a timeline (see Appendix D) as well as an optional timeline template (see Appendix E) they can print and utilize if they would prefer not to draw their own. The interviews were done online utilizing zoom, allowing the participants to be interviewed in surroundings they are comfortable with, while also allowing the interview to be recorded.

**Data Analyses**

The qualitative data collected from transcriptions of recorded online interviews were coded and categorized in an open coding fashion allowing the researcher to determine similar themes, views, and patterns. Neither the timelines created for stimulated recall during the interview, nor the notes gathered during the interview were coded. Instead, both the timeline made by the participant and the notes taken by the researcher were utilized to recall themes within the transcripts for coding purposes. This study consisted of purposeful sampling from the participants surveys who indicated that they were willing to partake in the study. Interviews were conducted and transcribed. After being transcribed the contents were reviewed for initial data coding to find themes. Upon determination of themes, this data was reviewed again under the critical theory lens, Bourdieu's Forms of Capital and Foucault's Power and Knowledge, while

simultaneously placing these evaluations within Bronfenbrenner's Ecological Model. To accomplish this, each interview was coded individually, and a codebook was created, which included the determined themes, the systems within the ecological model, examples of capital, and labels to indicate if Foucault's theories of power and knowledge were present in the form of societal influences, labeled diagnosis, and so on; depending on what is found in themes. The coding process was then reviewed and repeated by the researcher. A member of the committee reviewed theme-transcript excerpts for adherence to the codebook to provide some external reliability. No additional member checking was conducted. This method was chosen due to the depth and possible connectivity it allowed when attempting to understand the multiple influences on participants' different experiences.

**Chapter IV: Results**

This study aimed to look closer at how eight students with disabilities attending a Northeastern University view the services and supports rendered by their attended institutions. The interview participants were specifically selected to represent a range of disabilities and socio-economic backgrounds. Each participant had a vastly different experience. Upon conducting the interviews, the researcher aimed to better understand not only the students' perceptions of services at their college, but their previous levels of access to services and supports earlier in life: and how this influences these students' willingness or reluctance to seek services and supports in college.

Open coding was utilized when analyzing the interviews transcripts. This allowed for a systematic approach to analyzing data, as well as flexibility when coding potentially vastly different experiences. Although hypotheses were developed prior to the interviews, the experiences and influences provided by the interviewees varied with a wide range of themes. Open coding allowed for a coding process to construct these themes, hence creating the need for subcategories within the hypothesized questions.

1. What are the perceptions of college students with disabilities regarding the services at their college?

   In question (1) the researcher noticed the emergence positive and negative perceptions in 3 themes (1) Accommodation perceptions, (2) Acquisition of service perceptions, and (3) Other service perceptions. These perceptions were determined by coding key terms and praises that expressed a view of the service or support as being needed to succeed, helpful, easement, and beneficial for positive perceptions. Coding for negative perceptions included expressions of

hesitation, difficulty, and irritations. Null is expressed by either having not mentioned the theme

or the theme having no impact.

2. How do students with disabilities levels of access to services and supports earlier in life,

impact the way they seek services and supports in college?

Question (2) was divided into 3 categories; those who did not receive services in K-12, those

who did not receive services in K-12, but likely could have due to diagnosis, and those who

received services in K-12. The primary determinate for these categories was based on whether an

Individualized Education Plan (IEP) was in place during K-12 school years.

3. For those students with disabilities who are reluctant to seek or utilize services in college,

what are the factors influencing their reluctance?

For question (3), the researcher saw little reluctance in obtaining services in college. However,

there were numerous negative influences in obtaining and utilizing accommodations. These

negative influences all revolve around the stigma of utilizing accommodations and disability in

college but come from vastly different places and perspectives. These include family (including

cultural and religious influences), teachers, staff, classmates, coworkers, the general public, and

perceived stereotypes. The use of open coding was particularly helpful in determining these

themes.

These subcategories assisted in creating a deeper understanding of the students'

perceptions, influences, and experiences. This understanding was immensely helpful within the

discussion section. The discussion section consists of a cross-sectional examination of participant

responses.  This cross-sectional examination used a critical theory lens focusing of Bourdieu's

forms of capital and Foucault's power and knowledge; then cross examined with

Bronfenbrenner's ecological model. This critical theory framework allowed the researcher to

view how student perceptions on whether services are beneficial, and how/what may have influenced ones understanding of needs or beliefs regarding services (policy, availability, societal perception). The ecological model provided insight into how culture and sub-cultures influenced the environments which came to be through the macrosystem.

**Overview of Demographics**

An initial online survey was conducted to find interview participants that were willing to self-disclose the disability and were willing to share their experiences. A sample of 8 students were selected. Demographic information including age, gender, current education level, perceived childhood socio-economic status, race, major, and diagnosis were collected. The interview participants ranged from 19 to 30 years old and consisted of three female, three male, and two non-binary participants.  Six of the participants were pursuing an undergraduate bachelor's degree and two were pursuing a graduate level master's degree. Regarding perceived childhood socio-economic status, four identified as struggling, two identified as comfortable, and two identified as well-off. Race identifications consisted of one Asian, one other, one Native American/ Alaskan Native, one Hispanic/Latino, and four white participants. None of the participants were pursuing degrees in the same field. Fields included Advertising/Public Relations, Computer Science, English, Geology, Interior Design, Parks and Recreation, Physical Therapy, and Psychology. Additionally, diagnosis for which these participants were receiving services from the Office of Accessibility Services varied. However, all students had a comorbidity. Not all comorbidities were necessarily officially documented with the Office of Accessibility Services for accommodations because one diagnosis garnered the needed services. All interview participants have been given gender neutral pseudonyms and their diagnoses are as follows.

Table 1. Student Diagnosis

| Name | Diagnosis |
|------|-----------|
| Avery | Kidney Cancer, Anxiety, Depression, Medical Hepatitis |
| Bailey | Tourette Syndrome, Attention Deficit Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD) |
| Charlie | Learning Disabilities, Dyslexia, Anxiety, Post Traumatic Stress Disorder (PTSD), Hypermobile Ehlers-Danlos syndrome (EDS), Postural Orthostatic Tachycardia Syndrome (POTS) |
| Deluca | Mild Cognitive Disabilities due to Traumatic Brain Injury (TBI) |
| Ellis | Attention Deficit Hyperactivity Disorder (ADHD), Anxiety, Depression |
| Finley | Autism, Dissociative Identity Disorder, Obsessive Compulsive Disorder (OCD), Depression |
| Grey | Attention Deficit Hyperactivity Disorder (ADHD), Anxiety |
| Harper | Amputee, Addiction (post-surgery medication) |

**Research Question 1: What are the perceptions of college students with disabilities regarding the services at their college?**

Although it was hypothesized students with disabilities would have mixed views of the services and supports rendered in college, it was found that these participants overall had a very

positive view of the accommodations offered. The process of obtaining those accommodations

were not viewed as highly.  Three themes emerged (1) Accommodation perceptions, (2)

Acquisition of service perceptions, and (3) Other service perceptions, all of which were reviewed

for positive, null, and negative perceptions. It was also found that although these students had

varying disabilities often the type of accommodation services, they were receiving through the

Office of Accessibility overlapped, as can be seen in the table below (see Table 2).


Table 2. Student Accommodation


| Name | Accommodations |
| --- | --- |
| Avery | Intermittent absence |
| | Emotional support animal |
| | |
| Bailey | Extra test time |
| | Limited distraction/alternative testing area |
| | Enter-exit class as needed. |
| | Recording during class |
| | |
| Charlie | Extra test time |
| | Limited distraction/alternative testing area |
| | Enter-exit class as needed. |
| | Notes/ Audio notes |
| | Auditory testing |

|  | Priority scheduling |
|---|---|
| Deluca | Extra test time |
|  | Limited distraction/alternative testing area |
| Ellis | Intermittent absence |
|  | Extra test time |
|  | Limited distraction/alternative testing area |
|  | Recording |
|  | Alternative format for reading |
|  | Priority scheduling |
|  | Exempt from dormitory living |
| Finley | Extra test time |
|  | Notes/ Audio Notes |
| Grey | Extra test time |
|  | Limited distraction/alternative testing area |
| Harper | Additional time allotted to get to class. |
|  | Free campus transportation (pickup-drop off) |

All students contributed the service accommodations that were being utilized as beneficial in their success. However, some students did have negative experiences when first attempting to garner services and supports. Only 4 students mentioned outside services or policies, with mixed reviews.

***Accommodation perceptions: Positive***

All students contributed the service accommodations that were being utilized as beneficial in their success.

Avery: Expressed that the intermittent absence was a necessity due to current health condition and hospital stays/appointments, which has been helpful. The needed emotional support animal was approved quickly, and the additional process of meeting with doctors that usually requires a given time frame with therapist had already been established.

Bailey: "They've all been good about getting me the accommodations that I needed, because I needed a lot.", "Last semester, I was struggling there at the beginning. I was worried about how I was going to make it through the semester, so having that help in the back was good", "For me to not have to worry about recording or stuff in certain classes, it's just easier for me I've found". Additionally, Bailey expressed that the extra time given for testing, less distractive testing area, and recording were some of the biggest helps.

Charlie: "I knew applying that... When I was applying to colleges, I would need accommodations. It was very-- There was no way that I was going to be able to get through without them."

DeLuca: Noted that although accommodation services were available and had been utilized, for the most part the accommodations were in place in case they were needed.

Ellis: Found accommodations to be very helpful, and even though some are often not used,

they have been kept just in case. Regarding the Office of Accessibility, Ellis stated "They're one of the best support services I've found in the university".

Finley: Spoke especially highly of the software utilized for audio note recording stating that this accommodation "Helps fill in that gap when it comes to class material and stuff" and how important this is due to symptoms of their diagnosis.

Grey: "If I didn't have the extra time, I wouldn't have done as well as I did on a lot of the tests that I took." Additionally, Grey recalled how some professors would tell the whole class that they have extra time if needed. This was immensely helpful to Grey because it allowed for Grey's social anxiety of utilizing the accommodation to settle down. Utilizing zoom during the COVID-19 pandemic, was also extremely beneficial in lessening the social anxiety of using accommodations.  Both examples attributed to Grey's recognition of how beneficial the accommodations are to succeeding.

Harper: Pointed out that a car is owned and therefor the accommodations offered are not utilized due to lack of necessity. However, Harper has also noted that these accommodations are kept in place "just in case they would be needed in the future". Harper has deemed the university buildings in which class are attended as "disability friendly" and that handicap parking thus far has been available at these buildings and open to be utilized.

*Acquisition of service perceptions*

Participants' recollections alluded to varying levels of knowledge regarding service acquisition. This included having guidance in high school, information garnered from family members and friends who received services or knew of the existence or services, medical provider suggestions, orientation information, and transparency about services within the institution.

*Acquisition of service perceptions: Positive*

Bailey: Diagnosed while in college and had no issues getting accommodations

Charlie: Described an easy acquisition of accommodations, due to doctors' paperwork and a

previous 504 Plan, both of which helped Charlie be obtain the need testing to be

approved.

Ellis: Expressed that the Office of Accessibility Services had several people and a specialist to

help guide Ellis through the process which was beneficial, "especially when no one in

your family knows what to do".

Harper: Stated that regarding getting colleges services, **"It was easy. They have their**

own website, their own portal, I guess. Everything's very transparent. I didn't walk away

wondering what I needed to do."

*Acquisition of service perceptions- Null*

Finley: Had trouble getting diagnosed. However, after being diagnosed the acquisition process

was simple.

*Acquisition of service perceptions- Negative*

Avery: Expressed that there was hesitation about applying for accommodations due to the

lengthy time process, that friend had given warning of. But notes that this turned out to be

"false" and the "process was quick".

DeLuca: Had trouble getting diagnosed, due to lack of familiarity with the process, long wait list

time of getting a therapist in the area (due to lack of appointments and testing time

during the COVID-19 pandemic), and scheduling conflicts with the Office of

Accessibilities (which conflicted with a required lab course) during the COVID-19

pandemic.

Grey: Was hesitant to get services due to social anxiety of perceived social perceptions. This was

      lessened during the COVID-19 pandemic due to online classes.

***Other service perceptions – Positive***

Harper: Mentions available services beyond accommodations provided by the Office of

      Accessibility, such as "disability friendly" buildings, handicap parking, and airport

      services and accommodating. All these praises are geared towards a positive

      perception of the ADA.

Ellis: Spoke highly of campus services that provided additional assistance to help keep students

      on track and get needed items.

***Other service perceptions – Null***

Avery, Bailey, Charlie, and Grey: did not mention any other services beyond the

      accommodations they were receiving.

***Other service perceptions – Negative***

      DeLuca, Ellis, and Finley mentioned three other services (all mental health services) at

the university besides the Office of Accessibility. These three service centers will be referred to

as Center 1, Center 2, and Center 3. One of these services was mentioned by all three students.

The primarily mentioned facility, Center 1, is the main mental health service at the university

and was described by all three students as problematic.

DeLuca: Center 1 was not testing during the COVID-19 pandemic and had a long wait time

      while noting that other facilities in the area also had a long wait time.

Ellis: Center 1 is understaffed, overbooked, and the facilities lack long-term care solutions,

      which leads to services at Center 2.

Finley: Center 1's lack of long-term solutions is problematic when more than once a month

therapy is needed, and thus changed to a Center 3 (which does partner with Center 1).

**Research Question 2: How does the level of access to services and supports earlier in life**

**impact the way students with disabilities seek services and supports in college?**

All students, whether they had needed service and supports in K-12 had been influenced

during these formative years. Therefore, it is important to look beyond whether a student had an

Individualized Education Plan (IEP) or a 504 plan, as to not leave any participant experience out.

This creates 3 categories.

1. Did not receive services in K-12

   a. meaning that this student did not have an IEP or a 504 plan while in K-12.

2. Did not receive services in K-12, but likely could have due to diagnosis.

   a. meaning that this student did not have an IEP or a 504 plan while in K-12, but due

      to the diagnosis at the time they likely could have received either an IEP or a 504

      plan had it be pursued.

3. Received services in K-12

   a.  the students had an IEP or a 504 plan while in K-12.

Of the eight students with disabilities that were interviewed, three students fell into the

"did not receive services in K-12" category because they did not have disabilities that would

have warranted an Individualized Educational Plans (IEP) or received diagnosis that came

towards the end of the K-12 venture (Bailey, DeLuca, Harper). There were three students in the

"did not receive services in K-12, but likely could have due to diagnosis" category since they

would have qualified for an IEP had they been diagnosed (Avery, Ellis, Finley). Two students

were in the "received services in K-12" category and had an IEP (Charlie and Grey).

### *Did not receive services in K-12*

Bailey (Tourette's Syndrome), DeLuca (TBI), and Harper (Amputee) all acquired disabilities in adulthood and therefore very few influences during K-12 were expressed. All students come from very supportive parents and families and fell in the comfortable or well-off categories of perceived socio-economic status. Additionally, all students saw the acquisition of accommodations a needed and a beneficial service. DeLuca even mentions how "a cousin had to get services" and how this "support helped", hence making applying an obvious choice for DeLuca.

### *Did not receive services in K-12, but likely could have due to diagnosis*

Avery

Avery did not acquire Cancer until college years; however, Avery was diagnosed late in high school with depression. Depression had surfaced throughout Avery's grade school and high school education, partially due to parental divorce and a strained relationship with the non-residing parent. Avery expressed that although they may have been financially struggling, it was not obvious. Avery's mother and grandparents had always been very supportive, as well as many high school teachers. Getting accommodations in college was delayed due to false information about a lengthy time process, but it was known that accommodations would be needed. Otherwise, there was no expression of other barriers hindering the acquisition of accommodations.

Ellis

Ellis struggled with anxiety and depression early on in their life. This was amplified by being of a lower socio-economic status and residing in geographical area that Ellis explained as "foreign". Ellis mentioned this was difficult to convey, coming from a family that did not talk of

disability and mental health due to cultural difference. This was often met with disregard

attributed to having an overactive imagination or as having "to much time" by Ellis' mother.

However, later in life this topic did become more open due to (1) an older sibling's experience

with mental health and (2) a school counselor suggesting help, at which point in time both

parents were supportive. Ellis obtained clinical assistance, medical diagnosis, medication, and

the creation of a very supportive online group of friends who could relate; all which Ellis has

found beneficial. Hence making the acceptance of accommodations in college a welcomed

support.

Finley

Finley came from a large family that was heavily involved in religion and community.

This environment made talking about disabilities difficult. Finley's family moved and returned

during formative years, causing realizations of being different on several levels. Upon returning

to the area, Finley felt viewed as being "obnoxious", "weird", "nerdy", and "unliked" by peers.

Additionally, Finley's biological gender did not match with the gender Finley identifies. These

factors created ample mental distress for Finley, but no diagnosis or treatment was given.

Finley has suggested the lack of diagnosis was partially due to finances. This is partially believed

because Finley expressed that the suggestion of being Autistic was made to Finley's parents by

teachers, but no further exploration was taken. Finley described both parents as coming from a

slightly dysfunctional background which influenced Finley's home life and later attributed it to a

strained relationship with Finley's father.  However, in 12th grade Finley was diagnosed as

having OCD, anxiety, and depression, but no IEP was put in place. While in college a diagnosis

for Autism was obtained and a suggestion of possible dissociative identity disorder was made but

not diagnosed.

With time and the diagnosis of Autism in two of Finley's younger siblings, both gender and disability have become easier topics within the family and garner more support than before. After relocating for college, Finley quickly recognized that an official diagnosis and supports were needed to avoid previous struggles and would be instrumental in achieving goals.

### Received services in K-12

Charlie

Charlie recalled that "teachers would complain to about my behavior to my mom", but never assisted or suggested services to better Charlie's academics. This led to Charlie being "labeled a problem child". Previously Charlie's "problem child" label caused issues in how Charlie was treated by teachers, as well as how classmates responded to Charlie. Often Charlie was set aside for activities, which reinforced that there was a difference between Charlie and Charlies classmates.  This treatment caused other students to stay away from Charlie to avoid being treated in the same manner. In third grade a teacher recognized that Charlie had dyslexia and began taking steps to help Charlie learn and change this label.

Charlie recalled the dismissive behavior of the teachers while attempting to obtain an IEP until. This dismissive behavior lasted until Charlie's mother brought a Social Work friend to the meetings with her. Charlie suggested that the dismissive behavior was due to socio-economic status, geographical location, and race. Charlie explained that the geographical location resided in was stereotyped as "just poor people, trying to screw the system". Additionally, it is pointed that Charlie's mother is "Indigenous and visibly darker" than Charlie, a factor that at one point led to a teacher telling Charlie's mother that she needed to wait outside during an IEP meeting because they did not let "nannies" sit in on meetings.

Charlie noted that teacher treatment changed after the 3rd grade teacher took time to help with Charlie's learning disabilities and dyslexia and an IEP was established. In the following years, teachers treated Charlie better and made Charlie feel welcomed and part of the class. Charlie got involved in after school and summer programs to help further educational needs. Then in high school, Charlie recalls having supportive teachers (except for one teacher who refused to slow down for Charlies note taking) and the benefits of extended test and reading time. Although Charlie did not utilize extended time in high school often, it was recognized that these accommodations would be beneficial and highly needed in college. This realization left no room for hesitation when applying to get accommodations.

Grey

Grey's experience consisted of being diagnosed between 7 and 8 years old with ADHD and anxiety. Greys mother was very supportive of this diagnosis and quickly secured an IEP for Grey. However, Grey did not want to be seen as different, a factor that was amplified by anxiety, and refused to utilize the services offered. Grey recalls "I think in hindsight, that it was a wonderful thing to have, but I did not want to use them as a high school student and as a middle school student." This refusal of accepting accommodations was still persistent upon Grey's college entry due to several factors; social anxiety of stigmas associated with utilizing accommodations, disbelief of diagnosis, and an older family members homeopathic views medications and coping.  These factors were eventually overcome through a better understanding of the diagnosis, acknowledgement of needed assistance, the easement of utilizing accommodations while online course was in place during COVID-19 pandemic, recognition of benefits from accommodations, and medications that helped lessen social anxiety.

**Research Question 3: For those students with disabilities who are reluctant to seek or utilize services in college, what are the factors influencing their reluctance?**

The coding process quickly revealed that two of the participants were reluctant to seek services, with one also being reluctant to utilize services. Although this group showed little reluctance in obtaining and utilizing accommodations, coding did reveal a pattern of negative influences regarding the stigma of having and using accommodations. These negative influences consisted of non-verbal/verbal actions of others and perceived beliefs of what other will think, as expressed by the interview participants. The stigmatizing events/actions revealed seven emerging themes, which include family (this cultural and religious beliefs within the family unit), teachers, staff, classmates, coworkers, the general public, and perceived stereotypes.

Table 3. Stigma Themes

| Stigma | Name | Example |
|---|---|---|
| Family | Charlie | Stepfather could not understand "why accommodations were needed now "when Charlie "didn't need them in high school." |
| Family | Ellis | Mother's cultural difference made disabilities a void subject where "it's almost just not talked about whatsoever". Family member comments <ul><li>"Said that I had an overactive imagination".</li><li>"No time to be depressed, so I just needed to keep busy. Kids in America don't have enough to do".</li></ul> |

|        |        |        |
|--------|--------|--------|
|        |        | • "You cry every time you don't get what you want". |
| Family | Finley | Religious "social stuff" made it hard to talk about mental health disabilities within the family when Finley was younger. |
| Family | Grey | Family members beliefs of homeopathic vs modern medicine |
|        |        | "For medicine, my grandpa was like a hippie. He was against it" which influenced personal behavior and thought process to believe Grey should "Fix it yourself. You can fix it with meditation and hard work". |
| Educators | Avery | Professors' comments and willingness to accommodate. |
|        |        | • "I've had a couple professors tell me to drop their classes which I won't." |
|        |        | • "Professors wasn't very happy" and respond to accommodations with "I must talk to a higher-up". This was a failed endeavor and thus the professor retorted with "You just can't fall behind in the class" and a blatant "No" when asked to sign an intermittent absence form. |
|        |        | • "My English professor was not very happy either because apparently the English department has a very strict attendance policy". |

| Educators | Bailey | Professor stated that "the accommodations did not fit her classroom". |

- Followed by being inconsiderate to those accommodations, particularly the less distracting testing environment.
- "Late to every single one of my exams"
- "I was supposed to have limited distractions in my exams, she had no problem walking into my exams".
- "She didn't have any issues having phone conversations during my exams in the room."
- "I would go in there and my tics would be terrible, and she really did not care. She was calling me out in the middle of the class."

| Educators | Charlie | K-12 Judgement included race, geographical location, socio-economic status. |

- "My teacher would complain about my behavior and my growth".
- "Mom is indigenous. She is visibly brown." …. "When she came in, immediately, they were like, "Oh, we know the situation now, it's just in her genetic." Because they just didn't want to help"

- "Lower socioeconomic status" residential area

  "That screams red flag for the school. It's like, "Oh, these are just poor people. Trying to screw the system." Blah, blah, blah. It was basically their attitude".

Professor tried to deny accommodations.

- "Basically, he outright told me I-- Basically he did, in an email. He said, "I'm not going to accommodate you. I don't have to and here's why." He brought up that clause" - A clause that was only for English and Journalism class which this was not.

- "He contacted my specialist, he went around, and my specialist directly, and was like, "I don't have to accommodate her because she actually is being graded on spelling, punctuation and grammar." This was denied.

| | | |
|---|---|---|
| Educators | DeLuca | College professors are "very supportive" but the interaction "got weird". |

- Describes professor stating, "I'm just trying to get some background because problems with cheating in the past, with people with this similar accommodation."

- Describes professor stating, "This is going to take time for us to, one, figure this stuff out for you because we're changing stuff like that around as well as doing stuff like that."

- Bing told "Sometimes that takes time, it takes some effort. We just don't have time right now because of COVID."

Burden

- "It seemed like it was more of a burden."

- "She made it feel like a burden".

| | | |
|---|---|---|
| Educators | Ellis | Professor comment "You don't seem like you have ADHD". |
| Staff | Deluca | Interaction with teaching assistant for alternate testing area was described as "weird". |

- "… patted me down."

- "She checked the inside of my water bottle."

- "Opened up my pants and made sure I didn't have any notes and stuff".

| | | |
|---|---|---|
| Staff | Finley | Will not get DID diagnosis for accommodations out of fear of being labeled a danger at the university (Has diagnosis that covers need otherwise) |

- "I don't feel comfortable getting a formal diagnosis for that…"

- "…put a file somewhere saying that I could be a potential danger to the university because of how villainized the disorders associated with my symptoms are."

| | | |
|---|---|---|
| Class Peers | Charlie | K-12 - "All of the friends that I had made wouldn't be anywhere near me because they didn't want to be treated like". |
| | | College- "if I use the physical disabilities to explain my accommodations, that people treat me better than if I tell them I have a learning disability." |
| Class Peers | Finley | K-12 didn't meet social norms which result in few friendships. |

- "It was really hard. I did make a few friends, but I was the obnoxious weird nerd who didn't really have much care in the world for things other people were interested in in terms of the popular stuff."

- "Growing up, I always felt really different from everybody else in terms of my peers."

- "Once I started getting into school, especially third or fourth grade, I started realizing that I wasn't really socially connected with my peers."

- Upon moving back to family area "I realized, oh, shit, people in here really didn't like me."

- "It was the idea of going back to a school environment where most everybody is another [religious] kid, many of whom, in my past experience, I just didn't get along with or didn't relate to".

| Class Peers | Grey | K-12 |
| --- | --- | --- |

- "I was really against being diagnosed with ADHD. I didn't want to accept that I was any different or that I needed any help from medicine or from therapists."
- "I do remember not liking the fact that my mother told me, and multiple other adults told me that I had ADHD and that I needed to take medicine and stuff like that".
- "I was worried about what everybody would think or because I was using them."
- "I was really anxious about other students seeing me use them and then thinking less of me."

College – Show concerned about other people knowing accommodations are needed at first, grows into a more comfortable area eventually.

- "I didn't want the extra time because I didn't want the other students to see me."

- COVID

- "We were given extra time, but really was a very nice thing for him to do and I think about that a lot because it really helped with my anxiety, because he helped make it anonymous."

- "…when COVID hits, accommodation has become so much easier for me, because we're all on Zoom. Roll on Zoom, if I'm doing 500 extra minutes, nobody knows, because nobody can see me..."

- "Because I didn't have anybody watching me and nobody would know that I was using the accommodations".

- "I think now that I have my anxiety under control, I would be comfortable with doing it. I've actually met some other people with accommodations who were really open about having them."

| | | |
|---|---|---|
| Coworkers | Avery | Boss- "My boss told me that I'm literally using my cancer as an excuse". He's like, "Oh, wow, that's a great excuse to not go to class." |
| Coworkers | Bailey | Coworker- "It was getting to the point that I was avoiding shifts because I didn't want to have to go get made fun of. They found out my trigger words and would say my trigger words to set me off." |

| | | |
|---|---|---|
| General Public | Avery | "I don't look like a cancer patient if that makes sense" which leads to disbelief of disability based on looks. ""Hey, I'm a cancer patient." I definitely get a lot of like, "Mm-hmm, are you?" Looks." |
| General Public | Bailey | "I go to the grocery store and get laughed at." "I'll have random people make fun of me and the tics." |
| General Public | Harper | "Even when I used the handicap parking, people were looking at me, "What does that guy need it for?" Then I hop out of the car and, "Oh, that's why."" "…getting over the fact how people look at me." |
| Perceived Stereotypes | Avery | "I have the intermittent absence form that was sent to my professors, just to say that like, "Hey, I'm she to miss these classes it's not because she's at home being lazy, it's because she's sick from her treatments". |
| Perceived Stereotypes | Bailey | Momentary concerns of what friends will think. "I don't think I should come. You guys haven't seen my tics before. They're still bad. I don't want to get made fun of." |
| Perceived Stereotypes | Ellis | Doesn't want to be viewed as seeking special treatment. "That one's hard to talk about because I don't want them to think that they will see me as asking for special treatment." |

Perceived Stereotypes     Finley     K-12 Uses terms like obnoxious, nerd, and weird when talking about how people viewed them.

- "…but I was the obnoxious weird nerd who didn't really have much care in the world for things other people were interested in in terms of the popular stuff."

- "…the way that I acquired languages was really weird."

- "… most kids have hobbies outside of being a big fucking nerd and doing things on your own and spending all your time basically being a pseudo-academic, which is what I liked to do in my spare time."

- "I'd sit there and ramble on hours and hours and hours about the things I was interested in."

College- Mentions that mental illness, especially DID is highly stigmatized and villainized.

- "…put a file somewhere saying that I could be a potential danger to the university because of how villainized the disorders associated with my symptoms are."

| Perceived Stereotypes | Grey | Concern with the stigma of what other would think if they knew accommodation were needed/being used. |
|---|---|---|
| | | <ul><li>"I was worried about what everybody would think or because I was using them".</li><li>"We were given extra time, but really was a very nice thing for him to do and I think about that a lot because it really helped with my anxiety, because he helped make it <u>anonymous</u>."</li><li>"…when COVID hits, accommodation has become so much easier for me, because we're all on Zoom.</li><li>Roll on Zoom, if I'm doing 500 extra minutes, <u>nobody knows</u>, because nobody can see me..."</li><li>"Because I didn't have anybody watching me and <u>nobody would know</u> that I was using the accommodations"</li></ul> |

All interviewed students recognized the need for services as a beneficial factor of their success. Two students mentioned specific reluctance to obtaining services. Avery's reluctance stemmed from a friend who described a lengthy process to obtain accommodations. Otherwise, Avery knew accommodations would be beneficial and was willing to do so.  Grey was reluctant due to personal struggles with being diagnosed and the stigma that accompanies diagnosis. However, Grey recognized the usefulness of accommodations and obtained accommodations. Grey attributed much of the reluctancies to diagnosed anxiety, especially in social situation.

Grey's worry of people knowing has lessened with medications treating anxiety and the

experienced benefits received when using accommodations.

**Chapter V: Discussion**

This study was designed to gain a better understanding of what influenced the perceptions of students with disabilities regarding the services and supports at their collegiate institution. In addition to looking at current perceptions on services and supports, consideration to how students with disabilities levels of access to services earlier in life and reluctance factors were taken into consideration as influences on perceptions. This was accomplished by conducting semi-structured narrative interviews accompanied with timelines developed for stimulated recall.

Overall, this study found that often students with disabilities view the accommodations and services offered at their collegiate institutions as a form of capital in that the services and accommodations are beneficial toward their academic success. This view is heighted within the population of students who also received accommodations in K-12. Additionally, this study has found seven themes of stigma that students have endured. These themes of stigma have in some cases delayed the acquisition of accommodation and services but are not considered a reluctance factor for students obtaining and utilizing accommodation and services. These themes include family (this cultural and religious beliefs within the family unit), teachers, staff, classmates, coworkers, the general public, and perceived stereotypes.

Results were viewed using two distinct methods. The first utilized Bourdieu's (2011) forms of capital cross-examined with Bronfenbrenner's (1994) ecological model to review current perceptions on services and supports and how students with disabilities levels of access to services earlier in life influenced these perceptions. The second method uses theories of power and knowledge as seen in Foucault's (1973) "Birth of the Clinic", cross-examined with Bronfenbrenner's (1994) ecological model, to review stigmas as a reluctance factors.

Bronfenbrenner's ecological model was utilized to cross-examine in both scenarios due to the five systems influences on one's development. Renn & Arnold (2003) describe Bronfenbrenner's ecological systems as follows: Microsystem (consists of groups that have one has direct contact with the), Mesosystem (consists of relationships between the groups from the first system), Exosystem ( consists of factors that affect an individual's life but, the elements of this system don't have a direct relationship with the individual.), Macrosystem (contains cultural elements that affect the individual and everyone around them.), and the Chronosystem (The stage of life that the individual is in regarding the situations they're going through).This seemed to be the most fitting due to the nature of the theories and the way these theories overlap one another. This decision was made based on the need to understand how factors in the environment can affect students' educational experiences, and how these experiences influence a student's willingness to seek supports and services.

**Capital Perception**

In Pierre Bourdieu's (2011) work, 'The Forms of Capital,' he states that, "Cultural Capital can exist in three forms: in the *embodied* state, (i.e.., in the form of long-lasting dispositions of the mind and body); in the *objectified* state, in the form of cultural goods (i.e.., pictures, books, dictionaries, instruments, machines, etc.); and in the *institutionalized* state (i.e.., academic qualifications") (p.86).

In this study, services and supports were viewed as a form of capital, in particular the *objectified* state because these consist of needed materials to succeed, such as recording devices for note taking. Additionally, some accommodations offer intangible forms of cultural goods such as extra test time, priority scheduling, and limited distraction testing areas. These resources are considered capital due to the benefits they provide.

This section contains a review of what is perceived as beneficial (a form of capital) and how those perceptions evolved. This required a look at the participants past influences, which include whether they had received accommodations prior to college in the form having an IEP in place, creating two categories; (1) K-12 (for those who had an IEP in their K-12 years) and (2) College (for those who did not receive services and supports until college).

### K-12

Through the interview process it was discovered that not all participants needed or had access to services and supports during K-12. However, there were two students who did receive supports through an IEP in K-12, Charlie and Grey.

Charlie utilized the services of an IEP, came from a lower socio-economic status, lived in an area that was often labeled as poor and had a single working mother who was very support in ensuring that disability services and supports were received including extra tutoring and other school programs. In this case the ecological model was sufficient in getting Charlie needed help due to Charlie's mother's persistence (microsystem), despite difficulties from the being a single working parent that did not always have the time for one-on-one help with classwork (mesosystem). Additionally, free programs available to help academically (exosystem), seemed to be helpful.

Grey did not utilize services provided by the IEP, due to social anxiety of perceived stigma, although an IEP was in place. This is representative of the inherent flaws on how society has viewed disabilities in the past and suggests that the chronosystem been immensely influential. Through alterations in policy and procedure on the exosystem, these societal views at the macrosystem have lessened social stigma but have not eradicated it completely. Furthermore

strides, at all levels of the ecological model are necessary to continue to dismantle this societal thought process.

Additionally, there were three students who did not receive services but that would have qualified due to their diagnosed. However, this diagnosis was not obtained, or services were not pursued, due to various factors.

Avery had a late diagnosis for depression and came from a lower socio-economic background, with a supportive single working mother. Had a parent, teacher, or doctor on the microsystem who noticed signs of depression, a diagnosis could have been received earlier. This could have been missed by the mother due to being a single working mom hence being influenced by the mesosystem.

Ellis struggled with anxiety and depression early on in life, this was amplified by being below socio-economic status and residing in area the Ellis considered "*foreign*".  Ellis mentioned that these disabilities and their needs were difficult to convey, coming from a family that did not talk of disability and mental health issues due to cultural differences. This was often met with disregard attributed to having an overactive imagination or as having "*too much time*" by Ellis' mother. This suggests that struggles at the microsystem were influenced by parental beliefs and cultural views. This is seemingly difficult to alter because the parental views were multi-generational and cross-cultural. However, with positive influence from others within the microsystem, parental views did change. This could be progressed further as views change in the exosystem based policy developments and mass media, hence creating an alternative perception in the macrosystem.

Finley had a late diagnosis of autism, came from a large family that was heavily involved in a religion and a community making it difficult to talk about disabilities. Additionally, Finley's

parents came from what was described as "*a slightly dysfunctional background*". Again, this suggests that struggles at the microsystem level were influenced by parental beliefs and cultural views. Additionally, the mesosystem has influenced Finley greatly due to their parents' employment and finances. The exosystem has also failed Finley and Finley's family due to the community in which Finley's family was involved and the divide between those in the religious community and those within the broader non-religious community. Further education within the microsystem would help adjust views regarding disability and needs. Again, this could be progressed further as views change in the exosystem through policy change and mass media, in turn altering the perceptions in the macrosystem.

### *College*

This study found that participants overall had a very positive view of the accommodations offered by the Office of Accessibility Services. The services were often seen as beneficial and necessary for succeeding in their studies based on participants' comments. Examples of the comments include "*For me to not have to worry about recording or stuff in certain classes, it's just easier for me I've found*" (Bailey), "*I knew applying that... When I was applying to colleges, I would need accommodations. It was very-- There was no way that I was going to be able to get through without them.*" (Charlie), and "*If I didn't have the extra time, I wouldn't have done as well as I did on a lot of the tests that I took*" (Grey). These findings may suggest that not only are the services and supports seen as capital, but that the ecological model has been conducive for the creation and implementation of the current supports offered by the Office of Accessibility Services.

This was also often expressed with a clarification that the process was not difficult due to the transparency, familiarity, and or the helpfulness of the accessibility specialist. Changes in the

attitudes and beliefs of the masses (macrosystem) regarding disabilities and the needs of those with disabilities have evolved over time (chronosystem). This had led to the emergence of policies that require higher standards of care for individuals with disabilities (such as the ADA). Furthermore, public/social media has provided a platform for the masses to share experiences, needs, and expectations regarding disabilities; as well becoming a method of public advocacy and support. Public/social media platforms are available to the masses and is often a driving force for social change, which can influence change within the macrosystem and the exosystem. These factors are pivotal within the exosystem for industries (college and otherwise) to meet not just the letter of the law but the spirit of the law. Examples of these on a collegiate level would be the additional resources for mental health during the COVID-19 pandemic, such as support groups online, and the willingness to conduct meetings to ensure services and supports are provided through online formats such as zoom.

On the other hand, the acquisition of the services and supports was viewed negatively by three participants due to perceived length of process, diagnosis process, and social anxiety. This suggests that some alterations could be done within the ecological model that would better support these students. For instance, the lengthy process and the diagnosis process could be altered at the exosystem level to adjust policy that allows for outcomes to be achieved more expediently. Also, regarding the diagnosis process, adjustment to the mesosystem may need to be made where an alteration of temporary assistance could be provided for the student while waiting on the diagnosis. This would require an additional work force to meet the demands of those in need. However, the additional workforce may be difficult to accomplish due to budgeting, inflation and deflation of demands, current space of the health institutes providing the diagnosis, availability of qualified doctors/therapists, insurance restrictions, etc.… This suggests that there

is a deeper need to further the understanding of the current environment and the more progressive nature seen in those seeking diagnosis to allow for many of the hinderance to be addressed. Regarding insurance restrictions, adjustments may be difficult to achieve without law specifying as such. However, with the increasing awareness and understanding of mental health care needs and public persistence, this could be achieved in time.

Additionally, three participants saw service and supports pertaining to health care offered by the university and/or affiliated with the university to be less than sufficient. This was due to the lack of assistance, lack of long-term treatment, and the mentioned mental health care facilities being understaffed. However, it was also noted that this is likely due to the COVID-19 pandemic. But the treatment provided by the university and/or affiliated mental health care facilities were still needed to be able to continue succeeding in both academia and life, and therefore seen as beneficial. These areas could be better adjusted within the exosystem with the hiring of more staff, a policy review for treatment time frames, and policy review or training to ensure better assistance when visiting these healthcare systems.

**Stigma**

Foucault (1973) believed knowledge and power were directly intertwined. Believing that those in places of  power had access to knowledge as well as the ability to create knowledge. This in turn suggests that those with knowledge had the ability to create systems of power. This theory regarding disabilities is prevalent in Foucault's "Birth of the Clinic," (Foucault, 1973) where he addresses the historical movement of medical language, through what is called the medical gaze.  The medical gaze evolves into a method of discourse that objectifies human beings by labeling them, making the patient no longer a human but an entity or subject to be studied and cured. Furthermore, through the classification of specific impairments a divide

between the normal and the pathological is created, which in turn creates social stigma around the distinction for being different from societal norms (Hughes, 2015).

Stigma can unveil itself in many forms, such as stereotypes (Akin & Huang, 2019), misinformation (Stein, 2013), and disempowerment (Francis et al., 2019). This study found that stigma was seldom a reluctance factor in obtaining services and supports for participants (except for Grey). This differs from other studies which found that student behaviors for determining whether to seek services or not include how stigma influences the student (Hong, 2015; Stein, 2013), stigma whether real or perceived (Marshak et al., 2010; Squires et al., 2018 ), what students believe the faculty behavior will be (Cawthon & Cole, 2010; Cook et al., 2009; Mamboleo et al., 2020), and how students believe their peers will perceive them (Debrand & Salzberg, 2005; Mamboleo et al., 2020; Murray et al., 2008), all of which fell into seven themes of stigma for this study. In this study stigma was only an influential factor for how these students conducted themselves.

This relates back to Foucault's (1973) theory in that the stigma has been created with-in the societal setting, and although this stigma may not be as prevalent as it was years before, there is a residual effect of the stigma at many levels. The stigmatizing events/actions experienced by these participants revealed seven emergent themes: (1) family (this cultural and religious beliefs within the family unit), (2) educators, (3) staff, (4) classmates, (5) coworkers, (6) the general public, and (7) perceived stereotypes. These seven themes will be examined and discussed individually.

Table 4: Stigma themes: Condensed

| Themes | # Participants who mentioned the theme |
| --- | --- |
| Family | 4 |
| Educators | 5 |
| Staff | 2 |
| Class Peers | 3 |
| Co- Workers | 2 |
| General Public | 3 |
| Perceived Stereotypes | 5 |

### *Family*

Familial influences on stigma happened within the microsystem and can be seen through both comments and attitudes regarding disabilities. Comments include questioning why services are needed and disregard of disability through assumptions (such suggestions as an overactive imagination and accusations of crying to get one's way). Attitudes towards dealing with disabilities present in avoidance of topic. These were noticed primarily with-in two families, both with cultural differences that set them apart from the other participants families. These cultural differences included ethnic background and religion. These factors were specifically mentioned by the participants as to why the subject of disabilities was difficult within the family. Belief systems also played a role in familial methods of dealing with disability in one case where homeopathic medicinal treatment was prevalent. In all these instances we can see that the families' views are created by their own way of life, which has been influenced by their

surroundings. This would suggest that these instances also fall within the macrosystem for the

participant due to ideologies and attitudes within their specific cultural environment.

### *Educators*

Educator stigma during the formative years of K-12 was recalled by one participant. This

example has many facets which included the belief by the participant that they were labeled as a

"*problem child*" instead of getting the needed help due to socio-economic status. This was

followed by difficulties getting services due to ethnic background. In this instance the

participants mother, whom the participant refers to as "*visibly brown*" and "*doesn't look like*

*me"*, was told by a teacher that nannies were not able to sit in on IEP meetings. This creates a

struggle within the mesosystem for the participant due to factors that the mother must navigate in

the exosystem.

The educator stigma within the college atmosphere is not blatant, however professors'

willingness to provide accommodations was revealing. Three of the eight participants had

experienced professors who tried to deny accommodations, and one professor went as far as

attempting to circumvent the student by going to the Office of Accessibility Services about the

accommodations. Ultimately in all cases accommodations were provided, although one case

seemed to be complied with begrudgingly. In this instance the participant was offered testing in a

low distraction setting, where the professor was immensely distracting due to phone

conversations and tardiness. Additionally, a fourth student described a professor as being very

supportive but made the participant to feel as if they were a burden regarding providing the

necessary accommodations.

These examples do show positive factors on the exosystem/mesosystem in that the

policies set by the institution (in compliance with the ADA on the federal level) did protect the

students right to receive said accommodations. However, the example also shows negative influences for the student within both the micro and macro-system; The student and educator interaction (microsystem), which in turn give suggestion of the educators' beliefs (macrosystem). This in turn reinforces a hegemonic discourse that those in power do not value the needs of those not in power. This is important because hegemonic relationships influence different social identities (Jones & Stewart, 2016) while creating foundational knowledge to influence paradigm shifts among educators (Abes, 2016). In other words, this behavior can become a cycle that reinforces in the student's mindset that this is simply how things are or reinforce to observers that the behaviors of educator (who has the power) are acceptable.

*Staff*

College staff were only mentioned by two participants in regards of behaviors that enhanced social stigma. The first was due to procedure prior to exam in a less distracting area where the staff patted down the student and went through property to ensure no cheating was being done. Although the participant noted that this is understandable, it did make the participant feel "*weird*", as if it was believed that the accommodations were requested with an intent to cheat. Another example staff stigma came from the avoidance of deeper staff interaction due to societal beliefs about the participants other diagnosis. The student did not want to get a proper diagnosis for dissociative identity disorder (DID) out of fear that the institution would label them as "*potential danger*" due to societal beliefs about DID; this is representative a scenario of misinformation creating a stereotype (Stein, 2013).  In both above cases, the macrosystem has influenced societal views related to stigma, which in turn has impacted the students' interactions in microsystem. Additionally, both the mesosystem and exosystem have created negative

influences for the student who chose avoidance of diagnosis based on mass media's portrayal and villainization of people with certain diagnoses.

### Classmates

Stigma regarding classmates varies drastically between the K-12 experience and the college experience. Participants who had disabilities in formative years reported classmates treating them differently due to accommodations or aspects of their disability. Charlie reported that the treatment received by teachers influenced how classmates treated Charlie.  Charlie was labeled a "*problem child*" with minimal consideration of a possible disability for years. Then once an IEP was established, separation from classmates was experienced due to certain educational endeavors. In both cases it was reported that "*All of the friends that I had made wouldn't be anywhere near me because they didn't want to be treated like me*." Therefor in both cases the treatment was seen as negative by peers, hence creating an ostracized environment. This had a very negative influence on Charlie within the microsystem, but also showed flaws across all systems of the ecological model. The teacher's behavior showed systematic flaws within the mesosystem in their unwillingness to look deeper to help assist the problem, hence influencing the classmates' perceptions. Also, when needs were discovered, both the segregation and least restrictive environment for learning allowed peers to notice difference, creating a lose-lose situation for Charlie. These events created a belief structure about the accommodations needed to succeed in academia (macrosystem) that also negatively affected Charlie.

Similarly, Grey was consistently worried about what peers would think if accommodations were used in high school. This suggests that the belief structure in the K-12 environment and among classmates regarding disabilities and disability needs, often shows numerous influences that create a negative tone that effects both the micro-system and

macrosystem of student development. However, in both cases it was observed that once diagnosed, both students experienced both positive and negative influence within the mesosystem, in that the schools did offer the accommodations, but without consideration on how this would shape classmates' views.

Classmates in college seem to express less stigma than in formative years which aligns with Akin and Huang's (2019).  Akin and Huang's (2019) study reviews how students with disabilities are viewed by their peers, which overall is quite positive whether physical, cognitive, or psychiatric. This suggests that with time and education a greater understanding and acceptance occurred among those with disabilities and the needs required (macrosystem and chronosystem). Classmates were often reported as supportive or as not saying anything at all.  In one case it was suggested that "*if I use the physical disabilities to explain my accommodations, that people treat me better than if I tell them I have a learning disability.*" This observation of behavior is reflective of how information has affected people's beliefs about disability and needs (macrosystem); suggesting that a physical disability and the needs of that disability are acceptable and understood, but that a learning disability suggests that the person is less than capable, or possibly taking advantage of the services. Furthermore, this is exemplary of Foucault's (1973) theories on how power creates knowledge and how this power has influenced the macrosystem for people with mental health diagnosis; suggesting that visible disabilities are inevitable, but invisible disabilities are still judged and questioned.

### *Coworkers*

Stigma among experiences with co-workers was only mentioned by two participants. In one case it was suggested that the participant's disability was utilized as an excuse and in the other example the coworker was tormenting the coworker by triggering Tourette ticks

purposefully for amusement. In both cases there is clearly a misunderstanding of how impactful

disabilities can be on one's life. This interaction would be negatively seen within the

microsystem as well as the macrosystem in that the cultural understanding of the disabilities have

led to the attitudes and behaviors of the coworkers.

### General public

Stigma prevalent events by people in public places (exosystem influences) were

mentioned by three participants. In two instances where this was reported, it was based on

questioning looks due to needs such as handicapped parking or other needs. In one case the

stigmatizing event was due to people making fun of a participant during an episode. The

behavior of these people with-in the "general public", are representative of the attitudes and

beliefs they hold (macrosystem) and have not affected the participants to the point of retreating

from society. Although, behaviors have influenced new coping mechanics in response to people

who have these judging gazes and comments. These coping methods include disregard,

explanation, and delayed outings.

### Perceived stereotypes

Perceived stereotypes have been classified separately due to the participants assumptions

of how others will act or view the participant, their disability, and/ or their needs. These

assumptions do not have to transpire for them to be perceived. Perceived stereotypes were the

most frequently mentioned theme (tied with educators), but referred to more frequently, hence

having the biggest effect on participants. Examples of the perceived stigma or stereotypes

include the concern that others will believe they are lazy, purposefully disruptive, a burden,

seeking special treatment, weird, obnoxious, a potential danger, and incapable of achieving due

to use of accommodations. These examples were obviously very saliant for participants given

how often they were discussed in the interviews, both personally and as a witness (for example mass media portrayals) which may suggest negative influence across all systems of the ecological model. The macrosystem holds the attitudes and beliefs culture has allowed for the stigma to be implanted and persist across time (chronosystem) through numerous paths, such as policy and social media, and mass media (exosystem). This has affected the family beliefs and behaviors (microsystem), which influences the individuals' current beliefs.

**Implications for Future Research**

With this study, the researcher aimed to better understand what influences the perceptions of students with disabilities regarding services and supports provided in college. A major focus in achieving this was to inquire about personal experiences in education and withs services and supports to discover how these experiences influenced the students support seeking behaviors and perceptions of the available services and supports. In this study, the sample size of eight students who had already disclosed their disability and were receiving services from one Northeastern University in the United States. This was a requirement for finding students who could provide perceptions of the services being utilized and did limit the understanding of what may be influences for those students who do not disclose. The eight participants of this study all found that services and supports were beneficial and a driving factor for their success in academia. This aligns with the idea that if the service and supports are useful the students will seek those services.

Upon reviewing student behaviors for determining whether to seek services or not, stigma was determined as an influential factor. This stigma was categorized into seven themes: (1) family (this cultural and religious beliefs within the family unit), (2) educators, (3) staff, (4) classmates, (5) coworkers, (6) the general public, and (7) perceived stereotypes. These seven

stigma themes were not represented by the participants as a deterrent for getting services and supports, although these stigma themes did cause students to develop a navigational approach to stigmatization. This aligns with Akin and Huang's (2019) ideas that students with disabilities who have heard stereotypes about their disability may experience stereotype threat, or the fear of confirming the stereotype.

Overall, none of these factors outweighed the benefit of the services and supports, and therefore did not keep students from seeking services. However, stigma was a factor for delayed use of services for one of the eight participants. This may have been different had the service and supports not been viewed as beneficial or had some of the participants been students who had not disclosed and therefore did not utilize the services. Should future research be conducted that had a population of students who were not impressed with services and supports at the academic institution, greater insight could be gained.

Additional factors that were not explicitly mentioned regarding why services were sought after in the semi-structured interview process included self-perception (O'Shea & Meyer, 2016; Squires et al., 2018), type of disability and whether it is non-visible or visible, self-awareness (Cole & Cawthon, 2015; O'Shea & Meyer, 2016), and self-motivation (O'Shea & Meyer, 2016). However, the fact that all the students were eager to succeed could be seen as self-motivation. Further exploration of this in future studies would be beneficial.

Furthermore, to take advantage of services and supports provided in higher education, a student must first make a conscious decision to self-disclose their disability to the institution's office of accessibility (Cole & Cawthon, 2015). Yet, reaching students who are not willing to disclose to their university that services were needed, but were willing to identify to the

researcher, would be ideal in better understanding in all possible areas of hinderance. However, doing so without breaching HIPPA would be immensely difficult.

Other future research suggestions would be to consider a larger sample size accompanied with a wider reach across schools and regions. Additionally, due to the desired depth of the inquiry in this study it was decided that a semi-structured narrative interview would be utilized. This process is very time-consuming depending on the sample size. Therefore, it would be suggested that if the sample size were expanded that this inquiry method would be reconsidered. With a less time-consuming method, more students could be reached. For instance, if a researcher wanted to simply reach the masses, a questionnaire could be done in place of semi-structured interview. With an open-ended questionnaire the research may still be able to get some of the in-depth insight that was found with the semi-narrative interview format used here. In both cases this would allow one to inquire if these findings were consistent across students, universities, and or regions. Hence allowing the possibility for researchers to determine where progressions to eliminate stigma are being made (or not being made) and how; to determine if other universities are meeting the needs of the students and how; and/or to get a better understanding of what influences the perceptions of students in other regions.

**Implications for Practice**

The study revealed the following: (1) services and supports were viewed as being beneficial for academic success, (2) acquisition of services came with varying levels of knowledge on how to acquire such services, as well as barriers, and (3) stigma was experienced by all participants but was seldomly a reluctancy factor in obtaining services. To better facilitate students with disabilities, it will be important to consider how these three discoveries can be

addressed within the university setting (disability services, faculty, advising), the family setting, and within the student themselves.

### *University Setting*

**Services.** Although this Northeastern university was regarded as having beneficial services and supports it would be suggested all university administration and accessibilities offices continuously evaluate current service and supports as well as an inquire on best practice of other universities. Upon learning what services or service delivery methods works elsewhere, this new information could be implemented within the current system. For instance, should it be discovered that another school is utilizing a different method for note taking that is highly regarded amongst students with disabilities, that method could be implemented on a trial basis to determine if it is also successful within this institution. Additionally, a university may find that another university has beneficial service for a population of students with disabilities that is not present within their own institution. This would allow the university to be prepared should that population increase.

**Acquisition.** Knowing that students come in with varying knowledge of how to get services or what services are offered at their university, it is suggested that the universities administration and accessibilities offices attempt to reach potential students prior to college entry. To accomplish this, it is suggested that colleges visit local high schools or work in tandem with administration and counselors at local high schools to ensure this information is accurate and provided to all. One method of accomplishing this could be the creation of a brochure or informational video about what services are offered and how to receive service (which could be provided to staff, parents, students, medical professionals, and even posted online for all to see). If done annually, this would also ensure that the most up-to-date information was provided.

Additionally, it is suggested to have a transparent information delivery system once in college. Often students come from areas that are not local; having a website that is easily found with clear and concise information and direction would be beneficial.

Additionally, it is suggested that the university make efforts in reaching students already enrolled in college, and their families. This can be accomplished by the continuance of introducing incoming students to the Office of Accessibility Services during orientation. However, reintroducing the concept later in the student's academic career would be immensely beneficial. This could be accomplished by having emails sent at the beginning of every semester, information both set up in high traffic areas, having trainings for advisors to learn how to be proactive and informational when meeting with all students, or by having professors speak of the possibility when each new class begins. The continuance and upkeep of transparent information about services is also crucial in assisting with disabilities and as well as reaching students who may benefit from having services and supports. This transparency could include information on local resources (contact for medical providers or social workers) and relevant and reliable online material (books and articles). This transparency could also benefit parents. With the ability to obtain and utilize the information provided by the university, parents could better support their children.

*Stigma.* As expressed by some participants, faculty, and staff were not always accommodating and, in some cases, made students with accommodations feel as if they were a burden, untrustworthy, or unbelieved. These behaviors create stigma both perceived by students and visually to classmates who witness the interactions, especially when coming from faculty and staff who are in positions of power. In these cases, it would be suggested that the university administration and accessibilities offices send out reminders to faculty and staff off what is

expected from them in these situations and/or to develop a sensitivity training that helps educate

the faculty and staff on how they are to conduct themselves. The training could include; (1)

clarification what is expected of the faculty/staff  (for instance not talking on the phone while a

student who receive a less distracting test area accommodation is testing or not being hasty in the

manner in which they speak to the student), (2) how to not make assumptions (assuming that

someone is trying to take advantage of the service offered because they do not always show

symptoms), (3) what not to say (such as "you don't look like you have cancer", or comparisons

to others needs or abilities), (4) reminder of HIPPA regulations, and (5) mindfulness in regards

to the students symptoms (such as not continuously calling on the person with anxiety and

Tourette's when it is clear it triggers the students symptoms). This training could also be

modified and provided to students to help educate the population further.

Furthermore, it is suggested that teachers and staff actively self-reflect on how they

interact with their students who receive accommodations. Faculty and staff should aspire to stay

current on what school policies are regarding students with disabilities, partake in any

informational or sensitivity training offered by the university (or seek outside information if

necessary) that could help them better understand the needs of their students.

*Families*

Although not all family members are actively a part of their child's college journey, those

who are, would benefit from understanding their child's diagnosis and needs. To accomplish

those family members will need to actively seek out this information either from medical

professionals, social workers, school educators, or from reliable sources (books, articles, online

materials). This information would allow families to not only be supports when their children

enter college but could help prior to college if discovered soon enough. For instance, if Charlie's

stepfather had more knowledge about the needs of Charlies diagnosis (learning disabilities and dyslexia), comments regarding why accommodations were need now when they were not need before would not have been made, hence avoiding the stigma attached to the comment. Had Grey's influential family member who believed in homeopathic medicine over modern medicine been more versed in the topic, maybe that influence could have shifted towards the modern medicine that did in fact eventually help Grey's social anxiety tremendously.

This push to seek out information does become more difficult when family members who have engrained beliefs and ideologies about disabilities, whether it be due to cultural difference, religious difference, or familial beliefs. Here it is suggested that the family member attempts to be open-minded. But more so it is suggested that society tries to educate future generations so that such negative beliefs and ideologies dissipate.

### *Students*

It is suggested that all students with disabilities entering the higher education realm be willing to self-disclose their disability to their university's accessibility office, so that they may receive the service and supports to help them achieve their academic goals. Additionally, students should be willing to self-advocate for their needs. For instance, if they are not getting a service that would be helpful, but it is known that the service exists, it is important that the student takes the initiative to ask for this service. Additionally, it is also suggested that students attempt to keep themselves up to date on available resources both at the university and within their community, current trends in available resources and care, and exploration of service and supports to determine possible accommodations that may be beneficial.

**Conclusion**

This study showed that the eight participants saw service and supports offered by their collegiate institution to be beneficial (a form of capital) in their academic success. Therefore, the service and supports do not create reluctance in seeking this assistance from accommodations. Health service offered within the community were seldomly mention and do have drawbacks in the acquisition of the college services and supports. However, these health services and supports are still seen as beneficial and are therefore sought. Additionally, this study has shown that stigma was a reluctance factor in acquiring services for one of the eight participants. However, this participant overcame this stigma factor with proper treatment for social anxiety.

Participants seemed to be self-owning of their diagnosis, had made strides into understanding their disability, advocated for their needs, and were not ashamed of who they are. This suggests that there have been great strides in the overall attitude toward disabilities within our society. However, even though stigma was not a reluctance factor in acquiring services, stigma was still a factor that had influenced each student's life. This in turn impacted how participants navigated the use of accommodations and why. The experience with stigma varied for each individual and included one or more of the following stigma interaction themes; (1) family (this cultural and religious beliefs within the family unit), (2) educators, (3) staff, (4) classmates, (5) coworkers, (6) the general public, and (7) perceived stereotypes.

All these themes can be addressed with education and understanding of disabilities and the needs of the disability. Taking Bronfenbrenner (1994) ecological model into consideration, this process would be cyclical. By having family, friends, teachers, and medical providers (microsystem) that are understanding and supportive, the individual will grow up with positive influences and outlooks on their disability. Additionally, these microsystem participants can be

the voice of change in policy and procedure, educate others, and show support for others in the exosystem (creation of mesosystem), hence attributing to the change of cultural views (macrosystem).  In turn, the alteration of societal views would then push for additional understanding and change within the exosystem, creating a better experience in the exosystem with the individuals in the microsystem, which in would positively influence the individual.

More specifically, for individuals who have family that is more aware of disabilities, stigmatizing comments and assumptions would not have been made, hence removing this stigmatizing experience. This same lack of understanding and experience can affect classmates, coworkers, the public, educators, and staff. If educators/staff had more exposure and knowledge to disabilities, they would be more equipped to notice disability, and judgements on behavior or assumptions would not have been made. Granted policies are in place to prevent such events from happening, but there are different levels of understanding for each person, compliance is not always adhered to, and personal experience of beliefs creates bias. Additionally, what is acceptable response and the understanding for individuals within the educational field has been a moving target as time progresses. Education and awareness to the masses will help change the power structure that creates knowledge, and in this case help to remove stigma. By reducing the stigmatizing interaction, the need to avoid perceived stereotypes would become obsolete.

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**Appendix A**

Online Survey Cover Letter

Dear Student,

This letter is a request for you to take part in a brief demographic survey, to assist in gathering participants who receive services from the Office of Accessibility Services at West Virginia University and are willing to be a part of interview for a dissertation on percpetions of services and supports. This project is being conducted by Taylor Mikalik, MPA, MSW, MA, a doctoral student at WVU in the Department of Education and Human Services. The protocol for this survey study is/ (will be) on file with the WVU IRB.

Your participation in this study is greatly appreciated, and it will take approximately 3 minutes to complete the survey. Your survey answers will be confidential and will not be linked back to your identity. You may skip any question you do not wish to answer, and you may discontinue the survey at any time. There is no penalty if you decide not to participate. You must be a student enrolled at West Virginia University who receives services from the Office of Accessibility Services to participate.

If you wish to participate in this research study and would like to complete the survey, please click on the link provided at the bottom of this message.

I hope you will participate in this research survey as it may help yield beneficial information insight into disabilities and services and supports. If you have any questions about this message or the research project, please feel free to contact Taylor Mikalik at tmikalik@mix.wvu.edu.


Sincerely,


Taylor Mikalik, MPA, MSW, MA

Doctoral Student

College of Education and Human Services

Program Evaluation and Research Center

West Virginia University

**Appendix B**

Online Demographic Survey

Q1: Gender                                                          _____

Q2: Age                                                             _____

Q3: Are you a student at West Virginia University?          Yes          No

Q4: What is your major?                                          _____

Q5: What is your academic standing?          Undergraduate          Graduate

Q6 : Looking back on your childhood, would you consider yourself;

   ___Poor

   ___Struggling

   ___Comfortable

   ___Well-off

   ___Rich

Q7: Ethnicity

   ___White

   ___Black or African American

   ___American Indian or Alaska Native

   ___Asian

   ___Native Hawaiian or Pacific Islander

   ___Hispanic or Latino

   ___Other

Q8: Do you receive services from the Office of Accessibility Services at West Virginia

    University?                                                                      Yes              No

Q9: What diagnosis are you receiving services for?                    _____

Q8: Would you like to partake in an interview regarding your perceptions of the services and

    supports you receive?                                               Yes              No

Q9: If you would like to partake in an interview regarding your perceptions of the services and

    supports you receive, please contact Taylor Mikalik at tmikalik@mix.wvu.edu or place

    your contact information in the comment box below.

**Appendix C**

Script for initial contact with potential interviewees.

This is very informal to create rapport, yet make sure the protentional participant understands the purpose of the interview. Script is subject to be altered depending on how the conversation goes but will have this general format.

Hello, _____. Thank you for showing interesting in participating in an interview.

My name is Taylor Mikalik, let me tell you a little more about what this interview is for…

Pause

I am a PhD student here at WVU in the Education department. For my project I decided that I wanted to get the perceptions of students with disabilities who receive services at the Office of Accessibility Services, on the services and supports they receive. I figured this would be a great way to see what can be done better and what's working. Hopefully this will be beneficial to higher education in general! If you were to participate, we would need to meet one time and I would email a timeline with instruction for you fill out before we meet. The timeline would just have important events related to when you started receiving services (even if it was before college), import events that like when you were diagnosed, if someone was influential in the process, and so one.

Is this something you would be interesting in doing?

If no, thank them kindly, and end call/ If yes, continue.

Great!! First let me just verify you do receive service from WVU OAS and are currently enrolled correct?

If no, thank them kindly, explain that this is a needed criterion, and end call

If yes, continue.

Awesome! Well first let me make sure to get you or email (or) that I have your email correct

Pause

Great, so for the interview, it will be online through zoom or skype whatever you are more

comfortable with.

Allow for response and set up accordingly.

If they are unable to do either of these, see if phone option is fine

Set up date and time, exchanging need information to do so.

Great, do you have any other questions?

Answer accordingly if so

Thank you so much for being a part of this, it is a big help, see you soon, and call me if you need

to change anything.

**Appendix D**

Timeline Instructions

(Also kept very cordial, as to not intimidate any of the participants)

In the attachment below, is a timeline that you can print off, or if you would rather you can draw a basic timeline. At the top, please put you name, this will be blacked out and coded later to ensure that you are kept anonymous. Along this timeline, or the one that you made place important events, starting with a general beginning spot of your birthday.

On this timeline, please place important events that pertain to you, regarding your disability and the supports you have received.  Examples of this could be

- When you were diagnosed

- When you started getting supports

- A teacher who had an impact (positive or negative)

- Something that a friend or family member did or said that had an impact

- Events that have happened in grade school or college that pertained services

- What influenced you to seek services

And so on…whatever was important to you throughout the course of your lifespan. Some off these things may not apply, and that is fine.


The purpose of this is to help ensure that those important factors, good or bad, are remembered for the interview process. Also, if you have any questions about this process feel free to contact me and I will assist however I can, another option would to do an online meeting, email correspondence or by phone prior to the interview to file this out if needed. Just let me know.

Upon completion the timeline will need to be sent to me through email. This can be done as a word document, as a scanned copy, or as a picture (jpeg). If there any questions in regard to how to accomplish this, again I would be able to assist through an online meeting, email correspondence or by phone.

**Appendix E**

Timeline Template                                                                    Name:

Additional Info                    Additional Info                    Additional Info                    Additional Info
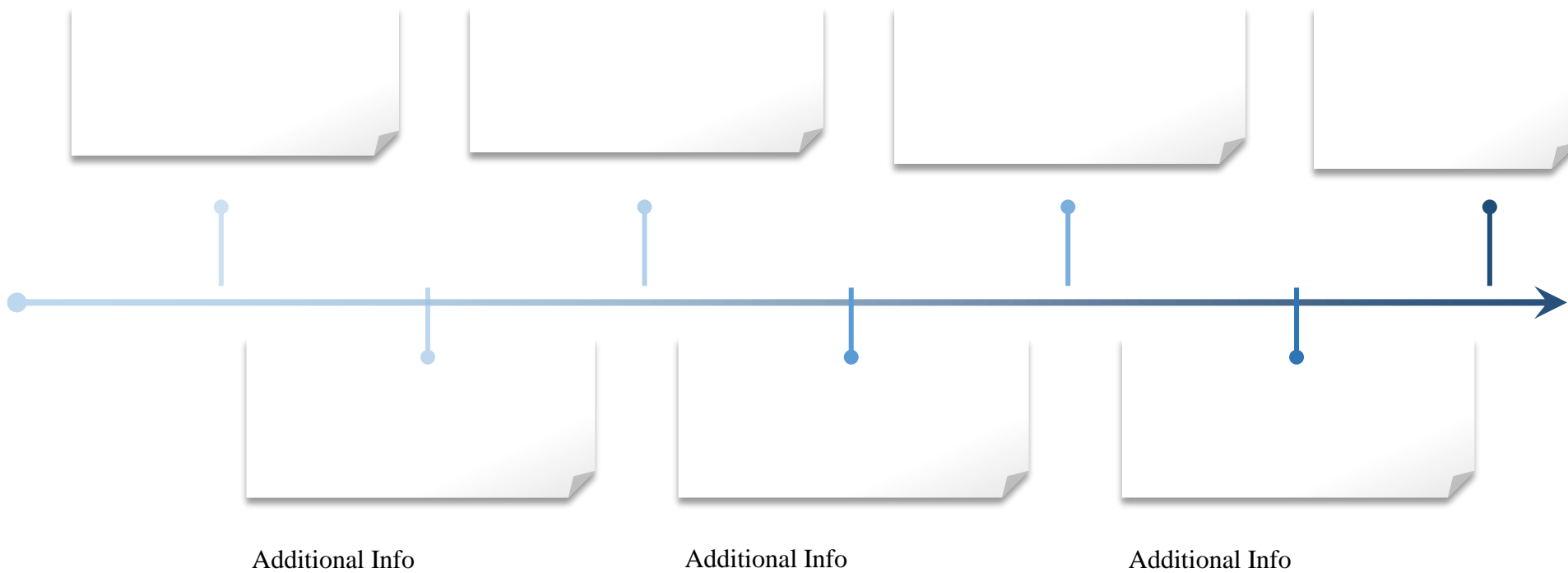
Additional Info                    Additional Info                    Additional Info

**Appendix F**

Interview outline

  This will be done as a semi-structured narrative interview to allow the interview to share

stories and examples of experiences they recollect from their past, and therefore outline will

change accordingly.

Section 1: Disability

- Please tell me about your disability.

  - What is it?

  - Tell me when you first remember fining out or experiencing your disability?

  - Was there a point in time that it changed notably (for good or bad)?

- How does your disability affect you?

- What are some current affects?

  - Does it affect your ability to learn or you learning environment?

Section 2: Childhood

(do not ask if it has been disclosed in the first section that this is new experience)

- You stated that your disability dated back to your childhood, who supported/influenced

  you during that time?

- Do you recall receiving services and supports in grade school?

  - What kind of services and supports?

  - Who helped you get those services and supports?

  - Were you apart of the decision-making process?

- How did these services and supports meet or not meet your needs?

  - Do you think these services and supports were beneficial?

- o   What would you suggest making those services and supports better?

- Please share some highlights about your education experience pertaining to the service and supports you receive Do you feel that there could have been more support? What kind, how?

  - o   What barriers did you experience? If any?

  - o   What success did the service help you achieve?

Section 3: Service experiences while in higher education

- How did you arrive at this major?

- Did your disability influence this choice?

- What services and supports were necessary for your involvement in higher education?

  - o   Who helped you obtain these services and supports? How?

  - o   Was this a new endeavor for you? If so, what caused you to seek out these services and supports?

  - o   Did having services and supports in grade school make it easier for you to seek services and supports in higher education?


- Tell me about how you arrived at the decision to seeking services and supports?

- How did these services and supports meet or not meet your needs?

  - o   Do you think these services and supports were beneficial?

  - o   What would you suggest making those services and supports better?

- Please share some highlights about your education experience pertaining to the service and supports you receive Do you feel that there could have been more support? What kind, how?

- o   What barriers did you experience? If any?

- o   What success did the services and supports help you achieve?

Section 4: environmental Factors

(If these have not been covered in interviewees previous answers)

- Do you feel that having family/friends/etc.… that supported you made getting an education/services and supports easier for you? How or how not?

- Do you feel that having more support from family/friends/etc.…, would have made getting an education/services and supports easier for you? How or how not?

- How did/does your family/friends view you, your disability, you receival of supports?

- Do you recall ever having to deal with stigmas for utilizing services? How? From who?