DISSERTATION


COLLEGE AND UNIVERSITY ADMINISTRATORS WITH DISABILITIES:

EXPERIENCES IN THE WORKPLACE


Submitted by

Joie B. Williams

School of Education


In partial fulfillment of the requirements

For the Degree of Doctor of Philosophy

Colorado State University

Fort Collins, Colorado

Fall 2010

Doctoral Committee:

Interim Director:  Jean Lehmann

Advisor:  Don Quick

James Banning
Ellyn Dickmann
Deborah Valentine

ABSTRACT

COLLEGE AND UNIVERSITY ADMINISTRATORS WITH DISABILITIES:

EXPERIENCES IN THE WORKPLACE


In recent years, Disability has been argued as a minority group, no longer the exclusive realm of individuals born with disabilities. Disability is defined as a permanent state or chronic condition. Disability can enter into a person's life at any time. As a minority status, disability shares similar experiences with other minority populations, including assumptions and stereotypes about those minority groups. Research on the experiences of women and people of color who work in higher education has echoed similar experiences and perceptions common to those of college students and college graduates with disabilities. Research on college administrators with disabilities has not been readily or widely researched. The purpose of this study was to address the research question: *How do College and University Administrators describe their "lived experience with disabilities" in their workplace?* Using a qualitative interpretive research approach, interviews were conducted with senior and mid-level college administrators with disabilities, from two and four year institutions, private and public. They were asked to discuss their experience of disability in the realm of their work. Three major themes were uncovered; *living* with disability, *working* with disability, and *legacies*. The findings suggested that many professionals with disabilities in higher education administration believe they are challenged by their non-disabled colleagues and peers

based on their perceived limitations towards others with disabilities. While not all the participants of this study believed this, the majority of them acknowledged that at one time or another that they have all questioned the degree to which their colleagues have judged them based on their disabilities or their work performance. Several participants suggested that attitudinal behaviors on the part of nondisabled persons need to be challenged so that all people will be better informed before assumptions are made about limitations surrounding professionals with disabilities.

**ACKNOWLEDGEMENTS**

To those who have yet to complete the journey, and to those who already have, the dissertation journey does end. While the road I've traveled has been long and difficult, coupled with periods of monotonous waiting, the completion of my dissertation has been worth the angst and satisfaction of completing a most difficult and selective path.

I wish to thank my committee chair, Don Quick, for all the help he has given me these past two years. He has acknowledged and understood how my hearing disability affects the way I communicate and he has spent innumerable hours responding to my email questions rather than phone conversations. He has shown patience when I've been inpatient; he has put up with my sometimes ill-timed humor when my defenses have been high or I have been especially hard on myself. Thank you.

To my dean, Diane McSheehy, who supported me in working full time and attending classes, I thank her for all the encouragement and acceptance she has given me as I have struggled to effectively combine work and coursework. I have to admit that work and coursework struggled against one another at times! I truly know what it is like to work in a supportive higher educational environment where we are encouraged to expand and grow without fear of losing our jobs. Without the support of Regis University and my own dean, this dream may never have been fulfilled.

To my husband, long suffering and patient, I thank him for all the support he has given me these past six years as I forced him to relocate from rural Pennsylvania to

suburban Denver.  We are both happier with the move.  While he has been supportive, he has also expressed puzzlement and a wee bit of envy that I have had to seldom set foot in the physical confines of the library to do my research, unlike the days when he was working on his own dissertation.  It's called *technology*, my husband.

I am thankful for what age and maturity has brought me on this dissertation journey.  Society does not value aging in general; it is especially hard on women. Younger generations ignore our wisdom shaped from our experiences that can guide them along smoother and less rocky paths.  Alas, one does not knowledge such wisdom and maturity until one has reached that same age.  I am guilty of these same prejudices. It is only as I age and enter into a very rich and yet powerful life change that I have been able to move forward into my own path of identity.

I am thankful for what I have learned from others with disabilities and from my own.  While I had the opportunity to get a cochlear implant, and it has greatly improved my ability to hear, I have finally accepted that I will never hear the same as a person who has full hearing. I live in a quiet world when I remove both my implant and my hearing aid.  Where once I was frightened to not hear, I now can choose when I want to hear external sound or listen to the internal quiet.  I can now hear the birds sing.

Finally, and not least, I wish to thank my participants for their willingness to share their stories with me.  Their stories were similar in feeling to mine even though their experiences and their interpretations of their experiences were different.  I am hopeful that more research will continue that can result in aiding people with disabilities to successfully compete for and enter into the professions they have trained for.  Mostly, I

hope that people will learn to first see the ability within each person before they note the

disability.

# TABLE OF CONTENTS

**CHAPTER 1:**

**INTRODUCTION**

…the definitions which society places on us (with disabilities) center on
nondisabled people's judgments of individual capacities and personalities
and are dominated by what disability means to nondisabled people.
(Morris, 1993, p. 59)

The National Organization on DisAbility (NOD), citing statistics on individuals

with disabilities taken from a Harris poll, noted the following:

- Only 35% of people with disabilities reported being employed full or part time

  compared to 78% of those who do not have disabilities;

- Three times as many people with disabilities live in poverty with annual

  household incomes below $15,000  as nondisabled people (26% versus 9% *of*

  *nondisabled*);

- People with disabilities are less likely to socialize, eat out, or attend religious

  services than their nondisabled counterparts;

- 22% of employed people with disabilities report encountering job discrimination;

- The severity of disability makes a significant difference in all the gap areas

  (social, economical); and

- People with disabilities are more likely to have a common sense of identity with

  other people with disabilities than people without disabilities. (National

  Organization on DisAbility [NOD], 2004, ¶ 2)

As of 2006, a disproportionate number of adults with disabilities were

undereducated and unemployed. Cornell University, in its 2006 disability status report,

compiled demographic and economic statistics on non-institutionalized disability populations and discovered that only 28% of working adults with disabilities had some college training, and that only 12% of working adults with disabilities had a bachelor's degree or more advanced education. The data also revealed that the employment rate of adults without disabilities stood at 80%, while the employment rate of adults with disabilities stood at 38%.

Disability statistics support what is already suspected: individuals with disabilities are less educated, less employed, and live below the poverty level much more frequently than nondisabled individuals. What statistics sometimes do not point out however is that disability can also be a stigmatizing phenomenon to people who experience it first-hand (Begum, 1992; Nosek, Hughes, Swedlund, Taylor, & Swank, 2002).

Begum (1992) observed the social tendency to view disabled people as one homogenous group based solely on disability, ignoring gender differences, social strata, ethnicity, race, gender, professions, and cultural distinctions. Persons with disabilities experience their disability as defined by their able-bodied counterparts who have little or no experience with disability. Crawford and Ostrove (2003) indicated that as part of a marginalized sub-culture, persons with disabilities strive to conform themselves to the norms of their nondisabled peers, frequently falling short of their expectations due to the disability limitations.

Many persons with disabilities also experience secondary issues including depression, unemployment, underemployment, poverty, and social isolation (Nosek, Howland, Rintala, Young, & Champong, 2001). Furthermore, Nosek et al. (2001) asserted that depression, which clinically and theoretically is associated with self-esteem,

was a predominant theme among women with physical disabilities. Hunt, Matthews, Milsom, and Lammel (2006) observed the same: disabled women experienced more frequent incidences of physical or emotional violence and sexual abuse than in the general population.

Disability does not discriminate among people or populations. One can be born with a disability or develop it later on in life. While nondisabled persons may view those with disabilities as different from them, these same non disabled persons can develop disabilities at any time. People with disabilities are a subgroup of people that have open and continuous enrollment to join its ranks at any time during the life span, unlike someone who is born African American who desires to become ethnic Caucasian European. As Clark (2006) so aptly put it, "disability is indiscriminately fair" (p. 309).

The purpose of this study is to interview professionals with disabilities in higher education administration, and explore their experience of disability in the work place, and with relationships with colleagues. Specifically, it is my intent to listen to the stories of working professionals as it relates to their experiences of disability and impacts in work performance and relationships with colleagues.

<div align="center">**Background**</div>

In order to understand the theory behind disability, one must first understand how the definition of disability has been shaped by society. Each society has a different notion of what disability is and what is "normal." What might appear as normal in the United States may not be considered the same in a different culture.

*Definition of Disability*

Bryan (2002) described the word "normal" as a concept that defies one specific or

sole definition. He questioned whether the concept of normal was in the "eye of the

beholder" (p. 11); normal is a concept that can be defined in many ways by many people.

Byron believes that normalcy is a "constantly changing [term] according to the prevailing

customs, morals, and beliefs of a given society" (p.11). A social model of disability as

explained by Tregaskis (2004) suggested that the problems faced by persons with

disabilities may not be caused by their physical or mental impairments as much as by

how the society they reside in takes their needs into account. A social model view of

disability is that the disability itself, the manifestation of the condition, is caused by

human factors that put select persons at a disadvantage compared to their nondisabled

peers. It is hard to define disability as something that is not "normal" or something that is

"abnormal" because these concepts can be, and are, arbitrarily defined. Blocksidge

(2003) created a dictionary of disability terminology that was published by the Disabled

People's Association in Singapore.  In the forward, he noted that

> ...In the context of disability, negative and patronizing language produces,
> predictably, negative and patronizing images and attitudes.  Those attitudes are often the
> most difficult barriers that people with disabilities face, (Dictionary of Disability
> Terminology, 2003, IV-V).

Yet, for the purposes of this study, the definition of disability followed the

standards set by the Americans with Disabilities Act (ADA) where disability includes: (a)

a physical or mental impairment that substantially limits one or more major life activities,

(b) a record of such impairment, or an individual (c) is regarded as having such an

impairment. An individual must satisfy at least one of the three parts of the definition to

be considered disabled (Americans with Disabilities Act [ADA], 1990; Darby & Gregg, 2002; Essex-Sorlie, 1994; Gaal & Jones, 2003; Thomas, 2002).

The passage of the ADA in 1990 resulted in a movement to increase equity to Americans with disabilities. A variety of "improvements" appeared that were directed towards increasing "access" for Americans with disabilities. For example, curb cuts were introduced to make walkways accessible to mobility-limited individuals; screen readers were developed for low vision and learning disabled students as a method of accessing visually presented information via computers.

### Disability Models

While the ADA has done much to make disability more visible, it was through the acknowledgement of previous models of disability that helped pass the ADA into law. It is important to be aware of and understand the various models and perspectives of disability that exist and influence people's attitudes toward disability. Disability is typically defined from a medical perspective in which the people with disabilities were viewed within the context of physical or mental limitations that must be repaired or fixed to a degree that allows the individual to re-enter society. If the disabling condition cannot be restored to pre-disability status, the individual is excluded from the day-to-day activities that sustain society; those with disabilities are placed separate from that culture. The constructs of the medical model place the blame or onus of responsibility on the disabled person (Lloyd, 2001). In contrast to the medical model, the social model of disability emerged concerning disability and its surrounding issues—including lack of social and medical services and access to education and work—are viewed as a result of a culture or society that does not recognize them as equal members (Bryan, 2002; Evans,

Assidi, & Herriott, 2005; Mitra, 2006; Olkin, 2001; Smith, 2005; Wang, Badley, &

Gignac, 2006; Watson-Gegeo, 2005).

Research and literature on the social model of disability has emerged, including

Smith's (2005) research, which further differentiates between the two models by

describing the medical model as a viewpoint that assumed individuals with disabilities

were medically and/or socially deficient. The social model, on the other hand, attributed

the causes of disability to the existing norms of society, which failed to incorporate

people with disabilities into the social, economic, and educational realms of society

because such individuals were not part of the majority population. Mitra (2006) defined

disability as a social construct because at the center of the social model was viewpoint

that social repression of people with disabilities occurs.

Clark (2006) agreed that the definition of disability is historically framed within

the medical model; disability defied recovery and could never be healed or repaired. Most

importantly, disability itself, a permanent state, could not be reshaped into a nondisabled

state. The medical model identified disability as a physical or mental problem that

required medical intervention exclusively in the forms of treatment or rehabilitation

(Mitra, 2006). Mitra further noted that the medical model argued that the person with a

disability had a problem or a condition that was "unwanted" and undesired, a condition

that was not acceptable to the social norms; as a result of such views the condition was

considered "sick." The World Health Organization (WHO) introduced its definition of

disability in 1980 based upon the medical model of disability and later redefined and

expanded its definition of disability to include the physical and/or mental condition, the

personal, and the social perspective (World Health Organization [WHO], 2002).

The social model of disability presents a different view of disability. Fuller, Healey, Bradley, and Hall (2004) describe the social disability model as one that emphasizes social barriers instead of medical impairments; a model more inclusive of describing the day-to-day experiences of persons with disabilities. Instead of attempting to restore the condition of the disabled person to his or her previous state, disability rights activists argue that society focuses solely on the negative effects of disability that conflict with that ideals of the majority society.

Crawford and Ostrove (2003) stated that people with disabilities have been socially isolated through both social and structural barriers that have limited their activity or full participation in society. As disability activists gain momentum in moving awareness away from a medical model of disability toward a social model of disability, a new scholarship of disability studies has gained momentum (Anderson, 2006; Thomson, 1999).

### *Students with Disabilities in Higher Education*

Access to higher education was once the domain of the elite in America. With the passage of Section 504 of the Rehabilitation Act and the passage of the ADA, postsecondary institutions are required to make education accessible (National Center for Education Statistics, 2003).  With the advent of the ADA, and the increased awareness and support of adults with disabilities in postsecondary education, one may expect more adults with disabilities to matriculate and enter professional fields for which they are trained. As more trained professionals with disabilities enter the work force it can be assumed that qualified professionals with disabilities will be seeking positions in higher education and other fields that rely on educated personnel.

Studies are emerging on college faculty with disabilities and their lived experiences (Anderson, 2006); the lived experiences of college students with learning disabilities (Blansett, 2004); and college graduates with learning disabilities (Gerber, Price, Mulligan, & Shessel, 2004). As more college students with disabilities matriculate through college, more students with disabilities will enter professional careers (Darby & Gregg, 2002; Gerber, Ginsberg, & Reiff, 1992; Madaus, 2006). Furthermore, it is a logical assumption that more college graduates with disabilities will seek advanced or terminal degrees to further their career prospects (Darby & Gregg, 2002; Dowrick, Anderson, Heyer, & Acosta, 2005; Gerber et al, 1992; Gerber et al., 2004; Madaus, 2006).

If it can be argued that disability is a minority status, then questions arise as to whether the experience of disability as a minority status can be included in and compared in the same context as other minority statuses, such as race, ethnicity, and gender orientation. Several researchers think so (Clark, 2006; Mitra, 2006; Olkin, 2001; Thomson, 1999). It could then be further argued that the experiences of college administrators with disabilities might be similar to the experiences that women and other minorities in higher education have experienced as marginalized minorities.

### *Acquired Disability*

While much of disability research has focused on students with learning disabilities, research is expanding beyond the college years to observe and research adults with acquired disabilities (Bishop, 2005; Bramston & Mioche, 2001; Cohen & Napolitano, 2007).  In conducting research on college administrators with disabilities, it was found that most of the research has focused its attention on college students with

disabilities who were born with or who developed disabling conditions early on in life. However, now that disability is no longer exclusive to prenatal or early childhood factors as it was once thought, disability may warrant more study as the incidence of disability increases. Most notable, these increases in disability are occurring among adults due to risk-taking lifestyles, war, and/or the natural aging process (Berger & Marmincek, 2007; Cohen & Napolitano, 2007; Persson & Ryden, 2006). Adult on-set disability is on the rise; over half of persons who developed disability beyond their teenage years were below the age of 30 at the time of their accidents and developed severe paraplegia and quadriplegia due to risky behaviors (Cohen & Napolitano, 2007). Often the traumatic events leading to disability require the ability to work through several stages of change (Livneh & Evans, 1984).

A great deal research has been conducted on the psychosocial perspectives of adults with disabilities and their adjustment to disability (Bishop, 2005; Livneh & Parker, 2005; Mavandadi, Rook, & Newsom, 2007; Van Gundy & Schieman, 2001). Various topics have been addressed, such as persons returning to work after becoming disabled (Berger & Marmincek, 2007; Gerber & Price, 2003) and on disabled faculty (Anderson, 2006), but research has yet to extend beyond college students and faculty with disabilities toward senior or mid-level college administrators with disabilities. As a result, it is necessary to turn to research related to minority populations for additional background.

*Women with Disabilities*

Women with disabilities comprise one of the largest and most disadvantaged populations in the United States (Nosek & Hughes, p. 224). Research in the field of women with disabilities is rapidly expanding, possibly as an outcrop of feminist

scholarship on self-esteem and disability (Moore, 2005; Preece; 2002; Watson-Gegeo, 2005). Research on women with disabilities has studied women and chronic illnesses (Jung, 2002), stress and disability (Hughes, Taylor, Robinson-Whalen, & Nosek, 2005), abuse (Hassouneh-Phillips & Curry, 2002), and depression (Nosek, & Hughes, & Robinson-Whelen, 2008). It is important to include literature on women with disabilities since more women, with and without disabilities are entering higher levels of administration and responsibility in colleges and universities.

Early research on women and disabilities emerged in reaction to feminist studies that ignored and excluded women with disabilities from their scholarship (Begum, 1992; Morris, 1993). Lloyd (2001) added her voice to the increasing recognition that the feminist movement ignored or failed to acknowledge disabled women's perspective of women's issues. Lloyd believed that the feminist disability perspective should be developed to "expose the dilemmas experienced by both men and women in the critical issues of caring and dependence" (p. 715). She noted that a primary source of discrimination against women with disabilities has centered exclusively on the roles of disabled women as sexual beings, disabled women as mothers, and disabled women in the role of care giving. Feminist research has begun to argue for the reproductive rights of women with disabilities. Lloyd continued to write about the complexities of society's prejudice toward the body as making "discriminatory judgments about dependence and caring capacity of women with disabilities, and prejudicial assumptions about the experiences that women with disabilities had in their intimate relationships (p. 717). While society has placed significant value on physical appearance, little research has been conducted on disabled women and work.

Crawford and Ostrove (2003) studied the relationship between social representations of disability and the intimate relationships of women with disabilities. They observed that people with disabilities have been continually socially isolated due to social and structural barriers in which the disability has prevented [disabled] people from actively engaging in society. Their research echoed the findings of Nosek et al. (2002) who argued for the awareness of the strong tie existing between women with disabilities and their own self-esteem and images of self-worth.

### *Minorities in Higher Education Administration*

Disability has been argued as a minority status with the same feelings and perceptions of discrimination as other minority populations in the United States. Several studies have been conducted on women college and university administrators (Grover, 1992; Louque, 2002; Madsen, 2006; Priola, 2007) and on college and university faculty (Anderson, 2006; Crawford & Smith, 2005; Fong, 2000; Patitu & Hinton, 2003). Little research has included college faculty and administrators with disabilities.

While the constructs of disability and college administrators have not been present in the same study, numerous studies have been conducted on women and minorities in college administration (Crawford & Ostrove, 2003; Fong, 2000; Grover, 1992; Louque, 2002; Opp & Gosetti, 2002; Priola, 2007; Townsend, 2006). Townsend (2006) observed that faculty of color and women faculty still defined organizational changes in higher education negatively, while White males in the same settings perceived the college's organizational environment as being positive toward women and minorities (p. 814).

Based on the literature studying female presidents in higher education, Opp and Gosettie (2002) concluded that women presidents in higher education were viewed as barometers for gauging gender equity among administrators in those institutions. The more representation of women professionals in positions of authority, the more diverse the environments were. However, no similar studies were found on college administrators with disabilities. Additional studies on minority faculty and administrators have documented the significant barriers they have faced on White campuses including "isolation, loneliness, and racially motivated victimization which can inhibit academic success and tenure" (Crawford & Smith, 2005, p. 52). Similar emotions have been experienced by people with disabilities in studies conducted on college graduates with disabilities (Gerber et al. 2004) and women with disabilities (Crawford & Ostrove (2003; Nosek, Hughes, et al., 2002)

Research explicit to addressing college administrators with disabilities is limited. Vance (2007) discussed the experiences of faculty and staff with disabilities in a book she edited on college faculty and staff with disabilities. In her opening pages, Vance states, "we [disabled] share the repercussions of having only one part of our identity, the disability, overshadow all other parts of our identities, thus impeding our attempts to fully pursue professional endeavors" (p. 5). Additionally, she chastised higher education for not providing an environment that modeled "a more liberal and more accessible work environment for people balancing multiple commitments" (p. 5). She supported her conclusions with stories from faculty and staff who spoke of their fear of speaking out about their disabilities.

**Statement of the Research Problem**

The designation of disability can no longer be exclusively applied to individuals who were born with or acquired a disabling condition during childhood. Disability is now recognized as is a permanent or chronic condition that a person, regardless of age, can develop or enter into at any time. People are living longer due to improved health care and are surviving illnesses and accidents that in previous decades had low or no survival rates. However, with more people surviving serious illnesses and accidents today, they can be confronted with debilitating disabilities (Cohen & Napolitano, 2007; Henderson & Bryon, 2004).

It is my intent to base my research upon previous research on women and other minorities who work in higher education administration, expanding this research to incorporate individuals with disabilities. While the most recent research focuses on postsecondary *faculty* with disabilities, I hope to add to this research by focusing on men and women with disabilities who work specifically in higher education administration. The intent of this research is to give voice to a group of people with disabilities working as administrators in higher education. Additionally I identified common themes that emerge from these data as related to their experience of disability in the context of their work and in work relationships.

*Significance of the Study*

The significance of this study was to identify themes common to college administrators with disabilities as they experience disability in the context of their work and in their relationships with colleagues. While nondisabled colleagues may think of

themselves as fully accepting of colleagues with disabilities, professionals with disabilities may have opposing views of reality.

Research on disability issues in postsecondary education and in employment is still in its infancy; any research contributing to these fields will be welcomed and valued. With the advent of the ADA and the increased awareness and support of adults with disabilities in postsecondary education, more adults with disabilities are becoming educated, seeking advanced degrees, and expecting to enter into jobs and careers previously denied. This research should add to the growing field of disability research focusing specifically upon a population of professionals who work in the field of higher education and who serve as experts and leaders in their respective departments.

*Research Question*

The main research question is: How do college and university administrators describe their "lived experience with disabilities" in the workplace? Sub-questions addressed specific experiences the participants have had in their professions as a consequence of their disabilities, and specific experiences they have had in work relationships as a consequence of their disabilities.

**Researcher's Perspective**

I am a college administrator. I have a story to tell. Other college administrators with disabilities might have their own stories and experiences to share. Their stories might be as innocuous as looking for parking on a rainy day, or trying to navigate a wheelchair from a vehicle to the ground and from the ground into a building. Such a feat for an able bodied person involves dodging raindrops or opening an umbrella and running

through the rain and into a building in a matter of seconds; for a person using a wheelchair such efforts are more time consuming and complicated.

When I began the doctorate program I was living with profound hearing loss in both ears, a condition developed in early childhood and progressively worsened that left me with little hearing in both ears. Hearing aids provided me entrance into the hearing world beginning when I was five years old. Without hearing aids I probably would have been assigned to special education classes; I would never have gone to college or beyond. As it was, I wore hearing aids while attending Catholic schools, a place where no special education existed at that time in the schools I attended. It was assumed I would perform the same or better than anyone else. I was gifted in that I enjoyed school and enjoyed learning. If I had not been, my life would have turned out differently.

Hearing aids did not necessarily provide "equal access" into the hearing world; rather, they were a tool that allowed me to participate in social or professional experiences in a limited way. I was able to hear, I was able to participate, but not fully. I often felt I stood on the perimeter of life looking in. I did not fully interact with people in group situations or in professional workshops unless I actively sat close to the speaker and relied on the notes of others.

Hearing loss shaped my life. My love for learning kept me interested in school, but I made sure the high school I attended was small. Transitioning into community college meant graduating from a small high school of 400 girls and enrolling in a community college of more than 27,000 students, mostly commuters. This translated into large classes filled with older students, who were focused on working full time, raising families, and taking classes part time. My first year of college coincided with the passage

of the Rehabilitation Act of 1973 (known as "the Rehab Act"). Like any new legislation, it would take several years for the benefits of the law to become established whereby students with disabilities were accommodated in the classroom.

Meanwhile if I were to survive in college, I would have to learn new ways of coping. Transitioning into a large academic institution, where interaction with large groups of people was required, further lowered my already low self-esteem. My limited hearing was not sufficient for me to cope effectively in a large classroom. I had to make sure to be early to class so I could sit up front; I had to do my reading before class so I could understand the lecture and not have to rely on my own notes. I did everything I could but accept my disability.

Depression and anxiety can sometimes be secondary effects of disability (Bramston & Mioche, 2001; Brenes, Penninx, Judd, Rochwell, Sewell, & Wetherell, 2008; Cohen & Napolitano, 2007; Persson & Ryden, 2006). I was no exception. I equated depression with psychological issues, not hearing issues. I ignored the symptoms or side effects of hearing loss—tiredness, irritability, mental exhaustion -and attributed them to other causes.

Unlike more visible disabilities, hearing impairments are frequently hidden as are learning disabilities and attention deficit disorder and psychiatric disorders (i.e.bi-polar disorder and depression). People with such disabilities may look similar or the same as others in the majority population, but may not act the same; yet they are judged by the same standards as those who do not have disabilities. People with more visible disabilities are often quickly judged as being different from the majority in appearance;

people with hidden disabilities are assumed to be the same as them until proven otherwise.

The stories found in Vance's (2007) anthology on disabled faculty and staff parallels some of my own experiences, experiences that I attributed to personality quirks, not disability symptoms. I agree with one comment made by Vance who wrote

*…we share the repercussions of having only one part of our identity, the disability, overshadow all other parts of our identities, thus impeding our attempts to fully pursue professional endeavors.* (p. 5)

In May of 2008, I had a cochlear implant. In fact, my decision to receive a cochlear implant is a contentious issue in the Deaf community, even though I did not grow up Deaf.

While my hearing dramatically improved, the way I viewed myself and my disability was slower to change. My disability had been central in determining the choices I made: how I lived my daily life, the type of career I chose, and the type of lifestyle I live. As I began to adapt to this change, I was amazed that while I could hear sounds not heard in years (birds singing in the morning, the wind blowing), in many respects I still identified myself as having a hearing impairment.

When I began my doctoral studies I wore two hearing aids and had finally accepted that my hearing loss was a disability. As I moved toward the research phase of my dissertation, I found that my views and experiences of disability had shifted.

# CHAPTER 2:

# LITERATURE REVIEW

As briefly discussed in Chapter One, a search of the literature divulged no specific studies on college administrators with disabilities. Additionally, no research was found on college administrators with disabilities and how their disabilities impacted both their careers and their relationships with colleagues. However, there were related areas of research that correlated closely to my topic and were important to review. This literature review explores different themes surrounding disability and its relationship to administrators working in higher educational settings, including disability law, disability models, college students and graduate students with disabilities, women with disabilities, and minority administrators in higher education.

## Disability Law

The two major laws affecting disability discrimination are the Rehabilitation Act of 1973 (the "Rehab Act"), and the Americans with Disabilities Act of 1990 (ADA). Until the enactment of the Rehab Act, persons with disabilities were not protected against discrimination; such persons were either institutionalized or confined to family homes of parents willing to raise them as

> …the laws did not require the world to adapt to people with disabilities
> but instead provided for services to allow persons with disabilities to adapt
> to the world as it existed. (Rothstein, 1998, p. 298)

It wasn't until the passage of the Rehab Act that individuals with disabilities were officially protected by their disability status through affirmative action legislation

(Villarreal, 2002). The Rehab Act supported academic accommodations in elementary, secondary, and higher education, including all public and private educational institutions that received any type of federal financial support.

Essex-Sorlie (1994) provided a brief but comprehensive overview of disability law. Section 504 of the Rehabilitation Act of 1973 provided protection to individuals with disabilities in eight areas of service provided by colleges and universities (postsecondary educational institutions) that receive federal assistance: employment, admissions and recruitment, student programs, academics, housing, financial assistance, nonacademic services, and health and social services. Darby and Gregg (2002) indicated that Section 504 also served as a force protecting the rights of persons with disabilities from elementary through postsecondary education.

Unlike the Rehab Act, the ADA was not an "affirmative action" law but was instead an "antidiscrimination law." The ADA extended discrimination protection for individuals with disabilities beyond educational institutions into the arenas of public transportation and communication (Villarreal, 2002). Whereas previously under Section 504, disability-related anti-discrimination was limited only to people in educational institutions, including students and employees, under the ADA anti-discrimination protection was extended into every day society. The ADA now protects persons with disabilities in four ways: (a) it provides a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities, (b) it provides clear, strong, consistent, enforceable standards addressing discrimination against individuals with disabilities, (c) it ensures that the federal government plays a central role in enforcing the standards established by the Act on behalf of persons with disabilities,

and (d) it invokes the sweep of Congressional authority through regulation and enforcement addressing the major areas of discrimination faced by disabled individuals (ADA, 1990; Essex-Sorlie, 1994).

The ADA supports the rights of individuals with disabilities to equal access for opportunities in the following areas: employment, public accommodations, state and local government services, transportation, and telecommunications. In addition to that which is covered under Section 504, the ADA grants additional disability protection for individuals who care for/attend to persons who are disabled, as caretakers are frequently perceived as disabled themselves. Essex-Sorlie (1994) provided an example involving individuals who act as care givers for persons who are HIV positive: while the care givers themselves may not be HIV positive, they may experience disability discrimination based upon the a*ssumption* that through association with persons who are HIV positive, they themselves must also be HIV positive.

Essex-Sorlie (1994) further noted that the ADA prohibits discrimination against qualified persons with disabilities in all aspects of physical access and employment. Such protection is similar to federal laws that prohibit discrimination in the workplace based upon factors such as race, religion, national origin, age, and sex. The ADA adopted a three-pronged definition of disability that an individual must satisfy to be considered disabled. An individual must: (a) have a physical or mental impairment that substantially limits one or more major life activities, (b) have a record of such an impairment, or (c) be regarded has having such an impairment (ADA, 1990; Darby & Gregg, 2002; Essex-Sorlie, 1994; Gaal & Jones, 2003). Exclusions to the definition of disability are minor

and/or temporary impairments of a temporary, short-term, or non-chronic nature with little or no permanent impact (Essex- Sorlie).

Both Section 504 and the ADA extend protection to "qualified" persons with disabilities (Essex-Sorlie, 1994; Gaal & Jones, 2003). In the employment context, a person with a disability is one who, "with or without unreasonable accommodations can perform the essential functions of the employment position that the [person] holds or desires [to hold]" (Gaal & Jones, p. 436). Regardless of disability, the person with the disability must perform the same functions of the job as a person without a disability. In order to perform those same functions, a person with a disability may need accommodations or modifications. Such accommodations might include use of a computer to write memos, an amplified phone to take phone orders, or accessible entry and exit into the building.

In the academic setting, Essex-Sorlie (1994) noted a student must be "otherwise qualified" assuming the student has the requisite skills, experiences, education, and academically-related requirements for admission into a college's or university's program. What is little understood is that the ADA does not guarantee a student or a professional with a disability the right to be in that college or in that job; the ADA gives equal access to the qualified individual with a disability to attempt to enroll in a college or pursue an occupation assuming they are otherwise qualified. The ADA does not provide preferential protection to a student or an applicant with a disability over a student or an applicant without a disability, the ADA only says that a qualified student or an applicant with a disability must have equal access.

Simon (2001) concurred with Essex-Sorlie in that both Section 504 and the ADA prohibit disability discrimination. Simon acknowledged that both laws stress the right to reasonable accommodations in the academic arena for persons with disabilities, but that a reasonable accommodation may not be the one the person requests.

In 1980, the World Health Organization (WHO) introduced a three-faceted definition of disability, impairment, and handicap. Disability referred to any restriction or lack of ability to perform an activity in the manner or within the range considered "normal" for a human being; impairment was defined as any loss or abnormality of psychological, physiological, or anatomical structure or function; and handicap was a disadvantage assigned to an individual who developed an impairment or disability (WHO, 1976). However, in 2002, the World Health Organization's perspective of disability and impairment evolved, moving away from solely a medical model to a more inclusive model identified as a bio-psychological model. This new model attempted to integrate the medical and social models of disability in defining disability.

Blockridge (2003) created a dictionary of disability terminology published by the Disabled People's Association (DPA). He succinctly defined disability within a medical and social context. His definition stated that disability was:

> A condition caused by an accident, trauma, genetics or disease that may limit a person's mobility, hearing, vision, speech or cognitive function. Incapacity recognized by law as limiting or preventing, for example, mobility (thus creating a right to use parking spaces reserved for disabled people…), the ability to drive…or to work… The World Health Organization defines disability as 'any restriction or lack [resulting from an impairment] of ability to perform an activity in the manner of or within the range considered normal for a human being. (p. 19)

Clark (2006) provided an additional working definition of disability that distinguishes between disability and disease. He defined disability as a social experience

that permeates the whole of the individual. Disease is related to a biological process that follows a course of progression that possibly, through natural or medical intervention, can proceed through to recovery. Disability resists recovery; meaning that the person with a disability cannot be healed or repaired in order for the person to function as a nondisabled person. Hans and Patri (2003) compiled disability definitions from several writers in their volume entitled *Women, Disability, and Identity* and concluded that most definitions of disability "are not confined solely to congenital conditions but also includes disabilities resulting from accidents, disease, and the process of aging" (p. 13). (can't find my article on these researchers – need to look again)

## Disability Models

The definition of disability has been shaped and redefined throughout history. Definitions have varied in accordance with the acceptance of disability within social and cultural changes (Pledger, 200). The most commonly accepted model of disability in the 20$^{th}$ century has been the medical or biomedical model; this is changing, however, with the introduction of new conceptual frameworks.

### *Biomedical Model*

Prior to the 1960s disability was framed within the medical, rehabilitation, and psychological disciplines (Clark, 2006). Disabilities were categorized as medical conditions and were viewed and treated as isolated, deviant, or abnormal illnesses, diseases, or conditions that occurred in an individual. Such medical conditions altered the physical appearance and/or affected the mental or intellectual abilities of the affected individual. Thus the biomedical model was eminent, working in the interests of the medical system, defining and shaping disability into the sole context of physical, mental,

or intellectual. Jung (2002) viewed the biomedical model as a limited way to understand

disability and its impact on the person with the disability. She determined that the

biomedical model of disability discriminated against and oppressed persons with

disabilities because the focus of disability was on the abnormality of the body in relation

to the context of what was socially defined as acceptable. Watson-Gegeo (2005)

concurred with Jung, contending that the medical model has long dominated disability

dialogue. The biomedical model had been the basis for decision-making for treatment,

benefits, and possibilities for individuals categorized as "disabled," generally measuring

them against criteria determined by able-bodied stake-holders. Mitra (2006) asserted that

the medical model observes disability as a physical, mental, or intellectual problem that

requires medical intervention in the form of treatment or rehabilitation so the person

affected can re-join society as an active participant in a normative state. Disability was

judged as an undesired or unwanted state or condition that the affected person would

want to have fixed or restored to a previous state.

Both Mitra (2006) and Wang et al. (2006) specifically addressed the Nagi model

of disability in their discourse on the medical model. Introduced by Nagi in 1965 as an

International Classification of Impairments, Disabilities, and Handicaps (ICIDH), the

Nagi model defined disability based upon the *functional limitation paradigm* in which

disability was seen as an interruption of healthy body processes. Pathology or disease

lead to impairment, defined under this model as "anatomical or physiological

abnormalities or losses" (Mitra, 2006, p. 238). Nagi lead the way to establish a clear

connection between individualized functional limitations and the effect they had on the

environment (Pledger, 2003). The social connection of the Nagi model occurred when the

restrictions of disease or pathology affected the person's ability to perform tasks of everyday life. Mitra cited a simple example of determining a disability as described under the Nagi model: if a 12-year old girl with mental retardation did not attend school and stayed home attending to daily chores in a society where all young girls were expected to stay home and attend chores, the 12-year old girl with mental retardation may not be considered to have a disability under the Nagi model. However, if all young girls were expected to attend school and this particular girl did not because of her limited cognitive abilities then she would be considered to have a disability. The Nagi model did not universalize the concept of disability to be viewed solely as a pathological issue; the Nagi model defined disability in the context of the particular society the person with the disability lived in.

Nagi's concept of disability viewed disability as "difficulty performing socially expected activities such as work for pay" (Cornell University, Disability Statistics, 2006) and was the basis on which the ADA's definition of disability is based. Improvements in the environment, such as transportation, telecommunications, school, and workplace accommodations, can reduce disability and de-marginalize people.

From the rehabilitative context of disability, Wang (2006) implies that both the ICIDH and the Nagi model moved away from the biomedical model by adding a dimension to disability that includes both the physical environment of the person and the social situation brought upon the person with the disability. While the ICIDH was originally developed by the WHO, in 1980, the WHO adopted what is now recognized as the ICF (International Classification of Function). It can be concluded that the introduction of the Nagi model of disability in 1965 and the reclassification of the ICF in

1980 laid the groundwork for a new way of viewing disability. While the medical model may have served a social and cultural need, in the past several decades, as more activists with disabilities speak out, the norm is moving away from a biomedical model toward a more social model of disability. This changing conceptual framework of disability is based in part by the modification of the definition of disability from a purely medical one toward a social concept of disability.

### *Changing Conceptual Framework*

In 1980, The World Health Organization (WHO) developed an international classification of functions, disability, and health referred to as the International Classification of Functioning (ICF), which provided a standard language and framework to describe health and health-related states. The ICF was revised in 2002.

Jung (2002) noted that disability was defined by a set of standards that were developed and issued by the United Nations (World Health Organization): disability was "…a physical or mental condition that restricts the ability of a person to perform activities of daily living in ways that result in economic and social disadvantage" (p. 178).

The Center for an Accessible Society delineates disability definitions into four different models of disability: (a) a medical model, which views disability as a defect or a sickness that must be cured; (b) a rehabilitation model in which the disability is defined as a deficiency that must be fixed by a professional; (c) a disability model in which the disability is defined as dominating attitude by professionals toward people with disabilities; and (d) the moral model that equates disability with sin and shame (Kaplan, 1998)

Most people will experience disability or know someone with a disability at some point in their lives; disability is a non-exclusive human experience and it bodes well that people begin to recognize the biases and pre-judgments that we accord it. To address this, Thomson (1999) introduced the concept of disability studies as "a new scholarship based upon inclusion… to introduce into literary and language studies a point of view that reveals a presence [disability] that has been ignored or misrecognized" (¶ 3). This new discipline built on the "scholarly, pedagogical, and institutional structures" (¶ 3) that allow the reader to understand that disability is a basic "human experience of embodiment and the meanings that we, as professionals and students, have given to bodily variations and changes" (¶ 3).

To initiate a new disabilities scholarship it has been suggested that a more current disability concept could replace the existing medical model—a model that perceives disability as a medical issue limited to the confines of medicine, rehabilitation, special education, and other sciences. The traditional medical model views disability as a physical or emotional issue in need of a solution, based upon medical interventions or social work (Jung, 2002; Mitra, 2006; Thomson, 1999; Wang, Bradley, & Gignac, 2006).

Thomson (1999) further commented that the emerging field of disability studies introduces an intellectual transformation of disability to combine issues of race, gender, and disability into a new social model. Disability can then be culturally constructed as a minority identity, a political and ethical concern consistent with race and gender minority identity. From the minority perspective, disability becomes a dialogue of the body that can be traced, elaborated, and interrogated as an appropriate subject of inquiry consistent with other minority concerns.

Thomson (1999) advocates for a minority model of disability through the emerging disability scholarship. This model would recover the history of disabled populations from the marginalized perspective, similar to women reclaiming their past history; theorize disability as an identity category in relation to others; frame disability within a political context; and integrate disability into the academic curriculum. Bryan (2002) confronts readers with a concise, political history of disability in the United States including oppression and marginalization, a path similar to that taken by scholars who have introduced minority and women's studies to academia.

The focus of this growing field of disability scholarship is on disability as a social construct—defined and shaped by society. Societal members determine what is "normal" and what is "not normal" within the constraints of the society one lives in. Jung (2002) studied chronically ill women at a large university who were pursuing postsecondary education to examine the broader social processes that produce systemic inequities for persons with disabilities. Through interviews, observations, and participation, Jung chronicled these college women who had chronic illnesses, their personal experiences in their academic setting, and how the academic disability policy impacted them. Overall, the women shared experiences of resentment toward being labeled disabled and further having to prove their illnesses as disabling in order to receive academic accommodations. Jung pointed out that the women in her study viewed education as the means to good pay, professional employment, and as the path by which to participate in society and assist in "the production of knowledge that reflects their own experiences, interests, and ways of knowing" (p. 180).

Lloyd (2001) expands on the social model of disability by suggesting a different focus, one that would be referred to as the feminist model of disability. In her research on disabled women in the United Kingdom, she concludes that disability itself was missing from the feminist perspective. Disabled women have the same issues and concerns that other feminists have but additionally women with disabilities are further challenged by stereotypic views toward child-bearing and motherhood. While childbearing and motherhood might be construed as natural rights of being female, women with certain disabilities are assumed to be incapable of bearing children and raising them. However, Lloyd concedes that disabled women have to take a more active role and make their voices heard in the disabled feminist agenda and not rely solely on others to carry their cause. Women with disabilities must take an active role in change. Lloyd bases her findings on two empirical studies involving disabled women as service users and disabled and nondisabled women in the roles of informal care giving for disabled females.

Wang, Bradley, and Gignac (2006) observe that more recent disability models were beginning to emerge that denoted a relationship between health conditions and societal level. They theorized that as a person's activity *limitation* level increased (less activity), the likelihood of employment *decreased*. Individuals with less education are more likely to be affected by decreased activity limitations because less education equates with lower pay and more manual types of employment. The more labor-intensive the work, the more likely the incident of physical injuries occurs. Wang, et al. added that while it could be perceived that postsecondary education can provide a means by which people can find jobs and careers beyond entry level and minimum pay, the ability to pursue a postsecondary education is diminished for people with activity limitations

compared to that for persons without. Using the concept of "*moderating contextual factors"*, (p. 136) both activity limitations and education can influence employment with the less education, and the more activity limitations or restrictions a person has, the less likely a person will be successfully employed.

### Social Model

Proponents of disability studies (Jung, 2002) and scholarship (Bryan, 2002; Clark, 2006; Evans et al., 2005; Hans & Patri, 2003; Jung, 2002; Mitra, 2006; Olkin, 2001; Smith, 2005; Vanhala, 2006; Wang, et al., 2006) argued for a social model of disability that counteracted the biomedical model, the latter viewing disability as something that needs to be fixed, or, as described by Thomson (1999) as a " …physical problem or set of unfortunate circumstances in need of solutions based upon…interventions or social work" (¶ 5) . The Nagi model of disability and the World Health Organization's adoption of the ICF were the first disability medical models to connect disability and its impact upon social conditions, yet neither model went deep enough to address the needs of persons with disabilities who wanted to be responsible and contributing members of society.

Disability activists have argued for a more comprehensive disability model that transfers the focus of disability away from bodily and intellectual limitations and toward greater social awareness of disability, encompassing the limitations society places on all people who do not meet the ideals of the able-bodied (Jung, 2002). Some individuals regard their disabilities as distinct parts of their cultural identity (Bramston & Mioche, 2001), similar to other minority groups. Within the context of this social model, exclusion and marginalization of individuals with disabilities from society are not consequences of

the disability or impairment themselves, but are exclusions and marginalization as the consequences of social discrimination (Begum, 1992: Morris, 1993). Disability should not refer to bodily impairments; rather disability should refer to the experience of oppression (Linton, 1998).

Fuller et al. (2004) described the social disability model as a principle that focused on social barriers instead of physical, emotional, or intellectual impairments; a model that more effectively describes the day-to-day experiences of persons with disabilities. Individuals with disability limitations are daily confronted with barriers to success through transport limitations, limited access to buildings, and limited access to telecommunications. A medical view would assume that a person with a disability will never gain access to those accommodations unless change can be made with the individual; a social view would argue that a person with a disability has as much right to access transportation, communications, and buildings as any person, and that changes to the social structure must be made accordingly. In essence, the ADA was enacted into law to prevent such discrimination against people with disabilities. Disability rights activists and feminist disability studies scholars focus their attention on the disabling effects that an access-limited society has on people who need accommodations to access what able-bodied people use on a daily basis. Watson-Gregeo's (2005) stance was that the social model of disability emphasized a discriminatory social positioning of persons with disabilities as "…there is no question …of the social stigma and oppression experienced by individuals with disabilities" (p. 402).

Thomson (1999) posited that disability is a culturally constructed minority identity, agreeing with disability rights and feminist disability studies scholars. Fixing the

problem is not the issue; rather the standards determined by society that limit those with disabilities are the issue. A fundamental goal is to re-image the concept of disability: disability is a story one tells about one's body and mind in support of disability as a natural state of being rather than a state of inferiority. An example of re-imaging occurred when Thomson used Toni Morrison's fiction depicting disabled women and their disabilities as being sources of strength and distinction; these characters were empowered by their disabilities rather than weakened by them (¶ 14).

Even within feminist studies, feminist disability scholars noted there was little attempt to include disability in discussion with feminist research (Jung, 2002; Lloyd, 2001). Lloyd pointed out the feminist agenda did not consider the social obstacles facing disabled women in relation to their sexuality, their right to reproduce, and their right to raise children.

Jung's (2006) ethnographic study was conducted to provide the opportunity for college women with chronic illnesses to speak out about their experiences of disability and to extrapolate their meanings into a larger social context. There appears to be movement toward a social construct of disability, helped in part by the ADA, to make the work place and other areas of life more accessible to persons with disabilities.

## College Students with Disabilities

More literature is available on college students with disabilities than on the disability experience of working professionals in higher education. However, to give some historical perspective, it is important to discuss the impact the college experience may have had on working professionals with disabilities. The college disability

experience can play an important role in determining academic success and later professional success for any student.

Farone, Hall, and Costell (1998) conducted a study on college students with disabilities and incorporated those findings into a one-day *Disability Issues Forum* at a Florida university. The purpose of the forum was to improve student involvement on campus, to promote disability-related issues, and to provide an alternative approach to Disability Awareness Week activities. While it can be assumed that the overall experiences in higher education are similar for disabled and nondisabled students, one factor distinguishing the experiences of students with disabilities from nondisabled students was the functional impact specific disabilities had on the students' academic success, including limited, or no access, to buildings, lack of effective parking, and lack of access to vending machines, phones, or other machines. Attitudinal barriers were cited as additional obstacles to academic success as evidenced by stereotypic reactions of nondisabled students toward their peers with disabilities. Attitudinal barriers were also considered to be discriminatory, as evidenced by the behaviors of nondisabled persons toward students with disabilities. The findings from the Farone et al. (1998) study concluded that improved advocacy for, and organization of, students with disabilities were clearly indicated.

Learning disabled students who participated in a phenomenological study conducted by Cornett-Devito and Worley (2005) spoke of similar experiences in the classroom. Students with learning disabilities (SWLD) reported a series of obstacles they faced in the classroom including a lack of both understanding of the disorder and lack of cooperation from teachers, social isolation, and even feelings of being ostracized by

others. These same students complained that professors did not communicate in a competent manner when teaching and such teachers actively resisted accommodating students. Such teachers exhibited rigid instructional styles, disregarded student privacy, and questioned whether students with learning disabilities could prove successful in postsecondary education. Such attitudes or beliefs made it harder for students to succeed.

A study conducted by Jorgensen, Fichten, Havel, Lamb, James, and Barile (2005) focused on the academic performance of college students, with and without disabilities, to determine the effect that disability may play in the classroom. They discovered that the graduation rates of students with learning disabilities were not significantly different from students without disabilities even though students with learning disabilities took lighter course loads and took longer to graduate. When it came to grade averages, students with disabilities did as well or better than their peers, and performed better than their high school grades would reflect. The study suggested that students with various disabilities proved to be successful with postsecondary endeavors.

Fuller et al. (2004) conducted their own research in the United Kingdom based upon students with various types of disabilities. The two-fold study focused on learning experiences and perceived barriers to learning. Similar to the barriers faced by students in the research conducted by Farone et al (1998), the students in the Fuller et al. study cited attitudinal barriers, the lack of willingness of faculty to provide classroom accommodations, and the desire for equal opportunities afforded to nondisabled students. Their findings further concluded that one in eight students chose majors based upon the disability weakness, and that they leaned toward programs that complimented their academic strengths. This suggests that students who were aware of their academic

abilities tended to take courses that emphasized such. Students preferred classes in which little writing was required and few or no exams were expected, which may not be an option in many postsecondary institutions. Negative staff attitudes were evident toward some disabilities (learning disabilities), including an unwillingness to accommodate on the part of the faculty and an inability on the students' part to access library on-line research programming.

Four key issues were presented based on these findings from Fuller et al. (2004): (a) students' accounts of their academic experiences highlighted the need for variety and flexibility in all aspects of teaching and learning; (b) there was a need to ensure quality as well as uniformity of equal access to academics (e.g. disability accommodations) in comparison to nondisabled students; (c) there was a need to establish more effective access for disabled students to get to information from professors; and (d) the actions and attitudes, both negative and positive, of staff and faculty were apparent.

Because disability awareness and disability law are similar in both the United Kingdom and the United States, there is much information to be gleaned from such studies. A continent away and six years later, the findings from the United Kingdom study (Fuller et al., 2004) study reflect similar conclusions drawn by Farone et al. (1998) in disabled students' perceptions. College students from different continents were experiencing similar barriers to postsecondary education.

Focus groups were another way to gather information from students with disabilities. Dowrick et al. (2005) used a series of focus groups of students from 10 different states to gather information on how the students identified barriers to education and how they utilized educational supports. The researchers felt they could glean more

comprehensive information from students on a multitude of perspectives from a focus group than from surveys, questionnaires, or one-on-one interviews. Focus groups allowed for more discussion of the issues whereas surveys or questionnaires did not invite the participant to elaborate concerns in writing. While one-on-one interviews would produce a lot of information, the lack of others' input at the same time diminished participant involvement beyond the questions that were asked by the interviewer. Dowrick et al. found little research that "gives voice to experiences and perceptions of individuals with disabilities" (p. 41).

The findings from their study organized numerous themes into four categories: postsecondary supports; transition to employment supports; natural supports; and attitudes and disability awareness. Postsecondary supports were described as those human connections often found by students through the staff for disability support services. Student voices expressed the need for disability support services to provide more outreach to other departments and provide more generic information concerning the institution. Transition into employment issues focused on creating awareness that many internships and school-to-work programs were not disability accessible. Student participants also noted that while self-confidence and marketability were increased during the postsecondary educational years, neither effectively prepared graduates for employment. Natural supports included using student peers with disabilities to serve as resources for information to incoming students with disabilities. Attitudes and awareness centered on concerns involving disability disclosure: what would faculty think of students who requested accommodations? It was agreed that disclosure was much easier to handle for students and faculty when accompanied by a letter from the disability services office.

This latter corresponds again with findings from Farone et al. (1998), in which attitudinal barriers were discussed by student, faculty, and staff participants in the study.

From a social perspective, GLBT students with disabilities felt ostracized by their respective sexual identity groups because of their disabilities; conversely, the disability community was more accepting of GLBT individuals (Harley et al, 2002). As early as 1998, students with disabilities who participated in Disability Awareness Day stated that they wanted a minority status assigned to them (Farone et al, 1998).

Moving from research focused on academic accommodations for students with disabilities toward the social conditions facing students with disabilities, Harley, Nowak, Gassaway, and Savage (2002) conducted research on sexual minority students with disabilities that connected issues facing gay, lesbian, bisexual, and transgender students (LGBT) with disabilities. There appeared to be a consensus from the students who participated in the study that LGBT persons belonged in one place and persons with disabilities belonged in another place. Yet, as the study reported, LGBT College students with disabilities were actually members of several different cultures, different sexual orientations, religions, race, ethnicity, and disabilities, in which sexual orientation was only one facet of identity. Lesbians with disabilities were perceived as "asexual," missing a sexual identity because of the disability. One conclusion gained in the study was that the disability community was more accepting of sexual orientation than the LGBT communities were accepting of people with disabilities. These findings corroborated research conducted by other authors on the devaluation and de-sexualization of persons with disabilities (Jung, 2002; Nosek et al., 2003).

In conclusion, research conducted with college students with disabilities has provided consistent themes: (a) that students with disabilities were able to succeed in institutions of higher learning; (b) that students who knew their disability strengths and weaknesses and selected college majors based on their strengths could graduate from college; (c) that students seemed consistent with their perceptions of accommodations in college, whether it was Canada, the United Kingdom, or the United States; and (d) that students listed attitudes as a major barrier to success whether such negative attitudes stemmed from faculty or peers (Dorwick et al. 2005; Farone et al., 1998; Fuller et al., 2004).

What this research suggests is that college students with disabilities are beginning to finding their voice on college campuses as disability awareness increases. They can be successful in their academic endeavors. Yet, as recent as 2005, college students with disabilities still faced academic, social, and physical barriers in college. Furthermore, students with disabilities did not feel professionally prepared when they matriculated from school and began working.

<center>**College Graduates with Disabilities**</center>

Research conducted on college graduates with disabilities focused almost exclusively on graduates with learning disabilities who entered the work force after they matriculated. With the exception of limited research on adults with learning disabilities who came from a variety of  academic backgrounds (high school graduates, college graduates, one high school dropout) (Price et al., 2003; Vanchak et al., 2005), most other studies have been conducted on college graduates from four year colleges and universities. Gerber et al. (1992) focused their first piece of research exclusively on

highly successful and moderately successful college graduates with learning disabilities. In their later studies participants were taken from a pool of former students, current students, or acquaintances of the researchers (Gerber, et al., 2004).

### *Disability Attitude in the Work Place*

The advent of the ADA spotlighted disability awareness and disability accommodations in the public sector, focusing on transportation, telecommunications, and employer-based accommodations. The private sector was initially not part of the changes instituted through the ADA unless those private entities received state of federal funding. While employers readily saw the need for and attempted to meet compliance requirements for employees with visible disabilities, little consideration was given in the early 1990's to accommodate adults with learning disabilities and other hidden disorders. Most employers were more concerned about accommodating employees with visible disabilities, having little understanding of the needs of employees with hidden disabilities (learning disabilities, hearing impairments, attention deficit disorder).

While the ADA was enacted to support effective access in the public sector including employment, the employee was expected to bear the onus of responsibility to self-disclose disability needs and request accommodations (Darby & Gregg, 2002: Essex-Sorlie, 1994; Simon, 2000). Not long after the enactment of the ADA, Gerber et al. (1992) devised a study on adults with learning disabilities and their employers. They selected a group of highly successful employees with learning disabilities and a group of moderately successful employees with learning disabilities to research models of successful functioning that promoted high levels of job success. This was considered the first study of its kind to research adults with learning disabilities and their employers. The

employers were preparing themselves to follow legally mandated compliance in the work place for their employees and the employees were learning the need to self-advocate for their disability accommodations. Three themes were uncovered through the interviews of both employees and employers. Employees wanted to gain control of their personal lives, make or be party to internal decisions, and externally demonstrate their internal decisions. One can argue that the results from this study could be extended to include other workers with disabilities.

The findings from the Gerber et al. (1992) study unveiled a model of success for adults with learning disabilities that contained both internal and external elements. Internal elements included: (a) the desire to excel; (b) focus on goals (having a purpose); and (c) reframing the definition of individual disability more positively. The external elements centered on adaptability to help foster control and success. Adaptability included persistence, the ability to work hard, the self-knowledge of one's strengths and weaknesses pertaining to one's own disability, and making decisions accordingly. Adaptability also included the fit between one's learning disabilities and one's environment. Additionally, adaptability included learned creativity and the ability to devise strategies and techniques to enhance one's ability to perform well.

Later research conducted by Price and Gerber (2001) revisited the Gerber et al. study of 1992 to determine if positive changes had occurred in the past decade in the workplace for employees with learning disabilities. Price and Gerber (2001) concluded that little had changed in the workplace since the enactment of the ADA in 1990. Specifically the researchers revisited and re-interviewed the original subjects and the employers of the 1992 study and discovered that the employer responses were identical to

their original responses of 1992; compliance and access issues for employees with disabilities were still an issue in hiring employees with disabilities. In the 2001 study, employers expressed additional confusion with the definition of learning disabilities and how accommodations should be given to employees with such disabilities, questions that were not raised in the original study. Employers agreed that little in the way of workplace accommodations for employees with learning disabilities were requested by or provided to employees. Little in the way of disability knowledge had changed from between the Gerber et al. study of 1992 and the 2001 Price and Gerber study.    A later case study was conducted in which participants with learning disabilities were asked two broad questions: (1) how do American adults with learning disabilities view their disability; and (2) what impact does the ADA have on employment of adults with learning disabilities (Price, Gerber, & Mulligan, 2003). Twenty-five participants were interviewed with more than half of them denying that their learning disabilities affected their work. The participants viewed their learning disabilities as being personal problems that did not require disclosure to their employers, their colleagues, or their co-workers. Concerning the impact of the ADA on employment and its status as an "antidiscrimination" law, more than two-thirds of the participants had never heard of the ADA; those who had heard of the ADA did not know enough about it to understand how it could possibly support them finding work and accommodations, nor did they understand enough about the ADA to self-advocate.

Gerber and his associates took the Price et al. 2003 study one step further by developing a qualitative study to compare the work place experiences of both American and Canadian workers with learning disabilities (Gerber et al., 2004). Comparisons were

made in job attainment, experiences on the job, and job advancement. Findings pertaining to job attainment suggested that the first job attained after college was usually found through friends and family members. Job interviewing varied widely with some participants hired on the spot and others hired through more formal avenues. The majority of participants, both Canadian and American, did not self-disclose their learning disabilities. Only 2 of the 49 study participants self-disclosed their learning disabilities and both requested accommodations—of which neither one were granted.

Experiences on the job showed some similarities. The majority of participants did not request accommodations on the job; the most common reason given was "fear of being fired" (Gerber et al., 2004, p. 287). The majority of individuals did not see the need to self-disclose because they felt their disabilities did not impact their job duties. Most were worried about reactions from co-workers and those that had self-disclosed reported negative reactions. As to job advancement, high incidences of job advancements occurred for both the Americans and the Canadians.

This series of studies conducted by Price, Gerber, and their associates highlights the fact that people's reactions to theirs and other's disabilities have not changed significantly between 1992 and 2004. Employers had little understanding of disability compliance and appeared more comfortable to have the onus of accommodation needs placed on the shoulder of their employees. Employees, on the other hand, had little working knowledge of the ADA and how it could protect them against discrimination in the work place. Employees felt that their disabilities were not impacted by the work they did or they were uncomfortable or afraid to self-disclose for fear they could be fired from

their jobs. Of the two employees who did self disclose a disability and request accommodations, neither request was approved by the employer (Gerber et al., 2004).

*Employment and Disability*

While employment is considered one of the most important transitions from college into adult living, Gerber (2002) pointed out that the world of higher education and employment are two significantly different life experiences and that most college and university graduates move from a disability supportive culture into a disability ignorant one when they move from school to work. Madaus (2006) concurred with Gerber that postsecondary education is a route to gainful employment in the United States and that the number of students with learning disabilities entering college is steadily increasing. However, Madaus noted that research on the employment experiences of college graduates with learning disabilities is only slowly emerging. A 2001 survey by the NOD that observed job trends among adults with disabilities showed that adults with disabilities were less likely to be highly educated than their nondisabled peers and were more likely to be underemployed or unemployed.

Madaus (2006) conducted research on graduates with learning disabilities transitioning from college into the work force. His participants came from eight universities in the United States; each student had to be registered with the disability services office at the university s/he attended prior to graduation as proof of disability status. The findings from the Madaus study showed that 75% of the respondents were employed full time, with a mean age of 31. The remaining 25% were either working part time and/or raising children. Males were more likely than females to earn in excess of $60,000 and females were more likely to report earnings of $30,000 or less. Seventy-

three percent of the respondents indicated that their learning disabilities impacted their work in some way; a finding that contradicted the findings from Gerber et al. (2004). Gerber et al. found that the majority of people in their study did not disclose their disabilities because they did not think their disabilities impacted their job duties.

Further findings from the Madaus (2006) study showed that 66% of the participants had self-disclosed their disabilities to their supervisors and 12% requested formal accommodations. Of the 12% who requested accommodations, 28% indicated that they were denied their formal requests. These findings were congruent with the research conducted by Gerber et al. (2004), in which two research subjects requested accommodations but both were denied them.

Madaus (2006) acknowledged that his pool of participants came from select-enrollment universities that offered formal Learning Disability programs, which provided additional and more personalized attention not found in the majority of higher educational institutions. Madaus' findings might not be representative of students who have come from colleges and universities that provided disability accommodations without the additional specialized disability support found in Learning Disability programs.

In conclusion, the findings from several studies involving college graduates with learning disabilities conceded that little has changed since 1992 in how employees viewed their disabilities in the work place. As pointed out by Gerber et al. (2004), the ADA placed the onus of disability responsibility and disability education on the person with the disability, yet few college graduates and employees knew enough about the ADA to be able to effectively advocate for themselves. Few employees self-disclosed

their disabilities in their work place; few requested accommodations, and even fewer

received the accommodations they requested (Gerber et al., 2004; Madaus, 2006; Price et

al., 2003). While Gerber's studies (2004) noted that the majority of respondents stated

that their learning disabilities did not impact their jobs, contradictory findings from

Madaus (2006) concluded that the majority of the respondents from his studies

acknowledged that their learning disabilities did, in fact, impact their jobs.   Yet they

were still reluctant to self-disclose their disabilities and request accommodations that

might have benefited them. Missing from the research were studies conducted on college

graduates with disabilities, other than learning disabilities, including physical and

psychological disabilities.

### Acquired Disability

Most of the research in this chapter centered on college students with disabilities

who were born with or who developed disabling conditions early on in life. However, it

is also important to direct the reader to research on adults who have "acquired

disabilities" due to lifestyle and/or the natural aging process. In many cases this latter

field of research has focused more on the medical issues resulting in disability (medical

model of disability) but increasingly research is now expanding to include the

psychosocial dynamics of adult on-set disability and the emotional toll and challenges

facing adults with newly acquired disabilities.

A great deal of research has been conducted from the psychosocial perspective of

adults with disabilities and the adjustment of disability (Bishop, 2005; Livneh & Parker,

2005; Mavandadi, Rook, & Newsom, 2007; Van Gundy & Schieman, 2001). Additional

research is extending beyond the adjustment of disability in home life to observe the

experiences of the person with a disability returning to work (Berger & Marmincek, 2007; Gerber & Price, 2003). While disability may still be perceived as a condition people are born with, more adults are acquiring disability due to risky behaviors and living longer. It can be argued that while most individuals with learning disabilities and attention deficit are born with their disabilities, similar symptoms of cognitive learning difficulties can also be observed in individuals with traumatic brain injuries. The rehabilitation process begins with a physical and cognitive recovery and includes a social rehabilitative process. This same concept applies to adults who have acquired spinal cord injuries (SPI) (Cohen & Napolitano, 2007). Their adjustments would include adjusting to a new body and the permanent physical, social, and psychological changes.

Adjusting and adapting to disability requires rehabilitation and intervention strategies (Cohen & Napolitano, 2007; Kurtz, Saint-Louis, Burke, & Stineman, 2008; Livneh & Evans, 1984; Persson & Ryden, 2006). Individuals experiencing disability often feel powerless in the awareness of disability and its influence on one's life (Bramston & Mioche, 2001). Part of the rehabilitative counseling process involves intervening on the negative thought processes of patients and facilitating positive emotional and psychological progress while facing a major life adjustment (Kurz et al., 2008). Part of the recovery process includes understanding the experiences persons with disabilities face when they realize their bodies will not be the same.

Rehabilitation and acceptance of disability involves psychosocial changes similar to the five stages of dying proposed and popularized by Elizabeth Kubler-Ross (1969) in her research on the stages of dying she observed in her patients. Kubler-Ross decided that the best way to learn about dying was to go to the patient and ask her or him to be her

teachers. The five stages of dying that Kubler-Ross identified included: denial, anger, bargaining, depression, and acceptance. Denial was seen as a healthy response to dealing with uncomfortable and painful situations, functioning as a barrier to unexpected and devastating life news. Denial was often a temporary state that allowed patients to react and then collect themselves after hearing about their pending death. Anger often replaced the initial stage of denial, including strong feelings of rage, resentment, and envy. Such intense anger was often misplaced and mis-directed toward loved ones, friends, medical professionals, and God. The most common question asked in this stage is "Why me?" (p. 63). The third stage of dying was bargaining, similar to that of a child bargaining with a parent to get what he wants. According to Kubler-Ross, this stage arose out of a need to attempt to postpone the inevitable. Depression follows bargaining when the patient realizes that no attempt at bargaining will change his or her permanent condition. The final stage noted in the dying process is acceptance. The state of acceptance is not to be confused with a "happy" state but rather a void of feelings (Kubler-Ross, p. 124). The struggle is over. It is not unusual for patients to weave back and forth among the stages and it is not uncommon for a patient to remain stagnant in one stage for an indefinite period of time.

Kubler-Ross' research on the dying process of terminally ill patients can be broadened to include patients with permanently disabling conditions and individuals facing other major life changes. Many researchers have followed up on the themes of Kubler-Ross (Livneh & Antonak, 2005; Livneh & Evans, 1984; Moore, 2005; Persson & Ryden, 2006). Livneh and Evans (1984) developed a disability model of recovery based on the stages of adapting to disability that people experience during the recovery process.

These stages include shock, anxiety, bargaining, denial, mourning, depression, withdrawal, internalized anger, externalized anger, acknowledgement, acceptance, and adjustment. *Shock* is the mentally and emotionally numbing immediate consequence of severe trauma resulting in immobilization and/or cognitive disorganization. *Anxiety* immediately follows shock as the patient reacts to learning about the condition, followed by *bargaining* or the expectation of regaining pre-injury status through protest or deal-making. *Denial* is the defensive retreat from self and others resulting from realizing the implications of the injury. *Mourning* is a grief response by the patient upon understanding the seriousness of the injury and the impact the disability will have. *Depression* follows as the emotional response of bereavement to the loss of the body part or the loss of function. *Withdrawal* is the process of moving away from social and interpersonal relationships as the reality of the disabling condition sets in. *Internalized anger* is the stage of directing anger toward the self, including bitterness and guilt about the circumstances leading to the incident. *Externalized aggression* is hostility directed outward toward those the patient blames or to others from whom the patient felt pity.

Eventually, the patient leans toward *acknowledgement* of the disability and the intellectual recognition of future limitations. At this point the patient recognizes that the disabling condition is now an integral part of his or her life. From there, the patient moves into *acceptance* of the disability, realizing it is a condition that will not improve. Finally, the patient moves into *adjustment,* the last stage in the coping process where behavioral adaptation of the disability allows the patient to prepare for death a life no longer to be lived in the same manner.

Two decades later, Livneh and Antonak (2005) conjectured additional themes of psychosocial adaptation to chronic illness or disability (CID) to include stress, loss and grief, body image, self-concept stigma, uncertainty and unpredictability of the condition, and the quality of life, concepts not readily articulated in 1984. Persson and Ryden (2006) conducted research in Sweden on 26 individuals who learned to live with disabilities acquired in adulthood. The central focus of the study was to understand their subjects' effective copying strategies related to their disabilities or chronic illnesses. Coping was defined as the ability to deal with stress-inducing events. Coping was process-oriented and included thoughts and behaviors that were developed to face situations where previous behaviors may not have worked.

Persson and Rydens (2006) findings resulted in five specific categories of coping, including self-trust, problem-reducing actions, changing personal values, social trust, and minimization in dealing with their disabilities. *Self-trust* is the ability to maintain belief in one's capacity to face challenges brought on by a disability. Independence and disinterest in being helpless in the face of the disability were also mentioned as strong factors in positively coping with the disability. *Problem-reducing* actions include becoming active in the disability or chronic illness process by developing compensatory strategies to maintain more independence and learn new ways of caring for the body. *Changing personal values* is necessary to cope with body changes, including finding meaning within the disability and reevaluating one's life in face of the disability or chronic illness, similar to other studies on severe disabilities and women (Moore, 2005). *Social trust* is defined as the ability to have close friends and family contacts to lessen the ability of social isolation, an issue noted in various studies on disability (Hughes, Taylor,

Robinson-Whelen, & Nosek, 2005; Nosek & Hughes, 2003; Nosek et al, 2003; Taub, 2003). Finally, *minimizing* is a coping strategy that involves the subject's ability to downplay the effects of the disability by comparing himself to others with more severe disabilities and developing positive aspects of the disability in order to cognitively survive with the disability.

The five coping strategies defined by Persson and Ryden (2006) complimented the twelve stages of disability acceptance theorized by Livneh and Evans (1984), the five stages of dying proposed by Kubler-Ross (1968), and the psychosocial processes of coping with disability (Cohen & Napolitano, 2007; Livneh & Antonak, 2005). Other studies have suggested that positive and active mental states are closely correlated with health-promoting behaviors (Nosek, Hughes, et al., 2006).

In a specific study on acquired disability, Berger and Marmincek (2007) researched articles on adults returning to work after a lower limb amputation and concluded that people who returned to physically undemanding jobs with lower limb amputations had higher success rates of maintaining their positions than patients with lower limb amputations who had physically demanding jobs. Additionally, individuals with lower limb amputations appeared to have lower levels of education, more chance of working in physically demanding jobs, and less success of returning to their pre-amputation work. It was not uncommon for people with lower limb amputations to need to return to school or pursue training in fields different from what they previous held.

Disability is no longer exclusive to young children born with disabilities. Adult on-set disability is on the rise with the majority of disabled adults developing severe paraplegia and quadriplegia before the age of 30 (Cohen & Napolitano, 2007). Events

following the onset of the disability and permanent body/mind changes require the ability to work through several stages of change (Livneh & Evans, 1984) similar to the five stages of dying defined by Kubler-Ross (1969).

## Women with Disabilities

The medical field has based most of its disability research and its findings on men. Research, however, is now emerging on females with disabilities and the issues unique to them (Hughes et al., 2005; Nosek & Hughes, 2003; Nosek et al., 2002). In particular is an emerging field of disability studies focusing on women with disabilities and the social and psychological experiences unique to disability and feminism.

Research in the field of women with disabilities is rapidly expanding, due possibly to the outcry from disability activists who have raised issue with the fact that feminist scholarship has ignored them (Beckett, 2004; Begum, 1992; Moore, 2005; Morris, 1993; Preece; 2002; Watson-Gegeo, 2005). Begum (1992) and Morris (1992) both spoke passionately about disability and feminism in the early 1990s after the enactment of the ADA, to show that while disability rights might be protected by the law, disability was still on the back burner as far as feminist issues were concerned. Morris accused feminists of prioritizing research on women by focusing first on White, middle-class women. They added other categories of women to their research, yet continued to base their research standards on White, middle-class women. What Morris saw as serious oversights to feminist research were older women and women with disabilities. In the twenty-first century disability studies and gender issues are beginning to interconnect. Smith and Hutchison (2004) noted that "even in the field of disability activism, one [still] finds the presence of race, gender, and class discrimination" (p. 3).

Begum (1992) noted a tendency to view all disabled people as one homogenous group, an observation shared by Harley et al. (2002) in their study on LGBT college students with disabilities. Not only did LGBT students have to contend with sexual orientation issues, they had to deal with biases toward disabilities within the ethnic cultures they were born and raised in. This knowledge tied in with the experiences of nondisabled Hispanic and African American women scholars who were interviewed for research on leadership and cultural values (Louque, 2002). These women did not see themselves as a homogenous group of "women"; rather, they identified themselves as having significant racial and ethnic differences between being Hispanic and being African American. This supports Begum's view that people with disabilities saw themselves as individuals from different cultural and racial backgrounds rather than an homogenous group of disabilities.

Lloyd (2001) wrote on the politics of feminism and disability. She proposed the inception of a disability model that understood the concerns and issues of women with disabilities as central to both feminist and disability policy. This model further defined the need to frame the disability experience in a manner that placed the disabled person as both the expert of the disabling conditions and the decision-maker of one's own life. Lloyd felt that the social model of disability should be reformulated to include recognition of women with disabilities and their unique roles as mothers and care-givers in the experience of disability and gender.

Crawford and Ostrove (2003) studied the relationship between social representations of disability and the intimate relationships of women with disabilities. They observed that people with disabilities had been isolated due to social and structural

barriers in which the disability prevented people with disabilities from actively engaging in society. Such isolation from society has resulted in a segregated sub-society of people with disabilities who have been further isolated by cultural stereotypes of disability. Such segregation has enforced and reinforced negative constructs of disability. Crawford and Ostrove interviewed 19 women with disabilities using open-ended questions relating to disability, sexuality, and interpersonal relationships. Several common themes emerged from the interviews. The women discussed: (a) several negative images of people with disabilities, including the assumption that all persons with disabilities were intellectually challenged; (b) that people with disabilities were considered asexual; (c) that people with disabilities were invisible; and (d) that people with disabilities were either super capable or helpless and incompetent. Other women in the study mentioned that their able-bodied partners were prone to abusive conduct toward them based on cultural stereotypes toward people with disabilities or resulting from manipulation of the able-bodied offenders toward their disabled partners.

Nosek et al. (2002) argued for awareness of the strong tie between women and disabilities and their self-esteem. They gathered data on several hundred community-dwelling females to get a sense of relationship between women with physical disabilities and their levels of self-esteem. What they discovered was that women who had positive school experiences, less over-protective parents, and more affection in their childhood homes experienced less social isolation. Other findings suggested statistical correlations between disabilities, significantly lower self-esteem, greater isolation, significant lack of education, and/or a more negative experience of intimate relationships (Hunt, et al., 2006; Moore, 2005; Morris, 1993; Nosek & Hughes, 2003; Taub, 2003).

More current research conducted by Nosek and Hughes (2003) studied the psychosocial issues facing women with disabilities from the rehabilitative aspect of disability. Women with disabilities not only faced social and psychological issues more common to women than men, but the effects of the disabilities themselves placed women at even greater risk for depression, more stress, lower self-esteem, and decreased social connectedness. Studies have shown that depression among women is greater than among men, with female depression attributed to lower levels of personally-perceived control, lack of social support, less income than men, poverty, and more exposure to abuse. Women with disabilities face additional obstacles due to the effects of their disabilities, including possible side effects of medications (Hughes et al., 2005; Nosek & Hughes, 2003).

Women with disabilities internalized the norms of beauty established by society based on body perfection and expectations that most of them could not attain. Women with disabilities are stigmatized for failure to conform to socially defined standards of beauty (Weber, 2007). Research conducted by Taub (2003) on body images of women with physical disabilities concluded that women with physical disabilities held beliefs similar to their nondisabled counterparts of the ideal female body. The findings suggested that women with physical disabilities felt they could not achieve the ideal body norm because of the way they looked and the way they moved. Atypical body appearances of women with physical disabilities often resulted in feelings of anger and discontent including low self-esteem, feelings of inadequacy, and lack of confidence in the ability to feel feminine (Cohen & Napolitano, 2007). Women with visible disabilities felt they were treated as less desirable than women without disabilities.

Moore (2005) focused her research on women with severe work disabilities and how such women attributed meaning to their lives. Through the use of video-taped interviews and long-term participant observations of her research participants, Moore concluded that the women in her study "did not view disability in terms of the loss of physical functioning" but rather "disability-related experiences…means to 'make the world a better place for people with disabilities'" (p. 345). The core findings of this study suggested that women with severe physical disabilities shared a commonality with nondisabled women in their desire to find meaning in their lives and contribute to a larger whole, findings also supported by Boswell, Glacoff, Hamer, McChesney, and Knight (2007) in their study of disability and spirituality.

There is a great need in research for studies on women with disabilities. While it seemed that feminist scholarship largely ignored the plight of women with disabilities (Begum, 1992; Morris, 1993), more research is emerging focusing on the issues facing women with disabilities. Originally, rehabilitative research defined physical and psychosocial concerns facing women with disabilities based upon male norms (Nosek & Hughes, 2003). More current research is being published that explores the psychosocial dynamics of disability that faced women today, including depression, stress, self-esteem and social connectedness (Crawford & Ostrove, 2003; Nosek & Hughes, 2003; Taub, 2003).

A majority of women with disabilities believed they were seen negatively by nondisabled peers and were constantly fighting the assumption that all persons with disabilities were intellectually challenged or considered to be asexual. Other assumptions included being invisible to others, being talked down by others, and having to be either

super capable or helpless and incompetent (Crawford & Ostrove, 2003). Women with

disabilities felt resentful that they were defined by their disability and therefore

automatically assigned to one homogenous category of disability. Such feelings were

shared by women of color who resented being lumped into the homogenous group of

minority women. Instead, they prefer to be recognized by their cultural heritage of

Hispanic of African American (Louque, 2002).

## Minority Administrators in Higher Education

While disability and college administrators have not been present as constructs in

the same study, research has been conducted on both women and minorities in college

administration (Crawford, & Ostrove, 2003; Fong, 2000; Grover, 1992). No research was

found that specifically addressed college administrators with disabilities. However,

numerous studies have been conducted on women and other minorities in higher

education administration (Crawford & Smith, 2005; Louque, 2002; Opp & Gosetti, 2002;

Priola 2007; Townsend, 2006) and faculty with disabilities (Anderson, 2006). The field

of disability studies, however, is only a recent development in academe. However, as

noted by Anderson (2006), "the experience of disability is relevant to all marginalized

groups—*for all groups have people with disabilities in them*" (p.367).

Themes common to minority college administrators and women of color consisted

of racism, sexism, climate, and isolation (Patitu & Hinton, 2003). Several of these themes

mirrored the experiences of women with disabilities, including social isolation, and

sexism (Crawford & Ostrove, 2003; Nosek et al., 2002).

An article published in *Trusteeship/Association of Governing Boards of

Universities and Colleges (*2002) queried five presidential search experts on the low

numbers of women and minorities in presidencies in postsecondary institutions. While it appeared that up to 25% of newly hired presidents were women, the presidencies were still viewed as the domain of White males. The commitment to diversity in higher education appears to be characterized by (a) old-fashioned prejudice, (b) limited pools of qualified and experienced applications, and (c) the reluctance of board search committees and executive firms to overtly promote both female and minority prospects. The article noted that companies, whose executives were hired by colleges and universities to recruit for presidential searches, were advised to find the "best" candidate for the position. One article contributor stated however that "the word 'best' takes on a different meaning when women and minorities are under consideration" (p, 16). She further described "best fit" as being a candidate who fit most comfortably within the institutional environment and possessed the perquisite administrative and leadership skills but was not necessarily the best person to lead the institution. The only way that women and minorities became serious candidates was if their qualifications were better than those of white male candidates; "minorities in particular are often required to be "stars in order to be selected" (p. 16). Such observations were similar to those found in studies done on women with disabilities who felt they needed to superheroes in order to be accepted (Crawford & Ostrove, 2003). Darryl G. Greer, executive director of the New Jersey Association of State Colleges and Universities conceded that that while American higher education encourages and seeks diversity among students, faculty, and staff, achieving diversity among its leaders has not yet materialized (Trusteeship, 2002). Greer further stressed the need for all consulting firms who led a presidential search to mentor women and minority candidates and more effectively prepare them for their interviews.

Fong (2000) noted the need to support and mentor minority faculty and administrators. Her assertion was that people of color who worked in higher education were presumed to represent diversity and yet were still expected to adhere to the norm associated with majority culture. Professionals of color were "called to serve on committees because [they] represent a different perspective, yet [they] must speak the language of [the] disciplines and the jargon of the professional staff" (¶ 5). Mentoring of faculty and administrators has been seen as an important tool on most college campuses whereby women and minority faculty and administrators can connect with other professionals and thus learn more about the institutional environment. The mentoring process has also been identified as a factor in upward mobility in education, employment, and personal development. Additionally, mentoring entails the sharing of power, information, and the self (Crawford & Smith, 2005; Patitu & Hinton, 2003). Minority faculty and administrators have also faced barriers on predominantly White campuses, including isolation and loneliness: themes representative of women with disabilities (Crawford & Ostrove, 2003; Hughes et al., 2005; Nosek & Hughes, 2003; Taub, 2003). Crawford and Smith's research complemented Fong's findings (2000) in that "college and university faculty and administrators … do not come close to reflecting America's racial and class diversity" (p. 53).

Louque (2002) focused her research on Hispanic Americans and African American women scholars. She noted that Hispanic American women in her study did not like to be grouped into one category because "referring to women as a homogenous group masks significant racial and ethnic differences in access to and experience in positions of leadership" (p.29). She further noted that Hispanic American women in

college administration felt that they were culturally different from African American women and that such differences should be taken into consideration in future research, instead of assigning the experience of women into one homogenous group. These findings complemented Crawford and Ostrove's study (2003), in which women with disabilities resented being defined by disability and assigned to one homogenous category named "disability" that did not take into account gender, or other personal and cultural aspects.

Townsend (2006) explored the community college organizational climate for minorities and women to determine what would comprise a positive organizational climate. A positive organizational climate was based on the number of women and minorities represented in the faculty and administration; equal pay for men, women, and minority professionals; and equal opportunity for promotion. A negative organizational environment included the presence of a dominant belief system and the degree of monoculturalism, styles and customs, and norms of proper behavior and criteria for success. This latter point coincides with the opinion article by Fong (2000) six years previous in which she noted that people of color who worked in higher education were assumed to represent diversity and yet were still expected to adhere to the norm associated with the majority culture. Townsend (2006) concluded from her findings that improvement of the organizational climate of higher education should rest on

> …equal pay for equal work; equal access to high-level positions; the establishment and enforcement of sexual harassment policies; provision of child care facilities, and the establishment of paid maternity and family leave policies. (p. 79)

Opp and Gosetti (2002) researched trends among women administrators at two-year colleges and determined that while the percentage of women college administrators

of all racial and ethnic groups, and college faculty of color, had increased their presence on college campuses, such growth was only four to six percent of their proportional representation on college campuses in general. Campus climate is influenced by its administrators and the leaders of higher education play a central role in the shaping of norms, policies, and practices set forth internally. A constructive way to foster change is to develop a critical mass of women and minorities in its faculty, which will in turn influence incoming leadership (Opp & Gosetti, 2002). The same concept extends to professionals with disabilities; in bringing about awareness of disability, the first step is to become aware of disability and the disability of others (Anderson, 2006).

A study of African American women faculty and administrators in higher education found that predominantly White institutions have not been "successful in recruiting and retaining black faculty males and females" (Patitu & Hinton, 2003, p. 80). Additionally, women and minority faculty tended to be "clustered in disciplines considered to be traditional or 'feminine,' be in the lower academic ranks, and held part time or temporary positions" (p. 80). Anderson (2006) in his research on faculty with disabilities found a similar theme: faculty with disabilities had a more difficult time obtaining permanent teaching positions than faculty without disabilities. Additionally, Anderson (2006) noted that faculty with disabilities spoke of a sense of "ghettoization" into non-tenured positions because of their disabilities (p. 211). They felt they were channeled into non-tenured or adjunct positions without opportunities to move into full time and tenured teaching jobs because of the way they looked or acted due to their disabilities.

While more women and minorities may be advancing in positions of leadership in colleges and universities, there is still a need for more advancement of these marginalized populations. Mentoring of minority faculty and administrators is seen as an important tool to allow minority professionals to better connect with the institutional environment. Mentoring is about the sharing of power, information, and the self (Crawford & Smith, 2005; Patitu & Hinton, 2003). Research conducted on Hispanic American and African American women administrators noted that Hispanic American and African American women did not like being lumped into one homogenous group of women since homogeny assumed no differences among them. Assigning a disability label to all women detracted from the racial and ethnic differences in each woman define leadership (Louque, 2002).

## Conclusion

In writing on the experiences of faculty with disabilities, Anderson (2006) emphasized the fact that disability is not just another social phenomenon loosely connected to other minorities. Disability is relevant to all marginalized groups. No one group is immune to disability because disability can occur at any time in the life span. Anderson points out that disability is the largest minority group in the world and people with disabilities are "the world's largest multicultural minority" (p. 367). Perceptions toward persons with disabilities are slowly changing. Whereas persons with disabling conditions were once assumed to be lacking in some fundamental way because they were different from acceptable norm, disability advocates now view society as "deficient" or lacking fundamentally, and not inclusive of everyone who does not fit the stereotype of social norms.

There is little in the way of evidence to support a change in our perceptions of disability since the enactment of the ADA in 1990. Employees with visible disabilities have felt social discomfort and shame resulting from their physical appearances (Vanchak et al., 2005). Employers are often still at a loss on how to accommodate employees who request accommodations (Gerber et al. 1992: Price et al. 2003)

A study of the literature reveals that a growing body of research is emerging in the area of disabilities. Research on college students with disabilities and disability rehabilitation are the most common areas being studied, but as disability activists argue, the disabled should be viewed as a minority population in the same manner as women and people of color. More studies are beginning to emerge on women and professionals with disabilities. However, to date, no research specific to college administrators with disabilities has been found.

Unlike other minority populations, the disabled population is neither exclusive nor discriminatory in who joins its ranks. No one is immune from disability. While not everyone will experience disability, the numbers of people experiencing disability are on the rise.

This literature lends credence to a growing field of research in disability and the important impact that disability has in Western society. Increasingly it is being advocated that the disabled are a minority population with similar barriers to equality that other minority groups face. The purpose of this study is to explore disability and its effects on professionals, specifically higher educational administration professionals, in their roles as leaders in a society and an institution that values education.

**CHAPTER 3:**

**METHOD**

>    Qualitative research is a powerful tool for learning more about our lives
>    and the socio-historical context in which we live. (Merriam & Associates,
>    2002, p. xv)

The above statement articulated my rationale to engage in qualitative research

methodology to answer the question: *How do college and university administrators*

*describe their "lived experience with disabilities" in the workplace?* Sub-questions asked

participants to share specific experiences they have had in their professions and in their

work relationships as a consequence of their disabilities.

### Research Design and Rationale

The nature of qualitative research is the belief in the field of social science that

reality and meaning are socially constructed by individuals and by each person's

interpretation of the world, as each person sees it (Merriam & Associates, 2002). Reality

is not rigid, inflexible, unbending, or measurable solely by numbers and figures; reality

and the view of meaning are fluid, individualistic, and changing. Qualitative research

concerns itself with individuals and knowing how individuals interact with and react to

their environment. Qualitative research can be broken down into two research

philosophies: interpretive and critical. Basic interpretive research reflects in the

viewpoint of the individual, the personal experience. Critical research looks at the

broader picture, "how the larger contextual factors affect the ways in which individuals

construct reality" (Merriam & Associates, 2002, p. 4).

An interpretative qualitative approach to research is based on a psychological

approach toward the individual experience, concentrating on individuals and their

individual understanding of an experience or event. A critical qualitative approach to research is based on a social or group dynamic of the issue rather than on the individual, or several people's perception of an issue. Feminist research tends to draw from a critical qualitative approach. This is consistent with previous research that is centered on groups of nondisabled women; only now are women with disabilities making a stand to be included as part of the feminist research agenda (Begum, 1992; Morris, 1993). Unlike quantitative research, qualitative research is less concerned with predicting an outcome of an issue; it is more focused on understanding the nature of the issue.

College administrators with disabilities have stories to tell of their experiences of disability in their workplace and in their interactions with colleagues. From an interpretive qualitative approach, this study focuses on the reality of disability as seen through the eyes of college professionals with disabilities, specifically relating to work and relationship experiences with colleagues. Several studies have been conducted on professional and semi-professional women with disabilities, faculty with disabilities, and college students with disabilities (Anderson, 2006; Blansett, 2004; Fuller et al., 2004, Price, Gerber, et al. 2003), but no research, at the time of this study could be located that addressed college administrators with disabilities.

The purpose of this study is to identify themes common to the experiences of disability shared by college administrators, by professionals who have disabilities. This was not a story written by professionals who do not have disabilities observing others who do have them; this is research written by a professional with a disability observing others with disabilities.

**Participants and Sites**

The definition of disability for this study followed the standards set by the ADA in which an individual must satisfy at least one of the three parts of the definition to be considered disabled. These parts are: (a) have a physical or mental impairment that substantially limits one or more major life activities, (b) have a record of such an impairment, or (c) be regarded has having such an impairment (ADA, 1990; Darby & Gregg, 2002; Essex-Sorlie, 1994; Gaal & Jones, 2003; Thomas, 2002).

*Participant Recruitment*

Participant recruitment sought out professionals working in higher education at the time of their interviews, from the director's level or higher.  I recruited participants who were directors of offices and programs and other supervisory positions in middle management positions or higher. Participants had to have a disability.

Recruitment emails were sent to two different disability list servers for disability service providers in higher education: DSSHE-L@ LISTSERV.BUFFALO.EDU (Disabled Student Services in Higher Education) and the Colorado-Wyoming Consortium of Disability Support Programs (Consortium) (see Appendix A). The list servers are comprised of disability service providers nationally (DSSHE) and higher education disability providers in two western states: Colorado and Wyoming (Consortium).

The recruitment email for research participants was also sent to the National Association of School Personnel Administrators (NASPA) list server, also referred to as Student Affairs Administrators in Higher Education (SAAHE) (Appendix A). I received permission from NASPA to post the message on its list server or have the list administrators post it. Instead, since I had access to the membership directory in NASPA,

I sent individual members in various mid-western and western states (Arkansas, Illinois, Montana, Nevada, Utah) email recruitment letters. I targeted deans and vice presidents in the hopes of recruiting high level administrators with disabilities to my study. In hind sight I should have sent one email to the whole list server to widen my pool of potential participants, but at the time I was hoping to have face-to-face interviews with each participant within a day's drive of Denver.

Additionally, I attended the national conference for NASPA in March 2009 where I was able to advertise for potential participants via posters and word of mouth. While I was hoping to actually interview participants at the national convention, this did not happen. Those individuals I introduced myself to, or who sought me out at the convention, were given copies of the generic email (see Appendix A). We then discussed the possibility of conducting an interview when we returned to our respective home states.

Recruitment was also sought through the American Association of Women in Community Colleges (AAWCC) and the College Personnel Association of Colorado (CPAC). The chairs of both organizations encouraged me to post to their list servers. As an active member of both list servers I was able to post my recruitment email without official permission.

Similar email recruitment announcements were sent to all community college and university and college presidents in Colorado, Wyoming, New Mexico, Utah, and Idaho. They were asked to forward the email down the chain of command to other administrators in their institutions who might be viable participants (see Appendix B). This approach brought participants to my study directly; it also resulted in two additional

faculty referrals of other college administrators with disabilities. I also asked the

participants during the course of the interviews if they knew of other college

administrators who might be interested in participating in this study; this recruitment

technique is called the snow ball effect.

      In contacting each potential participant, I explained the purpose of the study, and I

asked each person his or her preferred method of future communication (phone or email).

The Informed Consent was signed prior to each phone interview (nine) and one was

signed right before the face-to-face interview.

### *Participant Description*

      The parameters of soliciting participants for this study purposefully eliminated

professionals currently working in disability services to discourage professionals with in-

depth knowledge of disability rights from participating, assuming they would have a

greater knowledge of disability rights than someone with no exposure do disability

concerns. As a result, there were no participants in this study who directly worked in

disability services at the time I interviewed them. Two participants, however, oversee

these offices on their respective campuses, and may have a greater familiarity with

disability issues than the others. There were originally eleven participants who were

interviewed for this study with one having to be eliminated because her position included

disseminating ADA information to community businesses and colleges in the state she

resides. Even though she had only worked in this position for six months, it was

determined that while she was not a disability expert by far, she still fell into the category

of participants that would be excluded from the study. This participant's previous

position was in residence life and it was unfortunate that she had to be eliminated since she brought a wealth of information to the interview.

The setting where these professionals worked was in higher education administration. The participants were a mix of senior and mid-level college administrators with disabilities who worked in universities, state colleges, private or public colleges, and community colleges. For the purposes of this study, "college administrator" was defined by a job title, for example president, vice president, dean, assistant dean, or director of a department or office. I was unable to find a simple explanation of administrator. As defined by Merriam-Webster OnLine (2008b), an administrator is "one who administers especially business, school or government." Merriam-Webster (2008a) further defined administration as "the performance of executive duties."

Disability impacts people in different ways and rehabilitation can vary depending on the type of disability, the previous lifestyle, and the mindset of the person with the disability (Bramston & Mioche, 2001; Cohen & Napolitano, 2007). Professionals who have adult-onset disabilities can experience psychological and physical adjustments to disability (Cohen & Napolitano, 2007). How a person adjusts to disability is dependent upon one's perception of the disability situation, one's self and personal goals, and possibilities (Persson & Ryden, 2006). Some of the participants of this study revealed their reactions, and in some cases denial, to the onset of their disabilities. Others, based on their life views, have been more accepting of their conditions. Much research conducted in the field of disability rehabilitation supports the need for physical, spiritual, and psychological adjustment to adult onset disability (Berger & Marmincek, 2007;

Boswell et al., 2007; Bramston & Mioche, 2001; Cohen & Napolitano, 2007; Kurz et al.,

2008; Persson & Ryden, 2006).

Professionals with disabilities who work as disability service providers in colleges

and universities were specifically excluded from the study. It may be assumed that

directors, coordinators, and specialists working in disability services offices have direct

experience in working with students, faculty, and staff with disabilities. As a result they

may be more knowledgeable of disability issues than an administrator with a disability

who had little or no knowledge of disability. Additionally, directors and coordinators of

disability services offices are assumed to have a deeper understanding of Section 504 and

the ADA, as well as the newly passed Americans with Disabilities Act Amended

(ADAA). Professionals with disabilities who work in disability services offices are not

typical of the professionals that I was seeking in my study.

The six female and four male participants shared several characteristics:

- Participants were working as mid-level or senior administrators in postsecondary
  two- and four-year institutions, public or private,

- Participants self identified as having disabilities for a minimum of three years,
  and

The disabilities were physical, psychological, or cognitive, or others as defined under

the ADA.

## Data Collection

One purpose of qualitative methodology is to better understand. In this study I

listened to the stories of several postsecondary administrators in how their disabilities

have impacted their professional lives. Each interview was tape recorded and

professionally transcribed. A copy of each transcript was sent to each participant for his or her review. Some small adjustments were made by one or two participants—mainly mis-spellings, but no content material was changed or challenged.

Data were gathered through the information extracted from each interview. In qualitative research three methods of data collection are most common: interviews, observations, and documents (Creswell, 1998; Merriam & Associates, 2002; Moustakas, 1994). Interviews involved open-ended and semi-structured questions to gather information more in-depth than simple "yes" or "no" answers. The purpose for interviews was to allow each participant the opportunity to speak about what he or she viewed as reality within the parameters of the research questions. Interview questions guided the conversation between myself and the participants without them having to worry about what the right or wrong answer was to each of my questions. In qualitative research, rightness and wrongness do not play a part in the study.

Fontana (2002) saw the interview as an "interactional event based on reciprocal stocks of knowledge" (p. 53). The interview was more than the process of asking questions; it was a process of expressing feelings on the part of both the interviewer and the interviewee. Post-modern interviewing allows diverse voices to be heard and more importantly, reduces the editorial authority of the researcher.

Seidman (2006) noted that he preferred to use interviews because he wanted to hear other people's stories. Interviews can run the gamut from highly structured and controlled with closed questions to open-ended unstructured interviews; the latter is a cornerstone of qualitative methodology. Laverty (2003) concurred with Seidman leaning toward the use of predominantly open-ended questions, rather than closed questions in

his interviews. Openness, Lavety surmised, was crucial to the interview process with fewer questions being asked to encourage the interview experience to remain as close to the lived experience as possible. The interview process provided a means for the researcher to establish empathy with the participant. The interview provides a format in which the researcher and the participant begin to collaborate with one another on the participant narrative. This process ideally provides the means by which each participant can tell his or her story, or, as Fontana (2002) states, the researcher can "hear the emerging voices of the interviewees" (p. 54).

Initially, I hoped to conduct each interview in person for participants who lived within the state of Colorado or within a one-day drive. Ultimately, I was only able to interview one person face to face. Part of the desire to interview participants in person was to diminish my personal stress of listening to phone conversations based upon my own hearing loss. Even with the cochlear implant I received several months before, sound was, and is, still a challenge for me. The use of a speaker phone, however, allowed me to effectively hear each phone conversation. The remaining nine participants were interviewed in this manner. Interviews were scheduled to run an hour; the average interview ran 40 minutes in length.

Participants were allowed to select the location where they wanted to be interviewed. All chose to be interviewed in their work offices with the exception of one who was working from home at the time. This interview took place via phone in the participant's home setting. Open-ended questions were asked of the participants (see Appendix C), but additional questions not on the interview guide were also asked. What emerged from the conclusion from the first interview was an additional question

concerning legacy which was then asked of each of the following participants. This question was addressed as a way of bringing closure to the interview and led to each participant summarizing his or her own views of disability.

At the conclusion of each interview, I suggested that additional questions could be handled via email or phone conversation. The process of member checking involved sending each participant a copy of the typed transcript as soon as it was completed. Changes related to spelling were the only comments the participants returned. No participant had issues with the content of each transcript. Once my dissertation is complete, each participant will be sent a final copy of the completed version of my research.

## Data Analysis

Data for this study was gathered through recorded interviews of each participant, field notes taken during the interviews, and one separate follow-up question was emailed to each participant asking for each person's definition of accommodation and strategy (see Appendix D). Pseudonyms were assigned as identifiers for each participant during analysis and interpretation.

The data was first analyzed by conducting a general overview of all the information including field notes, transcripts of each interview, memos, and reflective notes as suggested by Creswell (1998). Cho and Trent (2006) argued in favor of "member checking" as an ongoing process by which the data (interviews) were played back to the participants to check for their perceived accuracy and their reactions to the data. All correspondence with participants was reviewed and included in the narrative. Each participant was emailed a copy of the interview transcript as soon as it was transcribed.

Because "hunches, insights, and intuition" are part of interpreting the data (Creswell, p. 145), this phase of the analysis process required a minimum of three readings of each interview; some interviews took more. Summaries of field notes and researcher interpretations of each transcript were noted in typed notes and placed in the computer file organized under "dissertation".

Describing, classifying, and interpreting the data did not begin until each interview was read multiple times. Since it easy to interject my own experiences into each interview I had to put aide my own interpretation until I had a strong understanding for the data. Merriam and Associates (2002) refer to this process as 'bracketing' the information and putting personal perspectives aside to not influence the experience of the participants. The concept of researcher bias was a difficult one to follow at times (Cresswell, 1998) especially when similarities were noticed between the participants and my own experiences.

Coding was initiated to reduce the raw data into more manageable parts. Coding then involved constant review of the research question as each transcript was reviewed. Through several evolutions of coding the individual transcripts the codes were then consolidated into one to narrow down similarities between each transcript and it's coding. Once the coding was consolidated into one, groupings of themes naturally emerged.

**Trustworthiness**

Traditionally, validity in qualitative research involves determining the degree to which the researcher could claim that the knowledge discovered in the findings would correspond to the reality being observed (Cho & Trent, 2006). The expectations involving validity are that the research could be replicated with the same results.

Internal validity has been defined by numerous researchers as the strength of the research design in the study (Creswell, 1998; Merriam & Associates, 2002). For the purposes of this study, the forms of validation that best supports the qualitative method includes clarifying researcher bias, member checks, and rich, thick description (Creswell, 1998). In my researcher perspective section, I stated my position, biases, and assumptions that might impact this research. Past experiences with personal disability, experience in working with college students with disabilities, and experience of working in higher educational administration all contributed to the development of this study. While this research is based on the disability experiences of college administrators, my experiences are woven into the fabric of the narrative.

Member checking involved participants' feedback on all phases of each procedure to elicit judgment of accuracy and credibility of their accounts. Member checking included sending each participant a copy of his or her individual interview transcript to check for inconsistencies and/or inaccuracies in the content of the interview. The most common feedback from participants was personal dislike for the informal speaking style that included the use of incomplete sentences, pauses, and mumbles.

Finally, rich, thick description of each interview and the experiences gleaned from both the interviews and the interactions with the participants was included in the narrative, as noted in Creswell (1998), as a method of qualitative validity. These descriptions of the participant experience will allow the reader to transfer these findings of the disability experience in higher education administration to the shared experiences of others with disabilities or from other minority populations.

**Conclusion**

The intent of this research is to better understand the experiences of college administrators with disabilities about their experience of disability in the workplace. Previous studies on adults with adult-onset disabilities suggest that the disability experience in the college and university setting and in the world of work can be exacerbated by psychological stressors (Bishop, 2005; Brenes et al., 2008; Kosma, Gardner, Cardinal, Bauer & McCubbin, 2006) and can involve a period of physical and psychological recovery (Bramston & Mioche, 2001; Cohen & Napolitano, 2007; Manandadi, et al., 2007; Persson & Ryden, 2006).

Several participants who acquired adult onset disabilities described the emotional processes they went through, as they learned to incorporate their disabilities into their daily and professional lives. When asked about Kubler Ross's five stages of dying (1968) most of participants who acquired adult onset disability agreed that they experienced some or all the stages. Disability activists question whether disability is a physical/psychological phenomenon or a social discrimination (Findler, Vilchi8nsky & Werner, 2007; McDonald & Riendeau, 2003; Thompson, 1999). One participant described herself as a disability activist and she was the lone participant who discussed the social justice model of disability. Her definition of the social justice model of disability was that society should change to meet the needs of the disabled. Only a couple of participants had heard about the social justice model of disability and even fewer discussed the ADAAA and its implications with disability.

Through the process of qualitative research methodology I sought to answer the question: *How do College and University Administrators describe their "lived*

*experience with disabilities" in their workplace?* Through the use of recorded audio

interviews, I heard people's personal stories of their disability experience in their

professional relationships. It is hopeful that the themes that emerged from the data

analysis from these interviews will aid the careers of future college administrators with

disabilities and help their nondisabled colleagues understand the impact of disability in

their professions.

# CHAPTER 4:

## FINDINGS

Chapter Four explores the themes that emerged from the data gathered from interviews with ten college administrators who self identified as having disabilities. Each administrator was employed at either a two or a four year college or university. First, I will describe each administrator I interviewed and then I will tell their stories in terms of the three main themes that emerged: living with a disability, working with a disability, and legacies.

### The Administrators

Data was collected from ten out of eleven participants. One participant was dropped from the study at the onset after it was determined that a recent career change from Residence Life to Disability Services excluded the participant from the study. Following is a description of each participant using the pseudonym that was assigned to each.

"Abby" is a female working in a private college in the eastern U.S. who is both an administrator for grants and a coordinator for program development. Her disability is cognitive, a learning disability (dyslexia), which exhibits itself in the areas of spelling, mixing up dates when scheduling meetings, and misdialing phone numbers. She believed she must act more competent and that her work had to be above and beyond the work of her colleagues in order to be proficient at her work. . Abby believed that it "takes longer to be blind; …it takes longer to be dyslexic and show competence." Her dyslexia

affected (her) view of the world and often involves self-directed frustration as she tries harder to compensate. Abby had to be more competent and do better than her colleagues just to stay even.

"Barry" is a director of residence life at a public college in the Northwest. His disability is visual. Accommodations he uses include a guide dog and a screen reader. The strategies he developed at work included requests to preview agendas prior to meetings; this allowed him sufficient time to scan the agendas into audio format or listen to them via email attachment. Barry shared his experiences of disability including those experiences he encountered when he was applying for jobs.  One comment he clearly recalled from an interview experience he had was "Oh, you're blind, you can't do this job."

"Carly" is an administrator in institutional research at a private, faith-based institution in the Northeast. Carly described her disability as a "hidden, chronic illness" that she developed while in her mid-teens. Carly is now entering her twentieth year as a successful kidney transplant recipient. She shared that one result of an organ transplant is the need for the recipient to take, and continue to take, immune-suppressant medications for the duration of one's lifetime. Side effects of immune suppressant medication have included chronic anemia (easily tired) and slow physical recovery from simple illnesses such as a cold, the flu, or sinus infections. Carly used handicapped (accessible) parking as an accommodation since walking long distances can exhaust her. As she noted, it is not unusual for people to question her use of accessible parking because "they don't see anything wrong with me." Carly defined kidney transplants, or any organ transplants, as being treatments; not cures.  Because it is a chronic health condition Carly's transplant

falls under the category of disability as defined by the ADA.  An individual must: (a) have a physical or mental impairment that substantially limits one or more major life activities, (b) have a record of such an impairment, or (c) be regarded has having such an impairment (ADA, 1990; Darby & Gregg, 2002; Essex-Sorlie, 1994; Gaal & Jones, 2003)

"Daniel" is the director of student financial aid assistance at a community college in a western state. His disability is a hearing impairment that was first diagnosed when he was a child. However, as he grows older, Daniel is faced with the possibility of losing more hearing. Some of the challenges he faced included the inability to understand voices on the phone and the inability to comprehend voice messages due the rushed nature of the messages and the clarity of the words. Some of the ways he has compensated for his hearing impairment include lip reading, communicating more in writing, strategically placing himself in meetings, and rephrasing questions he has heard by responding, "Here's what I heard" and then repeating the question back to the speaker. Daniel stated that, "I would rather be recognized as having a hearing loss…not [being] able to understand what people are talking about."

"Dennis" is the dean of students at a private college in the southeastern U.S. He developed both adult-onset diabetes and severe disc degeneration in his back. Both conditions are intermittent and recurring. Some of the effects of Dennis' disabilities have included work stoppage, his impacted physical ability to continue performing the functions of his job, and the inability to be physically engaged when working with students and parents. As he described it, working in student affairs does not involve a typical 40-hour work week. "We don't work a standard workday... we're here because we love it and it's not unusual to put in an 80-hour work week."  Dennis' narrative included

a self-assessment of his own biases and perceptions toward disability and his explanation

of how he believes his colleagues' have interpreted how he manages his disabilities,

including their own biases toward the changes he needed to develop in order to continue

working in this field.

"Julia" is the director of prospective student services at a public four-year college

in a western state. Her disability is multiple sclerosis, a physical condition she has had for

several years; recently, however, the symptoms have worsened. Some effects of this

disorder have included cognitive changes and frequent falling or loss of balance. In spite

of her need for accommodations (scooter), she believed the institution where she works is

supportive of her and her disability needs because "… [they want] to keep me here…until

I retire and to keep the knowledge and the experience [I have]…so I could stay working."

Julia further asserted that she

> doesn't want to just be looked at as someone who's…close to retirement
> and is handicapped" Julia wants "to be an active, viable part of what is
> going on [at work]…just because I'm handicapped and can't walk it
> doesn't mean that I can't mentally do my job and think.

"Jeremy" is the associate director of financial aid for a large state college in the

Midwest. He has paraplegia as a result of a motorcycle accident that occurred when he

was nineteen. He uses a manual wheelchair because he is unable to walk. He opend up

about the emotional and psychological journey he has taken when he found himself

overnight no longer the able bodied person he once was. He further shared his emotional

reactions to losing his physical identify as a high school athlete. Jeremy was open in

describing his loss of confidence in himself after the accident and his self consciousness

of entering college as a student in a wheelchair. Jeremy, like Daniel, did not identify

himself as having a disability, although Jeremy did admit he has had moments of

wondering whether "there's a perception out there of, you know, my abilities…just based on the fact that I have a disability."

"Laurel" is an assistant vice president for student affairs at a university in a western state. She has a mobility impairment that resulted from removal of a spinal tumor and later, spinal hemorrhaging when she was a teenager. Like Jeremy, Laurel was physically active prior to her surgery and struggled with losing her identity as an able bodied, athletic teenage girl. She uses a cane, needs to walk slowly, and often has to remind others why she is unable to do things that involved physical exertion. As she noted, "remind[ing] my colleagues that their idea of [being] an inclusive team builder … would not include [her] if [team building] involved certain kinds of physical requirements."

"Nicole" is the assistant vice chancellor for student services and the director of counseling and career planning at a college in a southeastern state. Nicole was born with a visual impairment that has led to the eventual lost of her ability to read print and watch television. Nicole's narrative included experiences she has encountered when she has applied for job positions; these experiences have resulted in her need to develop strategies of when, how, and why to self-disclose her disability. Nicole reported that colleagues and staff have had misconceptions about her disability including the perception that while she is blind "[but]…she's also really good."  She noted that she believed she is sometimes not viewed as a skilled professional by some of her colleagues because of her disability.

"Tara" is a vice president for student affairs at a well known university on the eastern seaboard. She has a mobility impairment that affects her knees, ankles, and feet

which makes walking difficult. Tara uses crutches when she walks short distances; she has access to a wheelchair and a motorized scooter when she needs to walk long distances. At the time of our first interview, Tara was working from home, corresponding via phone and email to her office and her staff while she was recovering from a broken ankle that had further aggravated her disability. Tara discussed what she had heard indirectly from her colleagues and what she believed were some of the negative responses from them about her accommodation of temporarily working from home. Tara noted that she "broke her ankle not her brain" when she was negotiating with the human resources department to allow her to work temporarily from home. Only through the intervention of both her supervisor and her physician, was Tara able to prevail. Tara further believed that people often mistake *disability* for ability to work, and therefore people have judged her accordingly, and mostly erroneously. Some colleagues have equated her working from home as taking an extended vacation from the office. What Tara had discovered when she was working from home was that she worked even harder from home than from the office due to less interruptions; she often started her workday as soon as she arose in the morning and continued working into the early evening. Tara believes that people with disabilities have to work harder be respected, a sentiment echoed by both Abby and Barry. Like Laurel, Tara has had to limit her physical activity limiting her ability to participate in physical activities with colleagues, staff, and students.

The major areas of interest for each of these ten participants are gathered into a summary Table 4.1. While the disabilities varied, nine out of ten participants described their disabilities as being physical; one participant described her disability as being a learning disability. .

Table 4.1

Summary Table of Selected Participant Characteristics

| Participant's Pseudonym | Gender | Position | Position Details | Disability | Disability Details |
|---|---|---|---|---|---|
| Abby | F | Administrator Coordinator | Grants Program Development | Dyslexia | Cognitive disability: letter, numbers, and word reversals |
| Barry | M | Director | Residence Life | Blind | Guide dog and computer technology |
| Carly | F | Administrator | Institutional research | Transplant recipient | Immune suppressant medications cause fatigue. Susceptible to common illnesses with long recovery. |
| Daniel | M | Director | Financial Aid | Hearing impairment | Sounds blend together, cannot discriminate sound |
| Dennis | M | Dean of Students | Student Services | Medical and physical | Limited standing, sitting, and walking. |
| Julia | F | Director | Prospective Students | Multiple Sclerosis | Fatigue, cognitive fog, balance, and walking |
| Jeremy | M | Associate Director | Financial Aid | Paraplegia | wheelchair |
| Laurel | F | Associate Vice President | Student Affairs | Mobility | cane to aid walking and balance |

| Participant's Pseudonym | Gender | Position | Position Details | Disability | Disability Details |
|---|---|---|---|---|---|
| Nicole | F | Associate Vice Chancellor Director | Student Services Counseling | Blind | Guide dog and computer technology in the office |
| Tara | F | Vice President | Student Affairs | Mobility impairment | Limited walking and standing |

**Emerging Themes**

As described previously, qualitative research focuses on the ways individuals interact and react to their environments. Based on the research question: *How do college and university administrators describe their "lived experience with disabilities" in the workplace?* I interviewed 11 college administrators with disabilities of which 10 were the basis of this research. The intent of this study was to see what commonalities and/or differences would emerge from the participants' stories relating disability to their work. Coincidently, ten different categories emerged from the data: self-perception toward disability, accommodations and strategies, other people's perceptions toward disability, openness about disability, effects of the disability, age of onset, institutional support, the interview process, belief in God, and learning from a disability (legacies).

In reviewing these categories I was able to narrow them down into three topical themes: *living with a disability* (age of onset, self-perception toward disability, other people's perception toward disability, effects of the disability, openness about disability, and belief in God); *working with a disability* (accommodations and strategies, the interview process, and institutional support); and *learning from a disability* (legacies).

**Living with a Disability**

As a theme, "living with a disability "encompassed six different categories: the age of onset of the disability and its effects on the person; the self-perception each participant has toward his or her own disability; other people's perceptions or reactions to the disability; being upfront about the disabilities; and for some participants, the belief in God.

*Age of Onset*

The age of onset affected several participants. Carly had her kidney transplant with she was 15; Laurel had surgery to remove a tumor on her spine and resultant affects from both the tumor and the surgery when she was in her mid-teens. Jeremy had his motorcycle accident when he was 19. Laurel and Jeremy both spoke about their loss of identity as they were transformed from teen-age athletes and otherwise physically active teenagers, into teenagers who could no longer identity as athletes resulting in a loss of their respective self identities.

Carly focused on high school academics to carry her through her year long ordeal from kidney failure to kidney transplant. Academics, not sports, were her primary source of identity, and while the kidney failure and eventual transplant affected her physically, her academics were not impacted. Jeremy, however, acknowledged that it took him years to come to acceptance of his disability.

> The hardest parts are not being able to really play basketball and baseball
> and, eh, do some of the things physically…interact with them the way,
> you know, I would have if I was walking. (Jeremy, when talking about
> playing with his three children)

Laurel concurred, "My identity before then was an able-bodied, athletic person. So, I had to deal with that as well."

For participants who had adult onset disabilities, they shared stories of frustration as they struggled to adapt to their disabilities. Dennis expressed personal and professional annoyance including the realization that he could not continue working the long hours with full involvement that is required of him and his with his staff due to the onset of his diabetes and his back problems. Tara did not like the physical changes that were are occurring and she admitted that she has stubbornly fought against adapting to these changes until the need to adapt was thrust upon her. As she said, "I fought it for as long as I could not to have an additional device that would help me to walk." Tara further stated that "canes are for old people so I decided I was going to start off with a crutch."

For Barry and Nicole, who were born with their disabilities, there was little discussion in their respective interviews on how they view themselves in terms of their self-images. Nicole mentioned, however, that depression is something she has encountered along the way, especially when changes in her vision developed leading to more vision loss. Both Barry and Nicole are advocates of disability rights and they both identity as being disability activists.

### *Self-Perception Toward Disability*

Every participant had something to share about how he or she viewed his or her own situation. Abby's dyslexia affects both her working and her everyday life. "I think it [dyslexia] affects, it affects the way I look at the world. Like when I talk to people and sense of humor…" Abby and Dennis, unknown to each other share common experiences with their disabilities. On the one hand, Abby has dealt with a disability that has affected her since childhood that continues to challenges her ability to devote attention to detail in her professional and personal life; Dennis, on the other hand, admitted that he is still

adjusting to the physical changes that affected him; something he says if very difficult for

a man like him who is accustomed to being a leader to others and used to controlling all

aspects of his professional life.. Abby admitted

> I have my own prejudice to deal with, uh, about frustration about what I
> could do. I was also quite concerned that others would not appreciate or
> understand what I was going through.

Dennis mused that

> …it was my inability to convey that, um, my inability to deal with it
> myself it made it a much more difficult for those around me to help…
> cope. I masked some of it.

Abby aptly phrased her acceptance of her disability as "…most of the time it just doesn't

interfere because…it's just part of how I do things."

Laurel, who has acclimated to her disability since her mid-teens, had a matter- of-

fact approach to adapting to her disability. "Well, I'm not going to walk as fast as you

guys do so if you want to go ahead I'll meet you there." Laurel further stated:

> I think a lot of it is my own self-consciousness in thinking. I will opt out
> so I'm not slowing people down. So, I'm not having them change their
> plans that they've already made.

Daniel and Jeremy did not see their disabilities as disabling to them in their

professions. Daniel injected humor into his dialogue by saying:

> I'm short, people are tall. Is being short a handicap? …it depends on the
> circumstances…if you're trying to reach something on the top shelf, yeah,
> it's a handicap. But, if you're sitting in an airline it's not.

Without exception all participants admit to feeling frustrated about their

disabilities at one time or another. Tara admitted that she has fought her disability, "I

hated it. I fought it."  She confessed to moments of irritation when an event is scheduled

that requires her attendance and she discovers that accessible parking is located far from

the site.

>…for the average person it may not be that far because if you have a
>spouse or significant other, that person is going to be dropping you off at
>the door. But if you have to park, that's a whole different ballgame.

Nicole said that unless she thinks about it, her blindness was not a constant on her radar. The times that she realized she is blind are those "blind days" where "…my computer breaks down …my guide dog gets sick, or [when] I'm in a strange place….and then I sort of re-experience my disability…" She then added that on the morning of her interview with me, she "hadn't thought about being blind all day."

### *Other People's Perceptions Toward Disability*

Most participants had something to say regarding what their impressions of what they think are other peoples' perceptions, either toward them individually, or toward people with disabilities in general. Most participants believed that disability is judged negatively with several of the participants giving examples of incidents that occurred in their work place. Nicole, the disability activist, had this to say:

>If you look at the research on stereotypes… I think they're [people] afraid
>of [disability] because they sort of [have to] get in touch with their own
>mortality…people are not going to turn Asian-American, or whatever, but
>they can become disabled in a heartbeat, and I think that scares them.

Julia's disability came upon her gradually over several years to where she now relies on a wheelchair or a scooter for transportation. She shared an experience she had when attending an out of state conference where she rented a wheelchair for the duration of her stay. As she traveled through the host city in her wheelchair, she noted,

>I do notice in the general public that people look at someone that has a
>cane or is on a scooter different than they do someone who is walking…
>they look at us as, we get the title "handicapped."

Tara's take on disability was that while she believed that people created certain images of her via phone conversations, she noted that people always seemed surprised to

meet her in person for the first time. "[People] never think of how that person is going to look in terms of ability or disability…We think they're going to be tall or short, or black hair, blond hair."

Several participants agreed that many people do not appear to want to understand disability and its effects on those who have them. Nicole stated "… [People] either out of fear of contracting a disability themselves or fear of saying the wrong thing to a person with a disability [won't say anything]" Laurel believed that the concept of disability was,

> Out of their realm [other people] of reality [disability]…their own
> experiences and so it's not going to be something that they think about.
> People have just trained themselves to pretend that disability is something
> they don't have to deal with…

Laurel acknowledged that there are times when she has worried about how others might perceive her which then resulted in an increased self consciousness of her own self-image. Dennis admitted that at the onset of his disabilities he, too, was concerned with how others perceived him. He was quite taken back to learn that he himself harbored his own biases and prejudices about people with disabilities. He had to work through this himself.

Julia said that as her Multiple Sclerosis had worsened, she noticed that her son, who lived in another state, had a hard time accepting these changes.

> So while he's been away, I've gotten progressively a little bit worse …
> This is my mom that used to run around and play catch and football with
> me. And now she can hardly even walk.

Nicole bristled at how others perceive disability. "Oh, you have a disability, you poor thing…how have you coped with that?' People should stop making assumptions about how people with disabilities should be feeling".

*Effects of the Disability*

The effects of the disability varied from participant to participant and from disability to disability. If the disability was gradual and slowly progressive over time, participants might have had more time to adapt to their changing circumstances. Then again, depending on how they viewed themselves before the disability, they may never have adapted. The resolve to fight against, or to acclimate to the disability was based in part on the character if each person.

Elizabeth Kubler-Ross wrote in her classic book *On Death and Dying* (1969) where she determined that people experience several stages of dying as they adjust to their eventual death. These stages consist of denial and isolation, anger, bargaining, depression, and acceptance; these same stages can be applicable to the process of disability. While a physical death is a permanent state, disability, although permanent, is still a living state.

Laurel admitted that it was not until a colleague pointed out Kubler-Ross's five stages of dying that she got the connection between the stages of physical dying and the stages of other losses. As this same colleague put it, "…what people don't understand is the process of [any kind of] loss is [just] like a …death."

Jeremy's disability was abrupt. As the result of a motorcycle accident, he found himself able bodied one day and disabled the next. He stayed home for about a year after his accident and admitted that he spent a lot of that time feeling angry about his circumstances. He very clearly went through Kubler-Ross's five stages of denial, anger, bargaining, depression, and acceptance when told he would not walk again. His experience was that the stages were interchangeable; different stages would emerge and

then ebb only to return again. "The bargaining, yeah, you know you try to make deals with God and the whole thing, you know. You know you try to do everything you can."

Nicole's disability was gradual. She was born with a visual impairment but it was not until adulthood that she lost her ability to read print or watch television. She acknowledged that she has intermittently experienced some of those stages of dying.

> I think I've gotten better and better at not being in denial…what…I need to do. I think that that's a real hard place for a person to be in when they're either losing their hearing or their vision to sort of come out of that denial and understand that they need these new things [accommodations].

Nicole believed that the five stages are more likely to be experienced by a person when he or she first encounters a disability, than years later. Nicole admitted that she had a tendency to withdraw from others as her vision decreased. The more she withdrew, the tendency toward depression increased because "[I don't] have the stimulation and feedback [from others]…"

Julia admitted to feelings of depression as her symptoms worsen but she also reported that she was moving quickly into the final stage: acceptance. "I just accepted that this is what I have and then I didn't get angry…being angry wasn't going to change it."  While Dennis agreed that he experienced some of these five stages his experience with depression was, he thought, a secondary effect that he attributed to his dual disabilities (diabetes and disc degeneration). Tara's experience of change was similar to the others: in her case, what stood out was her anger she expressed toward her disability. Tara noted, "I don't think I made it to rage. I've made it to rage on some things [in life], but not on everything." She admitted that she had not yet gotten to the acceptance stage of her circumstances. As she put it," I [still] resent the fact that I can't wear pretty shoes like everybody else..."

### *Openness About Disability*

Several participants mentioned that part of accepting their disability was to be open about it. Both Laurel and Tara, vice presidents of student affairs at their respective campuses, said that when it came to team building exercises with their colleagues, they often had to remind their colleagues that participating in a rope obstacle course was not appropriate. "I think what happens" said Tara, "is that I make sure that people understand that I'm okay in not participating…I honestly feel as if participating is going to hurt me in some way." Laurel added,

> Hmm, this is how I can go and this is how I can make it comfortable for me and enjoyable for me. If I can figure that out then I'll participate, but if I can't then I choose not to.

Carly was often questioned by others on her campus when they saw her pull into an accessible parking slot. Because she did not look as if there is anything physically limiting, people wondered why she uses accessible parking. Carly asserted that she took no offense at these questions; she used these conversations to educate others about the need for organ donors and organ transplants.

Julia admitted that she occasionally has had to laugh about her loss of balance when she was challenged by small things such as looking up. "…don't look up. If there's a bird up there, just keep looking [ahead] so that I can walk in a straight line." Julia continued, "There are people who know me. They know I can't walk forward because I just kind of tip over."

Abby is now more comfortable disclosing her disability to her colleagues and her students but admitted that it took her some time to reach this point. She now sees herself as a role model for students and colleagues with learning disabilities because she wants

people to know that a learning disability should not hold [anyone] back. Dennis admitted he was not comfortable at first with disclosing, going so far as to admit that s he made it hard on himself to adapt to these changes in the workplace, he also made it hard on his staff and colleagues. He would insist that he was fully capable of doing his job only to have physical repercussions that would cause him to miss several days of work. He shared that he became emotionally insecure as he further withheld the cause of his physical pain from others. Dennis learned to compensate for those days he had to miss working by making his calendar accessible to colleagues and staff. He further learned to delegate more work to others and he has adapted to moving away from a hands-on leader to a supportive one.

Daniel learned to be upfront about his disability at an early age and to this day, when he does not hear something he will repeat what he thought he heard to make sure he is responding correctly to the question or comment. Daniel admitted that he will laugh and pokes fun at himself if he mis-hears something. One thing he did admit to was, "I would rather think [people] think I don't hear them than to think that I'm just stupid or something…" Jeremy reported that, "mine [disability] just happens to be a little more visual…I think … what people need to understand is there are always things people are going to wrestle with, and no matter who they are."

### Belief in God

Whether one's belief in God was brought about by disabling conditions, was present before the disability, or was separate from the disability experience, one's belief in God or a Higher Power became part of the healing process. Three participants raised the concept of spirituality and how their belief in God became a source of strength when

coping with the disability. Carly believed that people need a spiritual aspect to life; in her case attending daily mass helps sustain her belief. Carly's support system of family, friends, and others, prayed continuously while she was going through dialysis when she was a teenager. Knowing that she had prayer support made it tolerable for her to survive the surgery, the effects of the medications she needed following the surgery, and the pneumonia she suffered shortly after surgery. As she put it, it "…was like a spiritual blanket that was on us [family]. A hand was laying over us and watching over us during the actual transplant."

Julia's faith closely correlates with Carly's; prayer helped sustain her when she has her low moments and feeling doubtful that she will survive this (multiple sclerosis). "…it just helps me to feel like I have something higher than myself in this world…"

Jeremy took a more philosophical approach to spirituality. "You reap what you sow..." he replied, when I asked him. "I would say to people…a lot of what you're going to give back is what you're going to give out." Carly stated that "I have…learned…with faith that we might have our tough days, medically-speaking …but we can get through them. Things do work out. It might not always be the way we want them to work out." the topic of spirituality was not raised when interviewing the remaining seven participants.

## Working with a Disability

Another theme that yielded the largest amount of information was the theme of "working with a disability". The categories that emerged included: types of accommodations and strategies used in the work place, the interview process, and institutional support.

*Accommodations and Strategies*

As themes began to emerge, participants often mentioned accommodations and strategies interchangeably. I decided to research definitions of these two terms and was surprised to discover that among the various articles and books used for my research, a specific definition for accommodation or strategy had not surfaced. Section 504 of the Rehabilitation Act of 1973 describes a reasonable accommodation as a process in which an, "employer is required to take reasonable steps to accommodate your disability unless it would cause the employer undue hardship" (U.S. Department of Health and Human Services, 2006). According to the Merriam-Webster Online dictionary (2009 (a)), an accommodation is "something supplied for convenience or to satisfy a need," while a strategy (2009 (2a)) is "a careful plan or method: a clever stratagem b: the art of developing or employing plans or stratagems toward a goal."

With these definitions in hand, I emailed each participant to ask him or her for a definition of accommodation and strategy without looking them up (Appendix D). I wanted to understand each person's interpretations. I compared their interpretations against the formal dictionary definitions. Seven participants responded via email. The eighth person responded via phone conversation whereby I took notes of the conversation, mailed those notes back to that participant for verification, and received notice from her that the notes were acceptable. A total of eight out of the ten participants responded to this question.

Definitions of accommodations varied among participants with two participants giving specific examples of accommodations. According to Barry, "…an accommodation is specifically assisting you with the execution of duties within your role as it relates to

your disability." Carly defined an accommodation as "something that is asked for [or provided proactively] to the individual with a disability by the employer." Tara defined accommodation as being "an adjustment [made] to level the playing field, an equal chance to be successful." Nicole replied that an accommodation was "an adjustment [made] to level the playing field, an equal chance to be successful." Julia explained that, "An accommodation is recognizing there is a disability and something is provided to assist the person to succeed." In Daniel's case, his hearing aid was an accommodation; "an accommodation is a specific part of the strategy, which in my case was the ability to wear a hearing aid." And finally, Jeremy said that an accommodation was "a reaction to a request for assistance in alleviating some obstacle." Daniel, Tara, and Julia gave specific examples of accommodations such as a hearing aid (Daniel) and mobility access in the way of scooters and wheelchairs (Tara). Julia mentioned classroom accommodations such as extended time testing and an interpreter for deaf and hard-of-hearing students.

Most participants defined strategy similar to what was found in Merriam-Webster OnLine (2009 (2a)). Jeremy defined a strategy as "a …planned action." Daniel described it as "a plan of attack, which could include some kind of accommodation or accommodations, with the strategy being the overview of all the steps, changes, or accommodations a person, can utilize to minimize the impact of their disability." Nicole offered a different interpretation of strategy. "A strategy is something I think up myself or learn from another blind person. It does not involve equipment or financial cost. It's usually something that I work out on my own and it does not involve others."

Based upon these various definitions, accommodations and/or strategies have been used by the participants in their workplace at least once. Barry has said, "Hey can

you help me read something real quick?" Or, "Hey, can I borrow your eyes?" He used

common sense and logic to meet his needs and was not afraid to rely on human eyes to

read print material when he does not have access to a computer.

Nicole shared an experience of turning a need for an accommodation into a

learning experience for her student interns; she requested her interns to organize her

documentation when determining follow up with probation students.

> I need their [students] eyes to help me get the documentation together but
> what I'll do…in the process, I'll turn that into a learning experience...
> "What do you think? Do you think this person deserves a withdrawal?
> Doesn't deserve a withdrawal? What would you do if you were on the
> committee?"

Participants identified creative strategies when they needed to rely on their staff,

colleagues, or graduate interns. Nicole used humor when needed to make others feel

comfortable with her. She also used direct conversation when it is appropriate.

> "One of the [counselors] transferred a client [to me] and when he was
> transferring me the client in the hall, he said to her [the client], 'She's
> blind, but she's also really good'. …when the client left, we had a lengthy
> conversation about that."

Daniel noted that sometimes he can mis-hear things.

> I said something totally off the record that…causes laughs…I tend to
> laugh with them. I mean I realize I've got difficulty in hearing and those
> things happen so I don't let it fluster me too much.

Tara, while she did not use humor, and appeared taken back by the idea of using

one's own disability as a source of that humor, did note this about her disability director,

"…he is constantly telling jokes…"  She continues, "It was funny to me that you said that

because I thought, 'No, I'm not like that… But [he] is exactly like that."

Barry introduced a term—"*blindism.*" Blindism described an action in which

Barry focused his face and eyes in the direction of the source of sound. Because Barry

believed that eye contact was a primary way to communicate in our society, he directed

his conversation to where he believed the person is talking.

Nicole relied on sound to understand the emotions of the other person. She is a

director of counseling, and while she oversees the counseling staff, she also counsels

students. "I get a lot based on voice tone and non-verbals and even…how [people]

breathe. I can tell if they're stressed, if they're not stressed, whatever. So, I base a lot on

that, I base a lot on what they say; I base a lot on the informal kind of talk." She has

devised an introductory talk she gives to each new client she sees,

> First thing that I do is have the conversation about what it's like to have a
> counselor who can't see and what it's like to have a guide dog in the room.

Participants with mobility impairments mentioned different types of

accommodations that aid them in doing their jobs. Oftentimes the requested

accommodation revolves around transportation. Tara and Julia have access to motorized

scooters when they are on campus. Supplementary accommodations for Tara have

included a travel scooter, accessible parking, and first class plane fare when traveling

long distances. Tara commented, however, on some of the negative experiences she has

had with mobility accommodations.

> You get to the event and you find out you can't attend the event because
> you can't negotiate the walk….you would think that the next time [they]
> would make a different accommodation, but they don't. You couldn't
> come because you couldn't get into the building. Or you couldn't get from
> parking to building…

On the other hand, Tara admitted that,

> …having this scooter at work gave me the freedom now to go to all my
> meetings because if I'd have to save my energy cause if I walked a long
> distance to a meeting, many of those during a day, one or two and I was
> worn out.

Carly and Daniel developed strategies and accommodations that allowed for the flexibility of working from home on days when their physical conditions did not allow them to go to the office. Carly often takes longer to recover from colds or other physical ailments due to the immune-suppressant medications she takes for her kidney transplant. Without technology she would be unable to do her job since it has not been uncommon for her to miss a week of work at a time recovering from a cold due her weak immune system. Dennis, who has adult-onset diabetes and back problems, had to learn to adapt his work environment to ensure continued employment. Dennis was the one person who spoke of work re-scoping and reworking of job duties so he could continue his career in higher education. One big change Dennis needed to make was to,

> break it [work] up in more manageable pieces so that if there is any down [time] you can get back in and manage…the next step. Look at more co-chairing, uh, different projects and efforts as a strategic approach.

Such change is challenging to say the least. Dennis said he has to "take more…of a…backseat to…delegate more, [and it] was challenging and continues to be challenging."

Jeremy uses a wheelchair. Tara and Julia use scooters, with Tara occasionally using a wheelchair so all three can access meetings in different locations on campus. Since Jeremy has adapted his life effectively to accommodate his chair, there was nowhere in our conversation when Jeremy and I specifically his mobility and the need for accommodations. Jeremy's wheelchair has become his mobility and he seldom considered it an accommodation. As to strategies, Jeremy noted that he usually arrives a day early for a conference, and/or will stay an extra day depending on his physical energy level. His reliance on a manual wheelchair and his need for accessible housing and

transportation has made travel more complicated than for someone who does not use a

wheelchair.

> If I'm traveling I always have to schedule time 'cause, for instance if I
> were to go to a conference, um, a lot of times if the conference ends late in
> the day and I've gotta time delay or something.

> Abby's disability affects her cognitive functioning. Details that seem simple to

most people can prove challenging to her. Mixing up dates and numbers are a frequent

occurrence. Abby knew that without the use of technology in the work place she would

struggle. "I do everything on the computer now, so, I'm able to organize my thoughts and

organize my files much better."

> Julia's multiple sclerosis (MS) has sometimes affected her thinking and

reasoning. She noted

> …the MS does affect my thinking, also it frightens me sometimes…it"…I
> [recently] had one of my more severe attacks…my boss was so awesome.
> She said, "Julia, you're not thinking clearly today…let me make up all of
> the remarks.

> Daniel wears a hearing aid. While he uses some accommodations like a phone

with amplified volume, Daniel also described certain strategies he has developed to

compensate for the hearing impairment.

> I'm helping students at the counter and they'll need to give me an ID
> number or something. I'll just hand them a piece of paper and say, "I'm
> kinda hard of hearing so instead of making you shout this out put down
> your ID number on here?" …I'd like to be able to watch not that I can
> actually read lips… it seems to help my comprehension…

Lip reading is not at all uncommon for people who rely on both voice and visuals to hear.

Ultimately, Daniel stated that he,

> can still do the job because of the accommodations that are available. I've
> got the hearing aid. I've got the computers. I've got, you know, all kinds
> of ways that we can do the job, in spite of the hearing loss.

Daniel noted that he did not identify as being disabled since he had everything he needs to do his job.

Additional strategies or plans of action that participants used in conjunction with accommodations included changing a leadership style. "…My style of leadership had to change," Dennis said, "from one in which if you ask for help, you are right in there beside somebody and you had to be working as least as hard as they." Dennis learned to take the back seat out of necessity, not desire.

Abby noted that, "when you have a learning disability you have to build in extra sessions for yourself." Abby had an additional observation: "I try to be politically astute," she claims, "and, um, make sure that when there is something I can do that's beneficial that I can, um, share that in a way that others can see that I'm contributing." Her explanation went back to her reflection of how slow she can be in certain areas of her work (spelling, writing) that she believed she needed to be known for other strengths she brought to her job. Tara stated it simply, "You try to prove yourself in other ways. You over achieve." No matter how complex or simple the accommodation is, Barry said: "The accommodation is very easy to…to accommodate. It's just being able to think outside the box."

### *Interview Process*

Another theme that surfaced addressed the participants' perceptions of the job interview process. Barry and Nicole both spoke of past experiences in how they believed their disabilities affected their job search efforts. Since they both have noticeable disabilities, they had to develop strategies to give themselves equal opportunity to reach the interview stage of the job search, including when and how to disclose their

disabilities. Due to their impairments, they knew they would need accommodations immediately upon starting the jobs (screen readers). Both learned, through trial and error, when and how to disclose their disabilities.

Nicole disclosed her disability at various points during her interviews, sometimes in her cover letter, often times not until just before she had a personal interview. Barry developed similar strategies, in his case, going as far as to challenge one university where the people who interviewed him strayed beyond the questions that can be legally asked during an interview. "...I actually called them on it," he says, "Because throughout the interview process they were asking about my blindness many, many, many times [and not my job qualifications]." He further asserted that "…I feel that I was discriminated based upon the fact that all the questions were asked about my vision which had nothing to do with the job."  Barry recommended that people with disabilities should

> …keep [themselves] on the same playing field [as nondisabled] and not allow them (the interviewers) to go down those other roads (disability accommodation) until the point that a [job] offer is made.

Barry's point was that the interview should focus on the job skills and qualification, not the disability. Nicole conceded that "…I think that people without disabilities really don't want to ask the questions they need to ask [in the interview]…in part that is due to the Americans with Disabilities Act (ADA)."  Many people are uncomfortable in discussing a person's disability because they know too little about the ADA and assume that asking any disability-related questions would be wrong, even when invited by the interviewee to speak about it.

Tara commented that when she has entered job interviews, she believed that people were looking at her and wondering how much the accommodation will cost if they

were to hire her. "Well, I think many of them get it, but I think that many of them don't like it either… why do we have to make special accommodations for this person?" Abby, on the other hand, did not self-disclose her disability (learning disability) for the job she has now until after she was hired. For this particular job she did not think the disability was relevant to her position. Four out of ten participants directly raised the issue on how they perceived their disabilities would affect their job prospects. They were all in agreement that they were e challenged to develop coping mechanisms to equalize their abilities to sell themselves in the interview process.

### *Institutional Support*

Institutional support was another category that emerged from the data. Institutional support included accommodations for physical access and technical support. Two participants were given the use of motorized scooters on behalf of their respective universities. Such accommodations are usually viewed as accommodations of "a personal nature" and may not be necessarily be supported by institutions, businesses, or corporations. However, in the spirit of the law, such accommodations were offered to Julia and Tara. "Accessibility Services Office…secured a scooter that I can ride to and from my meetings," said Julia. Dennis was able to work out accommodations that reshaped his job duties and allowed him to remain at his college and continue to do the work he enjoys. Dennis had to first figure out what he even needed before he could articulate an appropriate strategy; processing his own emotions and concerns had to come first.

> Once I came to terms with being able to articulate the experience in what
> I thought was [to] be a potential remedy [to accommodate me], and share
> what was happening…and work…with the interim president that had
> come into the institution. We very quickly devised an approach.

Carly mentioned numerous times the support she felt from her boss. "I have a wonderful supervisor, so that helps and makes, eases my mind. It makes this easier, I don't have to worry about that, that the work is done."  She asserted that

> my supervisor is very open and understanding and very amazing and that, for example, in a hidden disability, you don't see it…and you just… learn it as a fact and you move on, let the person do their job.

Effective support from her boss was based, Carly believed, in part on her "good work ethic."

Daniel reported that he felt supported by his institution specifically as the result of technology. As he puts it

> I can still do the job because of the accommodations that are available. I've got the hearing aid. I've got the computers. I've…all kinds of ways that we can do the job...in spite of the hearing loss.

Barry, who is very knowledgeable about the Americans with Disabilities Act, has experienced accommodations being provided in two different ways.

> I've had some experiences where they … [institutions]…did what was necessary because what they *had* to do (researcher's italics), and there are other ones that, 'Okay, whatever you need. We'll do it. We'll make it happen.

Participants discussed how they felt colleagues and peers perceived them and their disabilities in the office settings. Tara was outspoken in her discourse of what some of her colleagues thought of her working from home after she broke her ankle. The feedback she received suggested that she was on an extended vacation and that she is not working that hard. Tara commented that others "sometimes mistake your disability for your ability to work."

Nicole found that her staff and colleagues look beyond her disability while the academic side of the house does not. Nicole questioned whether this split between how her colleagues and staff respond to her, and a lack acceptance from academic peers, might be because she wondered if the academic side did not accept her as a skilled professional. Whether this perceived split was based in part on general political differences between Student Affairs and Academic Affairs, or her disability, Nicole conceded it to be a bit of both.

Julia and Jeremy shared experiences, both positive and negative, about how colleagues viewed them and their disabilities. Jeremy thought that people mostly viewed him as an equal but he has had moments of self-doubt in how he might be seen by others in professional settings. Is it him or is it the wheelchair people see first? Jeremy acknowledged that sometimes "you have to just stand up for yourself and say I really can do this. No, I don't look like I'm capable because I don't walk as tall as you do or as well."

Tara and Laurel, both with mobility impairments, have had similar experiences with colleagues in the area of team building involving physical activities. Tara said, "you can't participate in certain things because people haven't taken your disability into account and…there's no acknowledgement that… 'I'm sorry you couldn't make it [to the activity].'" Laurel concurred,

> [I have to] remind my colleagues that their idea of an inclusive team builder or staff development activity would not include me if it involved certain kinds of physical requirements.

While participants spoke about the various types of accommodations they have used in their institutions, several mentioned the indirect support they received as well.

Julia noted that her institution "[wants] to keep her…the years...Until I retire…and to keep the knowledge and the experience…it was worth it to them to provide me with a scooter so that I could stay working." While feeling supported by the institution in general, she also experienced varying reactions from others. "Others, I feel I have to do things to show them that I really am able to still do things." She shared further that at one time she had to put in writing that

> that I am not just putting in my time 'til I retire...I want to be an active, viable part of what's going on. I don't want to just be looked at as someone who's… close to retirement and is handicapped.

## Learning from a Disability (Legacies)

This theme emerged from the participants' descriptions of what they learned and would like to pass on as a legacy to others with disabilities. However, it also seemed to be a legacy to people *without* a disability for understanding the meaning the participants attribute to their learning from the disability. These legacies speak to a common theme: do not judge people based upon their *disabilities* but rather, their abilities to do the jobs. Most of these participants feel they have been judged by their disabilities.

Abby's tribute to disability was that she "wants people who, you know, may have a learning disability to know that it shouldn't hold you back." Disability or no disability, Abby considered herself to be lucky since she was taught to read via a phonics learning approach. Her high intelligence allowed her to compensate for her reading disability by learning to sound out words. "Pure luck," she acknowledged "I don't think I would have learned to read without that." Philosophically, Abby believed that a person with a learning disability is on a continuum "…that everybody has some deficits and some strength and …we're all on a continuum and some of the other things that we consider

disability or normal." Such comments were similarly voiced by over half of the participants in the course of their discussion of what they would like others to learn.

Additionally, Abby supported the notion that everyone has deficits and strengths in everything, a philosophy she developed that was indirectly shared by Carly and Jeremy. Jeremy specifically noted that "everyone struggles with something"; in his case his struggle may be more visual since he used a wheelchair. For other people their struggled may be less visible or even non-disability related.

Carly noted that administrators with disabilities …can do the job, and may just need to find creative ways to do them. Her philosophy was to let people do their jobs whether they have a disability or not. Speaking from her own experiences, Carly believed that the disability population had "more special talents…that they can share with the table and make an office or university stronger. Part of Carly's message included supervisors, and her suggestions on how to supervise employees with disabilities. She noted that effective supervisors were open and understanding. She emphasized once more that it was important to let the person do their job. She added by saying that individuals with disabilities had a lot they could bring to the table. Tara voiced similar thoughts by noting that "all of us are wired differently. We [all] bring something very different. We all still have contributions to make and [they are] valuable contributions.

Abby closed by saying, "…we recognize that it [disability] is part of the package of who they are … we recognize them and recognize that is part of who they are. But, it doesn't define them solely."

Barry was quick to acknowledge that a person with a disability has special needs that alone would make the person different in the way he or she would approach the job.

"It's all about how you are able to adapt to your situations and persevere. Someone with a disability is going to have a lot more road blocks than someone without." His closing message was to say, "I would really make perseverance and self-advocacy [important]." Barry believed that people are going to have to stand up for themselves and advocate for their own needs, a sentiment also stated by Daniel. Daniel commented that the more society in general accepts people with disabilities then the less disabled those people would be.

Daniel observed that for a lot of people with disabilities or limitations, "you can self-limit and then you can compensate." He theorized that (some) people can choose to self-limit themselves based on their disabilities while others can learn to compensate for theirs. Jeremy presented an example of this by acknowledging that his using a wheelchair was something that he struggled with but on most days, has come to accept. Carly noted that some days she had to work from home to compensate for her disabling condition. Laurel mentioned that she had to question how disability fit into her own personal identity. Daniel believed that society can change and become more accepting of persons with disabilities and believed that recognizing that one has a limitation can be a first step in adapting to it. In the process of adapting to the disability, and acknowledging it in the workplace, one can work with the disability and in the process minimize the impact the disability may have.

Several other participants agreed that limitations from the disability do exist. While Daniel acknowledged that wearing hearing aids compensated for his hearing loss, he still developed compensatory strategies to do the job. He asked people to write their names and student identification numbers down so he could look them up. Carly worked

from home when she was ill.  Tara worked from home when she broke her ankle.  They

all agreed that while the impact of the disability could be minimized, they may still need

to compensate for the disability.

Julia went a step beyond compensating for the disability.  She wanted people to

understand what it meant to walk in the shoes of a person with a disability. She wanted

people without disabilities to understand her interpretation of t he looks she received

from others when she was using a wheelchair or a motorized scooter in public. Tara

wanted her colleagues to take notice that she was not on an 'extended vacation' when she

was laid up with a broken ankle and confined to working from home.  Laurel wanted

others to understand that even though she may have a disability; her disability was not the

totality of the whole person she was.

Jeremy lamented, half joking and half serious, that one of the things he still

struggles with, years beyond the accident that left him partially paralyzed was the fact he

was limited in traversing certain terrain in a wheelchair.  He noted that he struggled with

the ability to "take a walk on the beach with my wife. You know? But, you know, the

minute I hit sand I'm dead". On a more serious note, he philosophized that being part of a

men's group helped him accept that "everybody struggles with things. I mean there's no

one who doesn't struggle with something."  He echoed the attitude voiced by most of the

other participants that "there is more than the disability".

Laurel observed that most people think of disability as being "somebody who uses

a wheelchair." People don't understand "that it's [disability] such a broad population that

it's, as complex as any other identity where you have, multiple [identities]."  Part of

Laurel's life experience was "trying to figure out how that [disability] fit into my overall

identity." Laurel shared a story when she was teaching a graduate course in which her students were required to leave campus to experience something different and apart from their own lives. Some of her students chose to experience what it is like to be a person of color in a white society; others chose to experience being a person with a disability. She noted that her students had to learn to be comfortable around disability once they could understand disability as being a normal occurrence in life. More importantly, once disability could become understood as being normal, then more people would become comfortable talking about it.  One comment made by her students was that they had not been around people with disabilities.  Laurel's response was to remind them that she, their professor, had a disability that required her to use a cane.  Yet, her students did not perceive her as having a disability because she was their professor and she had been teaching them for half a semester.

In common with both Nicole and Barry's activist stances on disability, Laurel wanted to educate students and others about disability as a minority status. She acknowledged that most people are uncomfortable asking questions related to any minority state. "I think it's the same if people feel like, 'I don't want to be perceived as racist' I'm not going to ask you these questions to someone of color."  Avoiding the subject of race does not make race disappear; avoiding the subject of disability does not make a disability fade away. Laurel additionally added some perspective to a modern concept of disability.  Said Laurel, to identify oneself as "*disabled* (researcher's italics) than you're almost acknowledging that you are part of a community; if you identify as *having a disability* (researcher's italics) than you haven't identified with the community". To identify oneself as being "disabled" told people that one has identified as being part of

a  community of people with disabilities; to have a disability showed people  that one has

not identified as being part of a community of disabled persons. To complicate matters

further, Laurel stated "because I have a disability, that doesn't mean that I connect with

you automatically because you have a disability."  Just because a person was African

American, or Asian did not mean that one identified with all people of that minority

population.

Nicole imparted a significant amount of information and experience about her

disability experiences and identified herself as being a disability activist, similar in a

belief system shared by Barry and Laurel. "… [Disability] …can happen to

[anyone]…and, it's …the *other* minority…" (Italics are the author's). She asserted that

"[people] are not going to turn African American, they're not going to turn Asian

American, but they can become disabled in a heartbeat."  Nicole wanted people to

recognize and accept the fact that disability is a distinct minority status, one that anyone

can become disabled at any time.

While Tara did not identify herself as being a disability activist, she shared a

similar belief system. She claimed that having a disability was like "everything else it's

like being a minority, being a woman. You know [as a woman or a minority that] you

need to run faster, jump higher, do twice as good of a job as another person".  Tara added

that she wanted to see people "…make a conscious decision… to develop sensitivity

toward it [disability]."  Tara agreed with Nicole that people make judgments about

disability. Tara believed that people were disabled in ways that "don't have anything to

do with something that's physical…If you are African American; if you are Chinese; if

you're Asian. People just make these assumptions about whom you are and what your

abilities are...You know if you're African American and you're in school on a scholarship people assume that it's because you play football or you play a sport". Tara continued by noting that "people just make these assumptions about who you are and what your abilities are," when assumptions do not tell the truth. Tara would like to see non-disabled people look at accessibility for everyone so that it's not always the responsibility of the person who's in the minority to do it. She echoes Julia's comment to walk in the shoes of someone with a disability to understand that what person faces.

Lastly, Tara noted that speaking out on disability issues sometimes labeled her as being a trouble maker. "You always want something done for you. Why can't you be a part of the mainstream? Why must you complain that the curbs are uneven?" Tara then gave a different spin to the word "equal" since so much emphasis has been placed on equal access to buildings, communication, and education.

> I just don't think people need to be treated equally, but I think people need to be treated equitably and whatever makes it equitable I wish that people would be willing to do that.

As she explained to me, people with disabilities don't need to be treated the same as those without disabilities but rather, people with disabilities need to be treated fairly or impartially. Tara concluded by adding "It's difficult to be an African American, female with a disability."

Jeremy, knew he was fully accepted by his colleagues and staff, and yet still had moments where he wondered if he was being judged differently because he sits in a chair and is not as tall as his colleagues. Nicole voiced self-doubt when she perceived herself being treated by her academic counterparts differently than her own colleagues in student affairs and questioned where it was her disability that separated her from the faculty or

whether it was politics between academia and student support services or whether it was both.

Barry was frank is his discussion and believed that disability discrimination still exists. He has experienced it firsthand. While he shared that he has been asked about his disability and not his credentials at one job interview, he also admitted that people with disabilities have special needs that will necessitate accommodations in the work place. . Daniel did not consider himself as having a disability because he had all the accommodations he needed to do his job.

Abby believed that all people are on a continuum of having deficits and strengths, whether they are considered disabilities or not. Jeremy noted that everyone struggles with something. Carly said that everyone with a disability brings something to the table. Dennis admitted that while he struggled with accepting his disabilities, he was able to adapt to the changes they brought about to both his professional and personal lives. It wasn't easy but it was doable.

Julia wanted people to walk in her shoes so they could experience what she perceived when watching people watch her in her wheelchair or using her scooter. Laurel was challenged to determine how her disability fit into her overall image of self. Nicole believed that some people don't like the fact that a professional with a disability can do their job especially "an awful lot of faculty and an awful lot of upper administrators". Tara noted that others make assumptions about "who you are and what your abilities are" based on the disability.

**CHAPTER 5:**

**DISCUSSION**

**The Research Questions Addressed**

The experience described by participating college administrators with disabilities

brought a richness and depth to the research question: *How do College and University*

*Administrators describe their "lived experience with disabilities" in the workplace?*

Qualitative research is a powerful tool for learning more about our lives and the socio-

historical context in which we live (Merriam & Associates, 2002, p. xv). Qualitative

research is used to investigate how individuals interact and react with their environment.

The research sub-questions addressed were two-fold:  Sub-questions that were addressed

inquired of specific experiences the participants had in their professions as a consequence

of their disabilities and specific experiences they had in work relationships as a

consequence of their disabilities. Three main themes emerged: *living with a disability,*

*working with a disability, and learning from a Disability.*

*Living with a Disability*

Living with a disability collectively brought about a belief in a sense of loss of

identity, a loss of a sense of self, and for some, a loss of physical-ness. Body image issues

were noted in two participants who developed their disabilities in their teens. Depression

was noted by several participants due to the changes that were brought on by their

disabilities.   This finding corresponded with Elizabeth Kubler-Ross's (1969) theory on

the five stages of dying.

As discussed by Clark (2006), prior to the 1960s, disability was viewed as a medical problem. Disabilities were categorized as medical conditions that were treated as isolated, deviant, or abnormal illnesses. Jung (2002) believed this biomedical approach to disability limited the ability to understand disability and its impact on the person with the disability. The emphasis has been on the desire to "fix or restore" the person to his or her previous state. While there has been a push to introduce and implement the social model of disability to counteract the medical model, the collective experiences of several participants in this study were that they unaware of social strides being made to accept disability into the mainstream but rather still felt they were judged by their disabilities.

With the social justice model of disability, exclusion and marginalization of persons with disabilities are the consequences of social discrimination (Begum, 1992; Morris, 1993). The person with a disability feels marginalized because he or she cannot participate in societal activities. This argument became apparent when two of the participants said they were unable to participate in team building activities with their colleagues because their disabilities profited them from certain physical activities. Fuller et al. (2004) believed that disability rights activists and feminist disability studies scholars should focus their attention on the disabling effects that an access-limited society has on people who need accommodations, so that persons with disability can access what able-bodied people use on a daily basis. Participants Nicole and Barry prescribe to the social model of disability but still feel judged by the biomedical model of disability. Nicole considers herself to be a disability activist based on experience and education; Barry's fight for equal access to employment by professionals with disabilities, based upon his own experiences, mirror the social just model of disability.

Several participants expressed their belief that nondisabled people fear being around people with disabilities. Those participants with adult-onset disability were concerned about how others would perceive them or that those without disabilities would not understand what was happening to them. One participant opined that disability was viewed negatively by others in society because they (nondisabled) are afraid they might themselves become disabled. Two participants noted that most nondisabled persons do not think about disability happening to them or their loved ones, even though research suggest that more adults are acquiring disability due to risky behaviors and longer longevity.

Adjusting and adapting to disability may require rehabilitation and intervention strategies (Cohen & Napolitano, 2007; Kurtz, et al, 2008; Livneh & Evans, 1984; Persson & Ryden, 2006). Participants who acquired their disabilities after becoming working professionals noted the struggles they faced as they adapted to their physical changes. Bramston and Mioche (2001) said that individuals experiencing disability often felt powerless in both the personal understanding of the disability and its influence on their lives. Jeremy admitted it took several years for him to accept his paraplegia, denying the reality of his conditions in the year following his accident. He was convinced that he would walk again. One participant noted that he was so inflexible with the change he was facing that he was beginning to affect his working relationship with his staff and colleagues. As he denied and fought the changes the disabilities were having on him, he slowly learned adapted.

Most participants noted that the process of acceptance of their disabilities, involved psychosocial changes similar to Kubler-Ross' five stages of dying (1969). Most

participants agreed that they had to deal with some or all of the five stages: denial, anger, bargaining, depression, and acceptance. One participant who was born with her disability believed however, that most people will experience one or more of these stages in the early stages of the disability, not necessarily years later. Another participant admitted she had not gotten to the stage of accepting her disability. Still another participant believed that he switched back and forth between the stages in the early years following his accident; "the disability is something I was dealt at an early age, but I did everything I could to deal with that." One participant reported that her anger was experienced minimally and she reached the stage of acceptance very quickly, due in part to her deep religious values. She did admit, however, that depression was common. Applying the five stages of dying helped connect her experience with disability in that context.

Persson and Ryden (2006) expanded on Kubler-Ross's theory by conducting research in Sweden on 26 individuals living with disability. The study focused on understanding how their subjects developed effective coping strategies to manage their disability or chronic illness. They developed five specific categories from the research: coping/self trust; problem-reducing actions, changing personal values, social trust, and minimization in dealing with the disability or illness. The participants of this study who adult-onset disability expressed familiarity with one or more of these categories.

Self-trust, or the ability to maintain belief in one's capacity to face challenges, was evidenced in the personal struggles each participant experienced. Some examples of self-trust included the struggles by Jeremy when he faced the loss of the use of his lower limbs. Another lost the ability to physically and emotionally continue his work in the same fast-paced manner he had previously. Each person had to develop some kind of

compensatory strategies to maintain more independence and learn new ways of caring for their bodies.

Each participant was confronted with changing personal values, which for the majority of them included finding meaning with the disability. For some this meant reaching out to a Higher Source or Power to find spiritual support and to make sense of the disability (Boswell, et al., 2007). Three participants found comfort in their beliefs in God. The findings from Persson and Ryden (2006) reflected similar findings from studies conducted on women with severe disabilities (Moore, 2005). Several studies found that traumatic events leading to disability required the ability to work through several stages of change (Kubler-Ross, 1969; Livneh & Evans, 1984).

Several studies on women with disabilities correlated with the findings of both male and female participants in this study. Begum (1992) concluded that nondisabled people tended to view all disabled people as one homogenous group. His findings were supported by Harley, et al. (2002) who studied LGBT students with disabilities. Cultural norms often took precedence over sexual orientation issues. LGBT students had to contend with cultural biases toward both their disability and their sexual orientation. Louque's (2002) research on [nondisabled] Hispanic and African American women scholars concluded that they did not want to be considered within the framework of "women," but rather they described themselves as having significant racial and ethnic differences between being female Hispanics and female African Americans. This view was independently supported by Tara when she said

> I think people are disabled in ways that don't have anything to do with
> something that's physical…if you are African American, if you are
> Chinese, if you are Asian. People just make these assumptions about who
> you are and what your abilities are.

According to Louque (2002) to lump women with disabilities into one homogenous group "…masks significant racial and ethnic differences in access to and experience in positions of leadership" (p.29). One female participant with an extensive diversity background noted that there are differences among people with disabilities. She stated that "I know that just because I have a disability that doesn't mean I am going to connect with you automatically because you have a disability." She went on to say "…they don't understand that it is such a broad population. You know someone who is Latino, if they're from Latin America. Are they from Mexico?" Her comments further support Louque's findings that women with disabilities do not desire to be identified as one homogenous grouping.

Begum (1992) observed that people with disabilities identified themselves as individuals from different cultural and racial backgrounds rather than as being disabled. Similarly, two of the male participants did not perceive themselves as being handicapped because their disabilities were not impacted by the work they do.

Crawford and Ostrove (2003) in their research on disability and women found that the women in their study discussed several negative images toward disability including: (a) the assumption that all person with disabilities were intellectually challenged, (b) people with disabilities were considered asexual, (c) people with disabilities were invisible, and (d) people with disabilities were either super capable or helpless and incompetent. One participant who uses a wheelchair for transportation mentioned how invisible she feels when she is using her wheelchair. She commented on the fact that often, when she is using her scooter, she has to avoid people walking in the halls instead of them avoiding her. Students in particular are more vulnerable to walking into her

because they are more tuned into listening to their cell phone messages or text messages.

Research by Taub (2003) on disabled women's views of body images found that women with physical disabilities held beliefs similar to their nondisabled counterparts. This was supported by most of the female participants of this study but in different ways. While one participant rued that she could not wear the style of shoes she used to wear, the other women held more or less conventional views of beauty, perhaps because they were accepting of themselves as whole persons.

Boswell et al. (2007) conducted a study on disability and spirituality and found that women with severe physical disabilities shared a commonality in the desire to find meaning in their lives. Three participants in this study discussed their own spirituality and all concurred that their belief in purpose and meaning and their sense of God helped them face their own challenges.

### *Working with a Disability*

This study did not uncover research directly related to college administrators with disabilities. However, there were numerous studies conducted on women and other minorities in college administration (Crawford & Ostrove, 2003; Fong, 2000; Grover, 1992). Themes common to minority college and university women of color in higher education administration included racism, sexism, climate, and isolation (Patitu & Hinton, 2003). While campus climate and campus isolation were not evident themes in the present study, isolation was noted by several participants as they struggled with their disabilities. One participant, however, did disclose that she was often not included in the informal talk that takes place before and after meetings and she attributed this to her disability.

Campus climate is influenced by its administrators and it is known that the leaders in higher education play a central role in shaping the norms, policies, and practices set forth internally (Townsend, 2006). Townsend defined a positive organizational climate for women as one that is based on the numbers of women and minorities represented in the faculty and administration. The more that women and minorities are represented, the more positive the organizational climate will be. Townsend further opined that a negative organizational environment consisted of a dominant belief system, the degree of monoculturalism that is exhibited in the culture, and the norms of proper behavior and criteria for success that are agreed upon. Using these definitions, seven out of ten participants from this study agreed that they worked in a positive organizational climate based on the support they have from their present institution in regards to their disabilities. Three out of ten participants disagreed. Anderson's (2006) research on college faculty members with disabilities discovered that while "accommodations may begin with policies and procedures…institutional and personal practices are most often revealed inside relationships" (p. 209).

Two participants had visual impairments that required technological accommodations. Both participants used service dogs. One of them shared that as her vision worsened, and her accommodation needs increased, there was a subtle and negative shift of support coming from her supervisor. The other participant with a visual disability experienced proactive accommodations in some of the institutions where he had worked, and retroactive accommodations in others. Anderson noted that "…including faculty members with disabilities [into the institution] often costs the institution money [to support the accommodation]…" (p. 209). This same theory can be applied to college

administrators with disabilities. No mention was made by any participant concerning the cost of accommodations made by the institution for their use. Two participants were given access to motorized scooters and/or wheelchairs; accommodations not often supported for students with mobility impairments. A third participant mentioned that while she felt supported by her institution, with new changes in administration, she does not feel as supported as she felt under the old leadership.

In an article published by *Trusteeship/Association of Governing Boards of Universities and Colleges (2002),* it was noted that the commitment to diversity in higher education was held back by old-fashioned prejudice (p. 56), based upon the traditional White culture that is prevalent in higher education today. It was further noted that the only way for women and other minorities to become serious candidates [for a presidency] was if their qualifications were better than those of White males. This sentiment was echoed by two female participants with disabilities when they both described the need they felt to do better than their colleagues in their present work. These observations were similar to those found in studies done on women with disabilities who felt they needed to superheroes in order to be accepted (Crawford & Ostrove, 2003). Two participants can echoed this sentiment about experiences in their workplace in regards to being females with disabilities. One minority participant added, "That's something that I've always felt…it is difficult being an African American female with a disability… and then add in over 40. Well, my goodness!"

Anderson (2006) in his research on faculty with disabilities found a similar theme: faculty with disabilities had a more difficult time obtaining permanent teaching positions than faculty without disabilities. Additionally, Anderson (2006) noted that faculty with

disabilities spoke of a sense of "ghetto-ization" into non-tenured positions because of their disabilities (p. 211). They felt they were channeled into non-tenured or adjunct positions without the opportunities to move into full time and tenured teaching jobs because of the way they looked or acted due to their disabilities. Patitu and Hinton (2003) supported these findings in their own research that concluded that women and minority faculty tend to be "clustered in disciplines considered to be traditional or "feminine," in the lower academic ranks, and given adjunct or temporary positions" (p. 80). Opp and Gosetti (2002) studied the trend of female administrators at two-year colleges and concluded that campus climate is influenced by its administrators and the leaders of higher education play a central role in the shaping of norms and policies. They believed that a constructive way to foster change is to develop a critical mass of women and other minorities in its faculty, which would then influence future leadership. If one supports the theory that disability is both a minority status and a protected population, then it can be argued that this same reasoning could apply to faculty and other professionals with disabilities in higher education. Anderson (2006) asserted that the first step in inviting faculty and administrators with disabilities into institutions of higher education is to become aware of disability and the disabilities of others. Anderson's (2006) research on college faculty with disabilities emphasized that disability is not just another [and separate] social phenomenon, loosely connected to other minority populations; disability is relevant to all marginalized groups. On the other hand, Fong (2000) asserted from her research that people of color who worked in higher education were presumed to represent diversity and yet still adhere to the norm associated with the majority culture they worked in.

Crawford and Smith (2005) and Patitu and Hinton (2003) suggested that the mentoring of minority faculty (and administrators) is an important tool to allow minority professionals to better connect with the institutional environment. Only one out of the ten participants in this study mentioned mentoring as an option to connect her more closely with her college. Either mentoring was not an opportunity provided to the majority of participants in this study or mentoring was not a part of the stories they shared. One participant did mention that a program did exist but it was limited to the upper level administrators, not at her level as a director. Those colleges and universities that provide little or no mentoring to their administrators consider developing such opportunities to members of their institution.

Attitudinal barriers to success were discussed in previous studies on college students and college graduates with disabilities (Cornett-Devito & Worley, 2005; Dowrick et al., 2005; Farone, et al, 1998; Fuller et al., 2004). Each participant shared at least one experience of disability in the workplace or with colleagues where they felt they were perceived negatively in the context of their disabilities. One participant expressed her incredulousness that working from home posed such a problem for the human resources office to accept. Her colleagues viewed her home stay as an extended vacation even though she produced more work from home than from her office. Another expressed his incredulousness at the types of questions being asked of him when he applied for a job, questions relating to his disability and not to his qualifications. Others shared their stories of how their disabilities took precedence with their colleagues in the workplace until they were able to correct their colleague's assumptions about disability. One

participant shared an experience where she was introduced to a client as being "blind but good," at what she did.

Participants who had no previous involvement with disability services offices on college and university campuses, either directly or indirectly, had little working knowledge of the ADA and its protection against discrimination for people with disabilities. Participants who came from a student affairs background—Barry, Dennis, Julia, Laurel, Nicole, and Tara—knew enough about their disability rights to connect with the disability services office for services and/or advocacy information. The four remaining participants had little working knowledge of the ADA and its potential affect on them, suggesting that either disability services offices need to develop more public awareness on college campuses for faculty and staff, or that human resources offices need to provide more training and awareness of disability for their administrators with disabilities.

While Section 504 of the Rehabilitation Act of 1973 and its protection toward qualified students in higher education is specific to educational entities, most consumers assume the ADA applies mainly to students in higher education and not to employers and employees. As Villarreal (2002) explains, the ADA is not an "affirmative action" law as is Section 504; the ADA is an "antidiscrimination" law. The ADA extends protection against discrimination toward a disability from the private sector into the areas of communication and transportation. Under Section 504 disability discrimination protected only those in educational institutions, including faculty, staff, and students. The ADA extended anti-discrimination protection into all public and private venues that receive public funding. While not everyone from a minority population must learn about their

legal rights of protection, those with adult-onset disabilities in higher education seem to know little about the ADA and its anti-discrimination acts. On the other hand, most participants noted that accommodations were seldom an issue in their respective institutions.

This limited knowledge of the ADA and its effect in the work place supports the findings of a series of studies conducted by Price, Gerber, et al. (2003), where employees had little knowledge of their disability rights in the workplace. This suggests that even with the introduction of the ADAA of 2008 which expanded its definition of disability protection, professionals with disabilities have little awareness of their protection under these changes unless they have had some connection with the office of disability services on their campuses. It may also be argued that professionals with disabilities choose not to self-disclose a disability during the job search process until it has a direct bearing on the position they are applying for, due to perceived negative views toward disability. One participant with a learning disability did not self-disclose her disability because she did not think it would affect her ability to perform the job. However, she chose to self disclose after she was hired. Her decision to not disclose her disability is the same as the findings by Price et al. (2003). They found that the majority of participants in their study did not self-disclose their disabilities; of the two who did self-disclose, their accommodation requests were not met by the employer.

Two participants in my study felt the need to self-disclose their disabilities prior to the face-to-face interviews because their disabilities were visible and they knew that they would need accommodations. However, each participant selected the time and place to do self-disclose, one self-disclosing in an airport by listening to the sound of a cell

phone when he called the person's cell phone who was waiting to pick him up. Enough comments and shared stories by the participants relating to their job seeking experiences suggest that further research might be warranted in the area of job acquisition and the self-disclosure of disabilities in the job seeking process.

### Learning from a Disability

Participants were asked a final question pertaining to what they would like people to know about their disability experiences. These legacies ended up becoming a separate theme in which the participants were able to think about and review their philosophies of disability as it related to them. For some participants this was an awkward moment as those, unfamiliar with dialogue about disability, struggled to form their thoughts. The overriding discourse was the fact that people without disabilities do not know the challenges a person with a disability daily faces.

There appeared to be a consensus that disability prejudice has and does exist in their given vocations. Several participants suggested that attitudinal behaviors on the part of nondisabled persons need to be challenged so that people will be better informed before they make negative assumptions about their colleagues with disabilities. Like the research conducted by Crawford and Ostrove (2003), most of the participants agreed that they are seen negatively by their nondisabled peers. Crawford and Ostrove found that their participants were struggling against assumptions that all persons with disabilities are seen as intellectually challenged, asexual, and either super capable or helplessly incompetent. Such findings were not collaborated in the present research with the exception that they felt they had to work harder to prove themselves. It can be assumed

that most administrators in higher education positions are not intellectually challenged, and the issues of sexual identity were not addressed.

Participants agreed that a perceived reluctance still exists on the part of institution to broker disability accommodations especially if cost is involved. Many institutions work out of older buildings; there appears to be "disinclination," or a desire to drag out provision of an accommodation, if the accommodations require significant remodeling of structures. Anderson (2006) came to the same conclusion when he noted "…including faculty members with disabilities [into the institution] often costs the institution money [to support the accommodation]…" (p. 209).

Several participants commented on the desire for others to be open to disability issues and accept that someone with a disability can be qualified but may just have to do the job differently. The participants concurred that the disability itself should not hold a person back if that person is qualified. Thomson (1999) argued that most people will experience disability, or know someone with a disability, at some point in their lives. He advocates for the introduction of disability studies on college campuses. Bryan (2002) agrees that disabilities should be framed in the same context of oppressions and marginalization accorded other minority populations and be given the same recognition as minority and women's studies. Mirta (2006) reported that that disability was judged as an undesired or unwanted condition that the affected person wanted to have restored to its previous state; several participants of this study believe they have adjusted to the state of their disabilities.

Fuller et al. (2004) supported a social model of disability whereby the focus should be on social barriers not the medical, intellectual, or emotional barriers. This

approach puts the burden on society to makes changes that can accommodate people with disabilities, instead of people with disabilities trying to change to fit into their society or risk isolation. Most participants experienced exclusion and marginalization because of their disabilities. Most felt anger or frustration toward the causes of these experiences, which have included the lack of accessible parking or inaccessible buildings. One participant shared her story of "scootering" across campus to a meeting only to discover that the elevator in the building where the meeting was being held was out of commission; no one attempted to reschedule or move the meeting to an accessible site. On the other hand she did admit she did not speak up and advocate for herself to request that the meeting be moved. Most of the participants echoed such sentiment in their closing statements.

One participant expressed "it's all about how you are able to adapt to your situations and persevere..." he would agree that the social model is the preferred way to view disability today. He would prefer that people judge him on his skills not his inability to see. He, however, insists that people with disabilities still need to advocate for themselves and their needs. Watson-Gregeo (2005) believed that "there is no question… of the social stigma and oppression experienced by individuals with disabilities" (p. 402), Most participants would concur with this evaluation, having personal experience to support it. Thomson (1999) posited that a fundamental goal of the social model of disability is to re-image the concept of disability, which supports the desire to implement disability studies as a new scholarship. Two participants have taught courses on social justice issues including disability to open their students' minds to new ways of seeing. Laurel conceded that she wants to educate more people about disability issues.

Several participants spoke about the need to take personal responsibility for their actions. "…you can self-limit and then you can compensate." Daniel believes that while society might become more accepting toward people with disabilities, "I think the recognition that you have a limitation allows [you] to adapt to where it isn't as disabling." Abby states that "we are all on a continuum…that everyone has some deficits and some strength…" a sentiment echoed by other participants. Jeremy states there is no one who doesn't struggle with something. He admits there is much more than disability in his life.

## Implications for Action

According to the people interviewed in this study, many believe their non-disabled colleagues view disability as a condition or disease that happens to other people. Several people interviewed mentioned feelings of being judged or labeled by others and feeling set from their colleagues due to a general lack of knowledge of disability.

Julia shared her experience with the reader, as she was using a wheelchair to get around the city when she was attending a conference, and the stares that she perceived from others. Dennis spoke of how hard he was on first on himself that his disabilities were interfering with his ability to perform his job to his satisfaction and how these feelings spilled out into the workplace. Tara mentioned how she felt her colleagues were judging her from the stance of her disability, not from the stance of her abilities. What most non-disabled people fail to recognize is that disability can happen to anyone at any time. Nondisabled people often make the assumption that the disability. Whether physical, or psychological, or cognitive, also affects the intellect.

Based on their stories, the following are implications for action: hire more administrators with disabilities; increase disability awareness on college campuses;

increase collaboration between human resources and disability services; understand the

faculty and the administrator with a disability.

### *Hire More Administrators with Disabilities*

One continuing theme was that the majority of professionals in this study feel

judged by their physical appearance and/or perceived intellectual capabilities because of

their disabilities. They think that the disability, as judged by others, becomes the sum of

the picture, not just one aspect of the picture of who they are. What they don't recognize

is that they are the forerunners for professionals with disabilities in upper level

administration.

As awareness of disability in its numerous forms emerges within the general

population (as evidenced by the gaining popularity of disability scholarship on several

college campuses), it is suggested that higher education take a more active and proactive

role in seeking qualified professionals with disabilities to join their ranks.

If management is structured top-down in an institution, as is usually the case, then

change will have to be supported by the top administrators, first. There will have to be

open recognition of successful people with disabilities, not because of their disabilities,

but because of their abilities to succeed. As researched by Price, et al. (2003), their study

concluded that over half the people they interviewed (12 college graduates with

disabilities out of 25), denied that their disabilities affected their ability to do their work.

Future research might conclude that administrators with disabilities share the same

beliefs.

Tara noted that when she applied for her present position, she was further

impressed with the working environment when the president, himself, in a luncheon

meeting, disclosed that that he, too, had a disability. Unfortunately, he never disclosed what his disability to her and, as professionally appropriate and expected, she never asked. This experience might be interpreted by some as reflecting an ongoing shame that people with disabilities may have toward their own disabilities.

Opp and Gosetti (2002) observed that women presidents in higher education were viewed as barometers for gauging gender equity among administrators in those institutions they led. The more women professionals found in positions of authority, the more diverse the environments were. If disability is considered a minority population then the same rules could apply: the more the more professionals with disabilities found in positions of authority, the more diverse the environments would be.

*Increase Disability Awareness on College Campuses*

While disability support has gained a foothold in higher education through Section 504 of the Rehabilitation act of 1973, and the ADA of 1990, this progress has not necessarily extended to every level of administration, including faculty, staff and administrators. Disability awareness, including disability attitudes, must be addressed at all levels.  While Disability Services offices provide services, accommodations, and programming for students with disabilities, these services do not necessarily transfer over into the university professional realm of faculty, staff, and administrators.

Students are often exposed to disability issues through classroom projects, though disability awareness events, and through seeing accommodations being used by students in the classroom (e.g. note takers and, interpreters), and in some cases by taking classes specifically relating to disability studies.  Administrators seldom attend disability events unless it involves an office the administrator oversees.  There are seldom workshops for

professional staff on disability concerns that faculty and staff might have about their own disabilities. Most professional workshops are focused on student and academic issues, rather than staff or faculty ones.

As noted by several participants, they readily shared stories of negative disability attitudes from their colleagues.  As one participant said… "They should walk in my shoes."  Still another one says, ""(People) never think of how that person is going to look in terms of ability or disability…We think they're going to be tall or short, or black hair, blond hair."  Laurel states, the concept of disability is "...Out of their realm (other people) of reality (disability)…their own experiences and so it's not going to be something that they think about. People have just trained themselves to pretend that disability is something they don't have to deal with…"

### *Increase Collaboration between Human Resources and Disability Services Offices*

At some colleges and universities the human resources office and the office of disability services work collaboratively; in other colleges and universities, they remain separate entities; the one providing services and accommodations only to students with disabilities and the human resources department separately providing accommodations to staff and faculty with disabilities. Increased interaction between human resources and disability service offices increases the chances that the employee with a disability can be effectively served, including access to the same or similar accommodations available to students especially in the areas of technology.

As noted in several studies conducted on college graduates, employers were more interested in meeting the obligations of the law in accommodating their employees (Gerber & Price, 2001); no employer in this study was knowledgeable on how to

accommodate. Colleges and universities have the advantage of collaborating with professional staff in disability services offices to help them determine the best course of action in working with an employee. Additionally, staffs who work in disability service offices develop a more professional awareness of disability issues than staff of human resource offices generally have because they work with disability issues on a daily basis.

### *Learn to Understand the Faculty and the Administrator with a Disability*

If disability is to be defined as a social construct then people who will benefit from the findings of this study could include faculty. Faculty who teach minority and women's studies can indirectly benefit since the focus of this study is on professionals with disabilities who work in higher education. Since disability studies are a relatively new and emerging discipline, faculty who are involved with minority issues can expand their knowledge base to include people with disabilities.

As noted in the research many of the experiences of other minority faculty and administrators mirror the experiences of those with disabilities. The significant barriers minority faculty and administrators experience on White campuses included "isolation, loneliness, and racially motivated victimization…" (Crawford & Smith, 2005, p.52) Crawford and Ostrove (2003) observed that people with disabilities have been " continually socially isolated due to social and structural barriers in which the disability has prevented (disabled) people from actively engaging in society" (p. 179).

In conclusion, the implications of the findings from this study can help educate the staff of human resources offices, higher level college and university administrators, and faculty. Since disability can affect anyone at any time, the chances will increase that most working professionals in higher education will find themselves working with a

colleague with a disability or will acquire one him/herself. Anderson (2006) says "disability is not just another specialty with concerns loosely related to other minorities. The experience of disability is relevant to all marginalized groups—*for all groups have people with disabilities in them*" (p. 29).

## Recommendations for Further Research

The basis of this research was to interview college administrators with disabilities. The research question specifically addressed the following: *How do college and university administrators describe their "lived experience with disabilities" in the workplace*?   Areas for further research can include the following: examine the roles Human Resources and the Offices of Disability Services play in accommodating employees and students with disabilities, including similarities and differences; learning about the different disability models to educate those with disabilities about choices; researching disability attitudes in the workplace, and; job search experiences. While several areas for future research can be gleaned from this student, there are also limitations.

### *Limitations of the Study*

This study interviewed administrators with disabilities to find their lived experience of disability in the workplace.  The study did not specify what type of disability each participant would have to be able to participate in the study.  For future research it might be beneficial to interview college administrators with specific disabilities, or to narrow the disability category down to either "hidden" disabilities or "visible" disabilities.  To specify the type of disability being studied might determine attitudes or reactions of others toward those disabilities. Because little research on college

administrators with disabilities existed prior to start of this study, it was easiest to

interview college administrators with any kind of disability.  However, a wealth of

knowledge could be added to the field of disability research if future studies could

research the different types of disabilities and how these disabilities might affect a

college administrator's experience with a disability in the work place.

### *Learn from Human Resources and Disability Services*

It would be interesting to investigate whether administrators with

disabilities have relied on the accommodation services provided to students with

disabilities or whether professionals with disabilities are accommodated solely through

human resources.  Some participants received accommodations through their offices of

disability support because they previously worked in or oversaw the disability offices on

their respective campuses. Those who received motorized wheelchairs received them

through personal knowledge of student disability offices or through their supervisors who

knew someone who worked in those offices. Not one participant mentioned receiving

their accommodations directly through the Human Resources Office or it was not

mentioned in the course of the interviews. The expectations were the two participants

with low vision who were familiar with the types of accommodations they needed and

knew how to ask for them.

The majority of the administrators knew little or nothing about the services their

campus disability services offices provided to students, having no direct exposure to

those offices. Additionally, those who worked directly with human resources personnel

for disability accommodations had minimal disability support beyond the basics.

*Knowledge of Disability Models*

While the participants work in the college or university setting where the emphasis is placed on education,, the majority had little or no awareness of the various disability models.  Few knew about the social justice model of disability. The few who did coincidently shared the disability (low vision/blindness).  They identified themselves as disability activists. The remaining participants had little or no idea of the social justice model of disability and were primarily operating from the medical model of disability. As one participant noted, he assumed he would have to take a stop out or leave higher education altogether, but instead he was able to re-scope his job responsibilities to continue working in a career he enjoys.

*Disability Attitudes in the Workplace*

Another area for future research might examine how disability attitude is communicated in the workplace. Several participants mentioned feeling judged by their peers based on their physical appearances or their need for accommodations. one participant said she noticed that when she was using her wheelchair, "…in the general public…people look at someone that has a cane or is on a scooter different than they do someone who is walking… they look at us as, we get the title "handicapped."  The general consensus was that people without disabilities do not want to understand disability, either out of fear of contracting a disability themselves or fear of saying the wrong thing to a person with a disability.  As one participant opined, disability is viewed negatively by others in society because they (nondisabled) are afraid they might themselves become disabled.

*Job Search Experiences*

A final area of research that emerged as a result of this study would be to be to examine the role of disability, and its place in the realm of job searches for professionals with disabilities. At least two participants raised this issue as they shared their own experiences with job searches.  Professionals with apparent disabilities had to develop strategies to introduce their disabilities into the interviewing process in a manner that was comfortable for both them and with the interview committee members.  Two participants learned to introduce their disabilities in the personal interviews, but chose to not self disclose their disabilities in the initial paperwork. The information gleaned from their job seeking experiences based on when and how to disclose their disabilities could be beneficial for the job seeker with a disability to learn from.  It is important to educate professionals and college students on how to sell themselves, not their disabilities, during the interview process. Since one of the criteria for this study was that college administrators had to be presently employed, this discovery was surprising since some participants talked about their experiences of job search and were employed full time at the institutions when they were interviewed. It would be notable for additional research to include the job search processes and self-disclosure of disabilities.

The participants in this study shared their disability experiences with this researcher, knowing that their stories may be read by others.   They were all working professionals in prominent positions in their colleges and universities at the time of their interviews. They shared experiences in which they believed they had to work harder, or prove themselves harder, to their colleagues and supervisors due to their disabilities. As Tara said, "You try to prove yourself in other ways. You over achieve."

**EPILOGUE:**

**THE DISABILITY PERSPECTIVE**

As I complete the writing of this dissertation, I am reminded that while I was growing up with a disability my family was submerged in the thinking of the medical culture of those times where doctors viewed disability from a medical perspective. This perspective believed that a person with a disability, if he or she could be fixed, then must be fixed in order to become an active member of society. If the condition could not be fixed then that person would be assigned to special education classes in which students were not allowed to mingle with those students attending regular education classes. People were institutionalized and further hidden from the public eye if their disabilities proved distracting or their families could not take care of them. Through the process of two ear surgeries as a child, and the resultant use of hearing aids, the medical experts believed that my hearing was sustainable enough that I was capable of attending school in the traditional classroom setting. Because my hearing loss, while noticeable, was not severe enough to warrant learning sign language or being placed in special education classes, I attended classes at a Catholic elementary school. Because special education services were not provided through private schools at that time I attended classes and took tests and did home work in the same manner as anyone else.

Nevertheless, during those school years I developed a sense of personal insecurity that I was not 'normal' like everyone else. I couldn't hear the same as others; I couldn't participate in activities that required listening to several different voices at one time, and I couldn't enjoy swimming or other water sports. I was coddled when I had a cold and couldn't go to school; there was always the fear that I would lose more hearing if the cold

affected my ears – which it did – or if water got into my ears – which it did.  I had to adapt to a hearing world with no consideration being given that the world could adapt to my hearing.  Hearing aids only increased the volume of sound around me but did not increase the clarity.  By default I learned lip reading to compensate.

As a result of my own experiences, and listening to the voices of these participants, I've decided to devote an epilogue to giving *Disability* both a medical and a social model of disability that was echoed in many of the stories shared. Those who do not have disabilities, yet who may work with colleagues with disabilities might be able to capture the essence of disability from the viewpoint of those ten participants.  This Epilogue begins with *Disability* speaking from the medical view of disability (living in a body he/she defines as a 'partner') and then ending with a social justice perspective of disability.

## Living with a Disability

### *Medical Model of Living with a Disability*

My name is *Disability*. I have been around since the beginning of time and I will be around until the end.  Many people will experience me in their lifetimes, regardless of color, culture, or gender. There are some of you who may never experience me, assuming, of course, that you won't live long enough, or that you don't drink and drive, or you do not fight a war, or you do not partake in other types of risky behaviors.

Imagine if I were a fly on the wall, looking down from high, a tiny speck, invisible, listening in on the phone conversations of these ten people who were willing to share their stories. I spent several hours and days eavesdropping on their conversations as they spoke to the researcher. I learned more from their stories in to how *I* affect others in

their daily lives from home to the office.  I listened to their voices, as they have talked

about their frustrations, their anger, and, in those rare occasions, their acceptance of *me*.

Before we go to their personal stories, let me further explain myself. I share a part

of the lives of many millions of people.  I like being with them and they become my life,

even though the majority of them do not reciprocate my perception.  My partnership with

people can come in the form of physical, emotional, mental, or cognitive symptoms. I am

the symptom by which a person uses a wheelchair; I am the symptom by which a person

uses a hearing aid to hear or uses her hands to communicate; I am that part of a person by

which canes or crutches are required. I may be the cause where a person walks with the

assistance of a service animal because that person can't see, or can't walk without help.  I

may be the reason by which a student can't spell correctly, or mispronounces her words,

or reverses words or letters when she reads or speaks, even though she tests at the higher

end of intelligence tests.  I may be that part of a person who is not academically inclined,

who won't succeed in college because he doesn't have the intellectual capacity to learn at

higher levels of education.

Even I feel empathy for someone I partner with who wants to achieve a college

degree, especially in a society where the intellect and education is highly prized and

where those who do not meet those social standards may be ostracized those who do not

achieve. I am also a part of an educated person, who has achieved those standards, yet is

being pushed in a wheelchair along a narrow city sidewalk and feeling she is being

viewed with pity by pedestrians who walk around her and who don't make eye contact

with her.  In essence it is I, *Disability*, who shares a seat with a person in that same

wheelchair who causes her to feel ignored, regardless of how educated, or how physically

attractive, or what socioeconomic status she comes from, just because I sit there with her, or because he walks with a limp, because she doesn't hear well.

I live with many hundreds and thousands of people, of which I am embedded in their bodies and minds and intellect. Yet I feel ignored and despised and cast aside. Apparently, no one wants to enjoy my presence in their lives.

I come in many different shapes and forms. I can be a virus; I can be a birth defect; I can be a gene. I can appear as a result of a car or motorcycle accident. I can come as a result of war. I can come in the form of fetal alcohol syndrome or shaken baby syndrome. I can come in the form of organ failure or a growth upon my spine. I can approach you under the guise of drugs or alcohol addiction. I can be hidden and I can be very obvious. I play these parts very well.

I do not discriminate based on creed, color, ethnicity, gender, or gender-orientation. I am an equal opportunity experience for all. I can be gay or lesbian or transgendered; I can be an aging woman or a young man. I do not seek people based on the color of their skin, or the shape of their bodies nor do I care if they are male or female. I do not care about their religious or spiritual beliefs, or whether their country is at war. I just care about the fact that I may visit upon them at any time.

Most people spurn me because they think I interfere with their ability to live life. They blame *me* for preventing *them* from having the perfect body or the perfect mind, or the perfect soul. I'm seen as bad karma by some. To me it is just the luck of the draw.

People get angry with *me* and take their anger out on themselves trying to be back at me, especially those people who experience me later on in life and who have memories of before and after me. Those I am born to may know me as an intimate part of their

bodies and minds, since they have never experienced life without me; in most cases those people I partner with at an early age do not fully understand the effect I on them until they reach adolescence. Then they begin to notice that they may walk different, or hear different, or speak different from their peers. Many people are uncomfortable because they feel I change their self worth by how I affect them, especially if they have been indoctrinated into a culture that worships perfection.

I have partnered with many young athletic teenagers who one day were the star quarterbacks of their team and the next day lay paralyzed in a hospital bed knowing that the closest they will ever get to football again  will be sitting on the sidelines in a wheelchair.

Those I have not partnered with can ostracize and snub people who share their lives with my presence.  Some people view me as some sort of virus who has invaded people's bodies and has taken up residence, feeding off them like they are a host. If this is the feeling, that I am some sort of insect or virus living off of a host body, I can see why people can fear me. If I am to become a permanent fixture in the lives of thousands, if not millions of people, and this is how they see me, *Disability,* then people might want to change their attitudes toward me if they plan to keep on living! Some people think I, *Disability*, am as contagious as the Black Plague! You  just don't get it that the longer you  live, or the more risks you continue to take,  and the longer you are kept alive with all the advances in society's technologies, the chances are good that you will experience me at some point. For being so well known, it is amazing that I am so despised.

Many people claim that by experiencing me they suffer a loss of identity, a loss of self, and for some, even a loss of physical-ness. I'm not sure if I bring these feelings of

suffering to them as much as they blame me for being the cause. I wonder if I should thank those people I live with because of the power they hand me, but I truly must decline such an honor. While I can acknowledge that I might change their physical appearances, or their intellectual reasoning, and even their mental health, or their vision or their hearing I do not necessarily change *them.* I just *am.*

I do take ownership, however, that once I have become present in a person's life, secondary feelings and emotions can arise as my new partner adapts, or does not adapt to my presence. I have shared moments with *Depression* who I consider a dear friend of mine. *Anger* and *fear* have visited with me. These friends have shared space with me for long and short periods of time depending on how my partners adapt to me. However, I do admit that *happiness* has not a consistent friend or guest of mine. *Happiness* tends to stay tucked away from me, hidden from view. People just do NOT want to share *her* with me.

Some people equate their introduction to me as an ending or a dying process. Kubler-Ross (1969) talked about the stages people go through when they are facing a physical death, but my experience is that people have experience these stages when I have moved into their lives. Even though I don't necessarily cause physical death, I do have to put up with the diverse and wide range of emotions people go through when they first meet me.

The moment I meet up with someone who will become a life partner, I often am challenged with having to deal with his or her's denial of my entry into their life; sometimes I come into a person's live with a roar; other times I can enter meekly as a lamb. Whichever way I enter, once that person knows I am there to stay I have to deal with her anger toward me and toward what I have done to her life. He blames me for him

sitting behind home plate instead of him being at bat during the fourth inning of the game.  I get blamed because his body does not work the way it once did.  I have to deal with people's attempts to bargain with their gods, whomever they may be, to make them "whole again."   It gets so tedious!

Why can't I just be accepted for who I am and let people just get on with their lives? I have to suffer their depression; I face the consequences of their anger when they first meet up with me, when they go through depression. They don't understand that their invitation to me to enter their bodies can be a very easy process; getting rid of me is darn near impossible. Their yo-yo of emotions is hard on me too!

I am delighted when people finally reach the stage where they accept me for who I am. People's extreme emotions can slow down at this point as they figure out that they either need to fight me or work with me.  Either way, they know I am not leaving. Those who fight me often have a lifetime struggle over their emotions; those who work with me are often surprised at how much they can still do with a little bit of creativity. I'm not saying that now is the time to  introduce me to *happiness*, but it seems that once they have accepted my presence and maybe their own limitations, people just don't seem to fight me as hard as they once did.

I have to accept that no one envies or even really likes my presence. Why? I've heard some people complain that they can't wear "pretty shoes" again because walking is so difficult. Some say they can't walk a beach with their wife because, well, they can't walk, and a wheelchair doesn't take kindly to sand! Or they can't play sports with their children the way they would like to. Some feel like they can't wheel their chairs down a city sidewalk without noticing all the stares they get from the passer-byes followed by the

avoidance of direct eye contact. Some partners can't enjoy a movie because they can't understand the dialogue from the sound systems or some forget what a bird sounds like because they haven't heard one for so long. I sometimes feel like a parasite!

Some people feel they are not professionally respected by others because, due to my presence in their lives, they can't see, or hear, or walk unassisted. Some people get upset and feel uncomfortable when they hear nondisabled persons make jokes about their motorized scooters, or when they are asked by able-bodied people if they can "catch a ride," with the disabled person. Disabled people sometimes wonder at the thinking of nondisabled people; if they had a choice, maybe those people with motorized scooters would prefer having the option to walk or drive.

### Social Model of Living with a Disability

My name is *Disability.* I have been around since the beginning of time and I will be around until the end. Many people will experience me, regardless of color, culture, or gender. There are some of you who may never experience me, assuming, of course, that you won't live long enough, or that you don't drink and drive, or you do not fight a war, or you do not partake in other types of risky behaviors.

I am who I am. I am only a part, one part, of a person's being. Throughout most of modern history I have been "defined" by a medical model that espouses the theory that I make a person deficient, somehow. In ancient history I was considered a punishment put on people because of their past sins; in some cultures that call this Karma. This medical model tells people that I am something to be gotten rid of because I make them different, abnormal, or sick. This model tells me that I must be 'fixed' or 'healed' before my partner will be accepted back into society. It is nearly impossible for me to move out

of my partner's body completely; once I've entered a persons' life, I am here to stay until death do us apart. Some of my partners do not like sharing their lives with me; they may feel rejected by their peers or family or schoolmates because of me. People who do not experience me in their lives feel that I am somehow contagious and they might 'catch' me.

I've heard several people speak of a newer model that is becoming popular: the "social justice model of disability." People don't feel quite as angry toward me with this view. They don't despise me as much or equate my presence as some foreign 'thing' that has taken over them. These people see me as only one part of a big whole. Can they maybe learn to live with and accept me?

I feel a shift in blame and loathing; blame is moving away from my partners towards those societies my various partners live in. I am so happy to not be the target of their frustration! I mean, yeah, my partners can still get frustrated at the symptoms I bring them but they don't just assume that *I* am the one stopping them. It takes energy to defend myself against my own people! Nowadays others are studying me as a separate major on college campuses; you can even major in me! My people are popping up all over the place in education and in jobs as they learn to find their voices. They can! Succeed!

## Working with a Disability

### *Medical Model Of Working with a Disability*

People who live with me under this medical model often feel they cannot feel good about themselves because of my presence. Some of them feel that they are always being judged by my presence rather than by their abilities. Why must people focus on a

partner's wheelchair or his scooter instead of focusing on my partner as a whole? They wouldn't be where they are if they didn't have attributes and abilities.

I love hearing comments from partners such as, "I broke my ankle, not my brain!" or the person who said "... [They want] to keep the knowledge and the experience [I have]" and my host who said "I have the hearing aid, I have the computers; I am not disabled." Statements like these diminish the power nondisabled people think I have over my partners. I hold as much power as a partner is willing to give me.

### Social Model Of Working with A Disability

While it looks like acceptance of me is increasing, it still has a long way to go. Most people still want to hide me from view when it comes to their professional work. Unless the disability is obvious (physical) most people don't bother to explain me to others. People who have hidden disabilities often pretend that I don't exist when they are in the workplace, even though I have a habit of popping up when they least expect Me. If I have a partner who can't read or write very well, then maybe I shouldn't be taking the minutes at a meeting without the assistance of a computer and tape recorder. If the computer breaks down and my partner can't dictate a memo because the dictation software is not working, because the computer is not working, then the chances are most people can't be doing their work either – since they all depend on computers to do their jobs. Sometimes my presence can cause a laugh or two when one of my partners who is wearing hearing aids and is in the midst of a conversation suddenly stops talking – because a hearing aid battery has died and he can't hear. What is the etiquette for explaining a dead hearing aid battery in the midst of conversation!

Infrequently, I have partners who are able to turn their experience with me into an educational discussion. One person likes to answer questions from people who question her ability to park in accessible parking even though she does not walk with a limp, or use a cane, or use a wheelchair, or 'looks' like she has a disability. She is honest in admitting that my presence in her life can leave her easily fatigued from the organ transplant she had 20 years ago. However, she then encourages further discussion from people who ask her these questions so she can spread the need for more organ transplants and organ donors. She has reached the acceptance stage.

Symptoms of my presence in a person's life can also be displayed in obvious ways (vision, wheelchair, cane, and a limp). When this happens people often feel they must explain away my presence. Some people ignore me; others attempt to acknowledge my presence and then admit to themselves and others what restrictions my presence might have. Some people acknowledge me in their workplaces by requesting accommodations so they can effectively do their jobs. Some people need screen readers and dictation software; still others ask for (and receive) transportation accommodations via motorized scooters so they can get from one part of the campus to another. Some people do fine with nothing because I do not interfere with their ability to do their jobs.

I have often overheard comments made by the colleagues of my partners (recall that I am often a fly on the wall listening to all), to the effect that working from home was perceived as the same as taking an extended vacation. Partners tell me how often they have felt negatively judged by their nondisabled counterparts. Another perception that I've been told is that if I share life with someone, other people's assumptions are that I have turned that person into an unintelligent and stupid human being. Just because I am

*Disability* does not mean that those I live with are totally disabled; it just might mean that only a part of that person is disabled, or only in certain work functions. Yet partners have complained to me that they feel judged as if I am the ONLY part of them.

People who haven't experienced me, or who don't know anyone I live with, don't necessarily understand what capabilities or limitations I can bring to the table on behalf of my partner.. I am expressed as only a symptom in a person who has lost the ability to walk the length of a hallway; I am often described as a symptom in someone who cannot climb the staircase to their office on the second floor, or drive a car to work, or type a letter without spelling errors because of me. Why is an accessible parking space on a well-known campus a block away from the building a partner needs to access? Why does the elevator does not work and instead or relocating the meeting to an accessible site, a partner is then excluded from a meeting? Why does my partner not speak up and speak out? Do I cause her that much embarrassment or frustration?

Female people of color have frequently voiced their concerns about their belief to prove themselves to their male counterparts just because they are women, and women of color, and they have a disability. No wonder they grumble about me—I am just one more burden for them to deal with in the workplace. I am *Disability;* I am a minority. I am *Disability;* I am an African American. I am *Disability;* I am gay. I am *Disability;* I am a first generation college student. I am *Disability;* I am a White male.

Nondisabled professionals often live in fear that my presence might cost their institutions excess money if they hire someone I live with and who is qualified. I have listened to people with disabilities comment about their experiences of going to a job interview and automatically wondering what thoughts flash through the minds of these

five interviewers sitting at the table when she first enters a room.  She wonders if they are thinking "how much is this [accommodation] going to cost?"  Sometimes my partners don't know how much, or even if, an accommodation is going to cost money.  Sometimes they do know what they need and what the cost would entail.  The cost of a screen reader isn't exorbitant. Both the director of counseling in a southeastern state and the director of residence housing in a northwestern state know the cost of a screen reader will not bankrupt the institution.

The cost of a motorized scooter is not expensive to purchase for someone who is well qualified for the position. A vice president of student affairs at a university near the East coast uses one.  The director of prospective student enrollment in a college in the West uses one.

While accessible parking can be seen as a courtesy for people with mobility impairments, nondisabled people often complaint because those parking spots in that parking lot are not full all the time. Yet they can't park there unless they have a disability. Their feelings of resentment and lack of 'fairness' take precedent over the reality faced by people with mobility impairments; parking closer to buildings means less energy spent on walking long distances, which means more energy that can be spent in doing their jobs.

Many people have learned to adapt to me by developing their own common sense strategies. Some people lip-read to hear; they strategically sit in meetings so they can observe the facial gestures of the speakers.  They wear hearing aids.  The director of financial aid at a college near the northwest does this and he is effective at his job.

People who can't see print format often request copies of meeting agendas beforehand so they can use their screen readers to read them the agenda items; sometimes they even ask another person to "be their eyes." Coincidently, most people, disabled or nondisabled, would prefer the agenda ahead of time anyway so they can do the same thing as their blind counterparts: prep for their meetings. An ingenious idea is to call the cell phone of the person you are supposed to meet at the airport, whom you've never met before, so you can hear the direction of the sound of the cell phone answering the call, knowing where that person is standing. Of course, if you are blind, you won't see the person anyway but you will recognize the direction he or she is in. People with full vision do the same thing.

While one person may use a wheelchair to walk around, I am only one part of who that person is. I do not have total control over him. He might have full upper-body strength and he plays sports. He mows his own lawn. He drives himself to work.

What about when I make my appearance in the form of a learning disability? No one can see me. No one can hear me. Yet by my appearance in this person, she cannot spell, or write, or read well, or understand math. Many people without disabilities can't understand math! Yet everyone assumes that writing, spelling, reading and computing math are basic skills that everyone should have, and these skills must be learned the *same* way. As long as the spelling is correct, and the writing is at the level expected of the professional position, then how the person spells or writes is beside the point. Spell checks, dictation software, grammar checks, and computers help the person succeed. The important issue is that the person is capable of doing her job. How many times have non-disabled people misspelled a word or prefer a computer to writing a memo by hand? An

administrator of grants admits that she said nothing about her learning disability until after she was hired.

Which reminds me; there is so much talk about how to, or how not to, acknowledge me in an interview. Should they disclose me; should they not disclose?  It sounds like a song to me.  If a person discloses me, at what point in the job search process should she disclose me—in the cover letter, during the face-to-face interview? Should she disclose her low vision through her references?  Should he not disclose until after he is hired? Where do I, as *Disability*, fit in?

My presence can have so many people on edge that the non-disabled people who are interviewing those with disabilities are even afraid to ask questions about me, even if my presence is obvious to everyone in the room. If people raise the issue of my presence during an interview, dare they bring up my presence or must they wait for the person I live with to raise the issue? People without disabilities are afraid they might be breaking the law, and then inadvertently discriminating against my partner, which might mean a law suit; if my presence is not discussed during the interview then my partner might question the basis of not getting the job: because of me or because of job qualification? How do the interviewers effective raise, or not raise, the need for accommodations?  If I am the focus of the interview then her abilities are not being 'interviewed' and in so many cases I am such a minor part of her whole!   People get so fearful around my presence that no one knows what or whom to ask concerning me. I can see where my life partners can get confused on how to handle me in interviews! As one person put it, she discusses me openly before anyone can raise the issue; this way people might feel more comfortable about discussing her needs because of my presence.

The best way for people living with my presence, and those who don't, is to use common sense to figure out how to effectively make things work in everyday life. If I am slowing my hosts down, then my hosts need to figure out different ways to make their deadline; I am not going to be leaving anytime soon so they need to work me into their lives. For some people they may have to work ahead of time to reach their goals; for others they are able to use the latest technology to get their work done. For some, they need both; for others they need nothing.

If I physically exhaust a partner's body then arriving a day early for a conference and/or staying a day later might embody the ability to take care of his own needs. The director of financial aid does this. Flying first class for longer trips has worked for some people as it has for one of my partners who does just that.

Accommodations can be provided based upon common sense. Some accommodations can be expensive if they involve physical changes to buildings and offices. What's interesting though is that most of these changes not only help people with disabilities, they help people without disabilities. An elevator benefits anyone who cannot or does not want to walk the stairs; a ramp can accommodate a wheelchair and a baby carriage. Enlarged print format benefits a low vision student and an aging baby boomer. Closed captioned televisions and movie screens accommodate deaf and hard of hearing patrons and can help a young, nondisabled child learn how to spell. Wheelchairs and hearing aids now come in various colors, instead of muted tones that blend in with hair color or the skin tone. As many disability advocates would say "Let's reimage disability". People with disabilities are as much a marginalized group as people of color and other minorities. .

I have a partner who is both a lawyer and the dean of students. When I entered his life he had to decide where to stay put or move on since he knew that he could no longer do the job the way he could do it before he met me. He re-scoped his job. After I came into his life, he had to learn to communicate differently with his staff and peers and change his manner of leadership to accommodate my presence. While I didn't deliberately mean to make his life *this* difficult, he is learning to adapt to my presence. in the long run he has admitted that through the process of learning to live with me he has become more available and vulnerable with his own staff. They, in turn, are more accepting of his vulnerabilities.

There is always the question at the back of one's mind as to how others really see my partners. Even if my partners are professionals, in leadership roles, some of them still wonder if they would be treated differently because of my presence. "If I did not use a wheelchair, would people view me differently? If I wasn't blind, would more people talk to me?"

One common sense approach to working with me is for all my partners to plan ahead to minimize the effects I might have on other people. Some people who are blind have learned to hear people in the manner that they breathe and their voice tones. Others still are able to laugh with me and the symptoms I exhibit in them: one of my partners actually laughs that she cannot walk and look up at the same time because of the way I affect her gait and balance in my guise of Multiple Sclerosis. Again, I am who I am.

## Learning from a Disability

What would my partners say about me if they felt someone would want to know their experience of me professionally? Everyone has a legacy they would like to leave

behind; a tale to tell, a philosophical musing, some form of communication they would like others to know about themselves and their journeys. I am no different.  In fact, I am interested in hearing what people have to say about me.

I am still viewed with prejudice by all people: those who have experienced me and those who have not. It has been suggested that these predetermined views should be challenged so that people can be better informed about what I really am and what I am not. I am not the totally of the whole.

Being *Disability* does not mean that I necessarily cause people to become intellectually challenged, as evidenced by a;; my friends in this study; everyone who has shared her or her story had to get where they are now based on intelligence!  I also do not cause people who live with me to become "asexual" human beings. People are people and I have little bearing or input over the sexual part of their lives. Neither does it means that people who I share life with must, for some strange reason, prove themselves to be "super heroes" rising above the mystique of *Disability* in order to be equal to those who do not experience me. It does not mean that because I live with a person that he or she, by default, are helplessly incompetent. Yet most people, however, admit that those types of concepts exist.

The people in this study will tell you that even though they work in colleges and universities and have advanced degrees, still feel challenged by their colleagues because of my presence. They want to be seen as professionals, not as people with disabilities. They don't want their wheelchairs, or their hearing aids, or their guide dogs to be seen as the totality of who they are. They want to be seen as professionals who are capable of doing their jobs.  They invite others to walk in their shoes so that others can begin to

understand what it is like to live in a society that worships perfection and is un-accepting of those who are disabled. People who experience *Disability* don't want to stop living their lives just because I have come to visit; they want to continue to be part of a society that respects them: *Disability* and abilities. If partners want to participate in sports, they find alternate ways to compete; if they want to participate in work, they do so.

There is a general consensus among those ten people who interviewed for this research that prejudice toward *Disability* still exists in many people's given avocations. Negative assumptions by associates and colleagues are still made until my partners feel they have to prove their work-worth to colleagues and others without *Disability.* Professionals with disabilities generally agree that they do not want to be judged because of *Disability,* that they want to be judged by their abilities. Many partners feel they have to work harder and work longer to produce work that they feel would be competitive with or better than their peers. Many people are slowly beginning to speak out with a belief that *I* alone should not hold them back from doing a job they are qualified for.

I am what I am.

# REFERENCES

Americans with Disabilities Act of 1990, 42 U.S.C. 12102, 12102.

Anderson, R. C. (2006). Teaching with disability: Pedagogies of lived experience. *The Review of Education, Pedagogy, and Cultural Studies*, *28*, 367-379

Beckett, C. (2004). Crossing the border: Locating heterosexuality as a boundary for lesbian and disabled women. *Journal of International Women's Studies, 5*, 44-52.

Begum, N. (1992). Disabled women and the feminist agenda. *Feminist Review, 40*, 70-84.

Berger, H. & Marmincek, C. (2007). Return to work after lower limb amputation. *Disability & Rehabilitation, 29*(17), 1323-1329.

Bishop, M. (2005). Quality of life and psychosocial adaptation to chronic illness and disability. *Rehabilitation Counseling Bulletin, 48*, 219-231.

Blansett, C. (2004). *Making sense of the academic journeys of women with learning disabilities.* Unpublished doctoral dissertation. Colorado State University. Fort Collins, CO.

Blockridge, D. (Ed). (2003). *Disabled people's association's dictionary of disability terminology.* Singapore: Disabled People's Association.

Boswell, B., Glacoff, M., Hamer, M., McChesney, J., & Knight, S. (2007). Dance of disability. *Journal of Rehabilitation, 73*, 33-40.

Bramston, P. & Mioche, C. (2001). Disability and stress: A study in perspectives. *Journal of Intellectual & Developmental Disabilities, 26*, 233-242.

Brenes, G., Penninx, B., Judd, P., Rochwell, E., Sewell, E., & Wetherell, J. (2008). Anxiety, depression and disability across the lifespan. *Aging and Mental Health, 12*, 158-163.

Bryan, W. V. (2002). *Sociopolitical aspects of disabilities*. Springfield, IL: Charles C Thomas.

Cho, J., & Trent, A. (2006). Validity in qualitative research revisited. *Qualitative Research, 6*(3), 319-340.

Clark, M. (2006). Adult education and disability studies, an interdisciplinary relationship: Research implications for adult education. *Adult Education Quarterly, 56,* 308-322.

Cohen, C. & Napolitano, D. (2007). Adjustment to disability. *Disability and Social Work Education, 6*, 135-155.

Cornell University (2006). *Disability statistics*. Retrieved, November 29, 2007 from http://www.ilr.cornell.edu/

Cornett-Devito, M. & Worley, D. (2005). A front row seat: A phenomenological investigation of learning disabilities. *Communication Education, 54*, 312-333.

Cornwell, G. H. & Stoddard, E. (2006, Spring). Freedom, diversity, and global citizenship. *Liberal Education*, *92,* 26-33.

Crawford, D., & Ostrove, J. M. (2003). Representations of disability and the interpersonal relationships of women with disabilities. *Presented at the Multicultural Conference and Summit II.* Hawthorne Press *26,* 179-194.

Crawford, K. & Smith, D. ( 2005). The we and the us: Mentoring African American women. *Journal of Black Studies, 36*, p. 52-67.

Creswell, J. W. (1998). *Qualitative inquiry and research design.* Thousand Oaks, CA: Sage.

Darby, A. & Gregg, N. (2002, Spring). Equal access for all: The law profession for individuals with learning disabilities. *Career Planning and Adult Development Journal*, 80-89.

Dowrick, P., Anderson, J., Heyer, K., & Acosta, J. (2005). Postsecondary education across the USA: Experiences of adults with disabilities. *Journal of Vocational Rehabilitation*, *22*, 41-47.

Evans, N., Assidi, J., & Herriott, T. (2005). Encouraging the development of disability allies. *New Directions for Student Services*, *110*, 67-79.

Essex-Sorlie, D. (1994). The American with disabilities act: History, summary, and key components. *Academic Medicine*, *69*, 519-524.

Farone, M. C., Hall, E.W., & Costell, J.J. (1998). Postsecondary disability issues: An inclusive identification strategy. *Journal of Postsecondary Education and Disability*, *13*, 35-45.

Findler, L., Vilchinsky, N., & Werner, S. (2007). The multidimensional attitudes score towards persons with disabilities (MAS). *Rehabilitation Counseling Bulletin, 50,* 166-175.

Fong, B. (2000). Toto, I think we're still in Kansas. *Liberal Education*, *86,* 56-60.

Fontana, A. (2002). Postmodern trends in interviewing. In J. Gubrium & J. Holstein (Eds.), *Handbook in interview research,* 51 -65. Thousand Oaks, CA: Sage.

Fuller, M., Healey, M., Bradley, A., & Hall, T. (2004). Barriers to learning: A systematic study of the experiences of disabled students in one university. *Studies in Higher Education, 29*, 303-318.

Gaal, J., & Jones, P.A. (2003). Disability discrimination in higher education. *The Journal of College and University Law*, *29*, 435-456.

Gerber, P. (2002). Navigating the beyond-school years: Employment and success for adults with learning disabilities. *Career Planning and Adult Development Journal*; *18*, 136-44.

Gerber, P., Ginsberg, R., & Reiff, H. (1992). Identifying alterable patterns in employment success for highly successful adults with learning disabilities. *Journal of Learning Disabilities*, *28*, 475-487.

Gerber, P. & Price, L. (2003). Persons with learning disabilities in the workplace: What we know so far in the Americans with Disabilities Act era. *Learning Disabilities Research & Practice*, *18*, 132-136

Gerber, P., Price, L., Mulligan, R., & Shessel, I. (2004). Beyond transition: A comparison of the employment experiences of American and Canadian adults with LD. *Journal of Learning disabilities*, *37*, 283-291.

Grover, D. C. (1992). Women educators: Leadership in the 1990s. *Community/Junior College Quarterly*, *16*, 329-343.

Hans, A., & Patri, A. (Eds). (2003). *Women, disability and identity.* Thousand Oaks, CA: Sage.

Harley, D. A., Nowak, T. M., Gassaway, L. J., & Savage, T. A. (2002) Lesbian, gay, bisexual, and transgender college students with disabilities: A look at multiple cultural minorities. *Psychology in the Schools*, *39*, 525-538.

Hassouneh-Phillips, D., & Curry, M. (2002). Abuse of women with disabilities. *Rehabilitation Counseling Bulletin,* 45, 96-104.

Henderson, G., & Bryon, W. (2004). *Psychological aspects of disability* (3rd Ed.). Springfield, IL: Thomas.

Hughes, R., Taylor, H., Robinson-Whelen, S., & Nosek, M. (2005). Stress and women with physical disabilities: Identifying correlates. *Women's Health Issues, 15*, 14-20.

Hunt B., Matthews, C., Milsom, A., & Lammel, J. (2006). Lesbians with physical disabilities: A qualitative study of their experiences with counseling. *Journal of Counseling & Development, 84*, 163-173.

Jorgensen, S., Fichten, C., Havel, A., Lamb, D., James, C., & Barile, M. (2005). Academic performance of college students with and without disabilities: An archival study. *Canadian Journal of Counseling*, *39*, 101-117.

Jung, K. (2002). Chronic illness and educational equity: The politics of visibility. *National Women's Studies Association, Journal*, *14*, 178-200.

Kaplan, D, (1998). *The definition of disability.* Retrieved, December 28, 2007 from http://www.accessiblesociety.org./topics/demographics

Kosma, M., Gardner, E., Cardinal, B., Bauer, J. & McCubbin, J. (2006). Psychological determinants of stages of change and physical activity among adults with physical disabilities. *Adapted Physical Activity Quarterly, 23*, 49-68.

Kubler-Ross, E. (1969). *On death and dying.* New York: Scribner.

Kurz, A., Saint-Louis, N., Burke, J., & Stineman, M. (2008). Exploring the personal reality of disability and recovery: A tool for empowering the rehabilitation process. *Qualitative Health Research*, *18*, 90-105.

Laverty, S (2003. Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods*, *3*, 1-29.

Linton, S. (1998). *Claiming disability: Knowledge and identity*. New York: New York University Press.

Livneh, H. & Antonak, R. (2005, Winter). Psychosocial adaptation to chronic illness and disability: A primer for counselors. *Journal of Counseling and Development*, *83*, 12-20.

Livneh, H. & Evans, J. (1984, February). Adjusting to disability: Behavioral correlates and intervention strategies. *The Personnel and Guidance Journal*, *62*, 363-365.

Livneh H. & Parker, R. (2005). Psychological adaptation to disability. *Rehabilitation Counseling Bulletin, 49*, 17-28.

Lloyd, M. (2001). The politics of disability and feminism: Discord or synthesis? *Sociology, 35*, 715-728.

Louque, A. (2002). Spicing it up: Blending perspectives of leadership and cultural values from Hispanic American and African American women scholars. *Education Leadership Review, 3*, 28-31.

Madaus, J. (2006). Employment outcomes of university graduates with learning disabilities. *Learning Disability Quarterly*, *29*, 19-31.

Madsen, S. (2006). Learning to lead in higher education: Insights into the faculty backgrounds of women university presidents. *Journal of Women in Educational Research,* 571-578.

Mavandadi, S., Rook, K. & Newsom, J. (2007). Positive and negative social exchanges and disability in later life: An investigation of trajectories of change. *Journal of Gerontology, 62*, S361-S370.

McDonald, P. & Riendeau, M. (2003). From disability and difference to diversity: a Copernican revolution in learning. *Independent School, 63,* 84.

Merriam, S. & Associates (2002). *Qualitative research in practice.* San Francisco, CA: Jossey-Bass.

Merriam-Webster OnLine. (2008a). *Administrator.* Retrieved September 16, 2008 from http://www.merriam-webster.com/dictionary/administrator

Merriam-Webster OnLine. (2008b). *Administration.* Retrieved, September 17, 2008 from http://www.merriam-webster.com/dictionary/administration

Merriam-Webster OnLine. (20091a). *Accommodation.* Retrieved December 9, 2009 from http://www.merriam-webster.com/dictionary/accommodation

Merriam-Webster OnLine (2009 2a). *Strategy.* Retrived December 9, 2009 from http://www.merriam-webster.com/dictionary/accommodation

Mitra, S. (2006). The capability approach and disability. *Journal of Disability Policy Studies*, *16*, 236-247.

Moore, D. (2005). Expanding the view: The lives of women with severe work disabilities in context. *Journal of Counseling & Development, 83*, 343-348.

Morris, J. (1993). Feminism and disability. *Feminist Review, 43*, 57-70.

Morgan, G., Gilner, J., & Harmon, R. (2006). Understanding and evaluating research in applied and clinical settings. Mahwah, NJ: Erlbaum.

Moustakas, C. (1994). *Phenomenological research methods.* Thousand Oaks, CA: Sage.

National Center for Education Statistics (2003). Contexts of postsecondary education: Services and accommodations for students with disabilities. Retrieved December 3, 2007, from http://nces.ed.gove/programs

National Organization on DisAbility. (2004). Landmark disability survey finds pervasive disadvantages. Retrieved May 15, 2008 from http://www.nod.org/index.cfm

Nosek, M, Howland, B., Rintala, D., Young, M., & Chanpong, G. (2001). National study of women with physical disabilities: Final report. *Sexuality and Disability, 19*, 5-39.

Nosek, M., Hughes, R., Swedlund, N., Taylor, H., & Swank, P. (2002).Self-esteem and women with disabilities. *Social Science and Medicine*, *56*, 1737-1747.

Nosek, M., Hughes, R., Robinson-Whelen, S., Taylor, H., & Howland, C. (2006). Physical activity and nutritional behaviors of women with physical disabilities: Physical, psychological, social, and environmental influences. *Women's Health Issues, 16*, 323-333.

Olkin, R. (2001). Could you hold the door for me? Including disability as diversity. *Cultural Diversity and Ethnic Minority Psychology*, *8*, 130-137.

Opp, R. & Gosetti, P. (2002). Equity for women administrators of color in 2-year colleges: Progress and prospects. *Community College Journal of Research and Practice, 26*, 591-608.

Patitu, C., & Hinton, K. (2003). The experiences of African American women faculty and administrators in higher education: Has anything changed? *New Directions for Student Services*, *104*, 79-93.

Persson, L. & Ryden, A. (2006). Themes of effective coping in physical disability: An interview study of 26 persons who have learnt to live with their disability. *Scandinavian Journal of Caring Sciences, 20,* 355-363.

Pledger, C. (2003). Discourse on disability and rehabilitation issues. *American Psychologist, 58*, 279-284.

Preece, J. (2002). Perspectives on the learning of citizenship and governance. *British Association for International and Comparative Education*, *32*, 21-32.

Price, L. & Gerber, P. (2001). At second glance: Employers and employees with learning disabilities in the Americans with Disabilities Act. *Journal of Learning Disabilities, 32*, 202-210.

Price, L., Gerber, P. J., & Mulligan, R. (2003). The Americans with disabilities act and adults with learning disabilities as employees. *Remedial and Special Education*, *24*, 350-358.

Priola, V. (2007). Being female doing gender. Narratives of women in education management. *Gender and Education*, *19*(1), 21-40.

Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §794.

Rehabilitation Research and Training Center on Disability Demographics (2006). *Disability status report. Cornell University.* Retrieved November 30, 2007 from www.disabilitystastics.org

Rothstein, L. (1998). Teaching disability law. *Journal of Legal Education, 48*, 297-309.

Seidman, I. (2006). Interviewing as qualitative research: A guide for researchers in education and the social sciences (3rd ed). New York City, New York: Columbia University Teachers College.

Simon, J. (2001). Legal issues in serving postsecondary students with disabilities. *Topics in Language Disorders*, *21*, 1-16.

Smith, S. R. (2005). Equality, identity, and the disability rights movement: From policy to practice and from Kant to Nietzsche in more than one uneasy move. *Critical Social Policy*, *25*, 554-575.

Smith, B. & Hutchison, B. (Eds,) (2004). *Gendering disability*. New Brunswick, NJ: Rutgers University Press

Taub, D. (2003). Body images among women with physical disabilities: Internalization of norms and reactions to nonconformity. *Sociological Focus*, *36*, 159-176.

Thomas, S. (2002). *Students, colleges, and disability law*. Dayton, OH: Educational Law Association.

Thomson, R. G. (1999). The new disabilities studies: Inclusion or tolerance? Retrieved September 11, 2006, from http://www.adfl.org/ADFL/bulletin/v31n1/311049.htm

Townsend, B. (2006). Community college organizational climate for minorities and women. *Community College Journal of Research and Practice, 30*, 813-826.

Townsend, B., & LaPaglia, N. (2000). Are we marginalized with academe? Perceptions of two-year college faculty. *Community College Review, 28*, 41-48.

Tregaskis, C. (2004). Constructions of disability: Researching the interface between disabled and nondisabled people. New York: Routledge.

TrusteeShip (2002). Roadblocks on the road to diversity. *Trusteeship/Association of Governing Boards of Universities and Colleges* 10, 13-18.

Turner, C.S.V. (2000). New faces, new knowledge. *Academe,* 86, 34-38.

U.S. Department of Health and Human Services, Office of Civil Rights (2006). Your rights under section 504 of the rehabilitation act. Retrieved March 26, 2010, from http://www.hhs.gov.orc

Van Gundy, K., & Schieman, S. (2001). Looking inward: Introspectiveness, physical disability, and depression across the life span. *Journal of Aging and Human Development, 53*, 293-310.

Vanhala, L. (2006). Fighting discrimination through litigation in the UK: The social model of disability and the EU anti-discrimination directive. *Disability & Society, 21*, 551-565.

Vance, M. (Ed.). (2007). Disabled faculty and staff in a disabling society: Multiple identities in higher education. Huntersville, NC: AHEAD.

Vanchak, K., Lease, S., & Strauser, D. (2005). Relation of disability type and career thoughts to vocational identity. *Rehabilitation Counseling Bulletin*, *48*, 130-138.

Villarreal, P. (2002). *Faculty knowledge of disability law: Implications for higher education practice*. Washington, DC: Eric Clearinghouse on Higher Education.

Wang, P., Badley, E. M., & Gignac, M. (2006). Exploring the role of contextual factors in disability models. *Disability and Rehabilitation, 28,* 135-140.

Watson-Gegeo (2005). Journey to the 'new normal' and beyond: Reflections on learning in a community of practice. *International Journal of Qualitative Studies in Education*, *18*, 399-424.

Weber, M. (2007). *Disability harassment.* New York: New York University Press.

Wertz, F. (2005). Phenomenological research methods for counseling psychology. *Journal of Counseling Psychology, 52,* 167-177.

World Health Organization. (2002). Toward a common language for functioning, disability and health ICF. Geneva, Switzerland.

U.S. Department of Health and Human Services, 2006.Your rights under section 504 of the rehabilitation act. U.S. Department of Health and Human Services, Office for Civil rights. Retrieved June 17, 2010 from http://www.hhs.gov/orc

# APPENDIX A: Generic Recruitment Letter

Colorado State University

Dear [Include name of the ListServ] Subscriber,

I am seeking senior and mid-level administrators with disabilities who would be willing to volunteer for my dissertation entitled: *College and University Administrators with Disabilities: Experiences in the Workplace*. The main research question is: "How do College and University Administrators describe their "lived experience with disabilities" in their workplace?"

Using a qualitative approach my dissertation will involve interviewing college and university administrators with disabilities to synthesize their experiences of disability in their daily work and in relationship with their colleagues to let emerge any common themes in those experiences.

The types of disabilities that would be inclusive in this study are physical, mental/psychological and cognitive disabilities that do not prevent the participant from doing his or her present job as an administrator, with or without accommodations. Administrators with disabilities who are presently working in an office of disability services will not be recruited for this study; they are more experienced with disability due to their exposure and experience of disability provision to students with disabilities.

All interviews will remain confidential. If you are interested please contact me (see below). If you know of anyone who might be interested in participating in this study please forward this email on to them.


Joie Williams

Joie B. Williams M.Ed.                     Don Quick, Ph.D.
Ph.D. Candidate                            Assistant Professor
303-458-4941                               Colorado State University
mbwillia@ regis.edu                        (970)491-4683
                                           don.quick@colostate.edu

Confidentiality Notice: This email message, including any and all attachments, is for the sole use of the intended recipient (s). There may be confidential and privileged information included. If you are not the intended recipient, please contact the sender immediately and destroy all copies of the original message.

**APPENDIX B: Letter to Community College Presidents**

Colorado State University


Dear Sir or Madam President;

I am a PhD candidate at Colorado State University, Fort Collins, in the *Community College Leadership* Program. I am conducting research in the area of college administrators with disabilities. Using a qualitative basic interpretive research approach, interviews will be conducted with senior and mid-level college administrators with disabilities pertaining to their experience of disability in higher educational administration. The research question I am researching is: *How do College and University Administrators describe their "lived experience with disabilities" in their workplace?*

The types of disabilities that would be inclusive in this study are physical, mental/psychological and cognitive disabilities that do not prevent the participant from doing his or her present job as an administrator. Administrators with disabilities who are presently working in an office of disability services will not be recruited for this study; they are more experienced with disability due to their exposure and experience of disability provision to students with disabilities.

I am asking your help in passing along this information to any one of your administrators who might be interested in participating in my research. All contact with participants, once they contact me, will be confidential.


Joie Williams


Joie B. Williams, M.Ed.          Don Quick, Ph.D.
Ph.D. Candidate                  Assistant Professor
303-458-4941                     Colorado State University
mbwillia@regis.edu               (970)491-4683
                                 don.quick@colostate.edu

Confidentiality Notice: This email message, including any and all attachments, is for the sole use of the intended recipient (s). There may be confidential and privileged information included. If you are not the intended recipient, please contact the sender immediately and destroy all copies of the original message.

Interview Guide

HIGHER EDUCATION ADMINISTRATORS WITH DISABILITIES: EXPERIENCES
IN THE WORKPLACE

Research question: *How do College and University Administrators describe their "lived experience with disabilities" in their workplace?* Sub-questions to be addressed inquire of specific experiences the participants have had in their professions as a consequence of their disabilities and specific experiences they have had in work relationships as a consequence of their disabilities.

The Questions below will help guide the interview process. Additional questions might be addressed and each conversation folds:

Relate to me any stories that you have about your disability and how you feel it affects your working relationship with your colleagues.

What are your experiences in your position with the college as related to your disability?

What strategies have you developed to compensate for your disability in your work?

## APPENDIX D: Email sent to participants

Good afternoon, (name of participant). I've been slowed down on my dissertation but am now able to move forward with writing chapters 4 and 5. The title of my dissertation is *COLLEGE AND UNIVERSITY ADMINISTRATORS WITH DISABILITIES: EXPERIENCES IN THE WORKPLACE*. I have one question for you, and one that I will be asking the other study participants: **What is the difference between an accommodation and a strategy?** Don't look up the definitions of both – I would just like to hear your views in your own words.
Thank you for your valuable time.


Joie

Joie B. Williams, M.Ed.
Director
Office of Disability Services
Regis University
Denver, Colorado
303-458-4941 (p)
303-458-3566 (f)