Beyond The Ramp: An Inquiry Into the Attitudes, Assumptions, and Understanding Towards Disability in Higher Education

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Abstract

Explicit and implicit biases regarding disability act as barriers to the higher education system. Though attempts have been made to mitigate active discrimination against Disabled People (specifically through the ADA and Section 504 of the Rehabilitation Act), the implicit biases experienced by disabled students in higher education have not been remedied. The goal of this study was to identify the unacknowledged attitudes and assumptions of faculty and staff that previous research suggests as having direct negative effects on students, regardless of disability status. A mixed-methods study that surveyed students, faculty, and staff was conducted at a small liberal arts university to better understand disability biases. A survey consisting of questions on a likert scale and open-ended responses was completed by 93 faculty members and 39 staff members systematically sampled from the campus directory of employees. Open-ended response questions about disability history and the process to obtain 504 letters reflected the idea that faculty are ignorant towards disability culture and how to best serve their disabled students. Another survey of the same format was conducted using a snowball sampling method, where students with disabilities were asked to send the surveys to others who might be interested, and yielded responses from 64 students with disabilities. Responses from students revealed a unique pressure for them to advocate for their accommodations. Surveys indicated that ignorance regarding disability contributed to negative attitudes and bias towards disabled students. With this added pressure, seeds of doubt towards success in college development, making them wonder if they would be able to graduate. Colleges and universities must empower their disabled students by taking a vested interest in educating their faculty and staff. To advance research, a national scoping review should be conducted using the instruments conducted in this study in order to reveal attitudes towards disability at colleges and universities.

Prologue

Disability Studies as a Discipline

Disability studies is interdisciplinary. In my time researching disability studies as a whole, I've read articles from abled and disabled sociologists, social workers, psychologists, historians, rhetoricians, and economists, all of who are trying to study the same thing. In the same way that disability studies is interdisciplinary it is also intersectional. Disability studies is in many ways the study of oppression, minoritization, power, and abuse. Disability studies is the study of the things deemed deviant by those in authority, and the study of how that deviance was punished.

However, disability studies is also a study of resistance. Disability studies is the study of a minority group that survived forced institutionalization, sterilization, separation, and abuse. Disability studies is reclamation of an identity that those in authority long tried to purge from existence.

Those who study disability are studying humanity, at its core. Disability studies is the study of what happens when humans deviate from the prescribed societal norm. One can not understand human nature without an understanding of disability and resistance.

Disability studies is a discipline that can never be distilled to a science. Those who study disability step down from academia's ivory tower and embrace the people directly affected by it. Or, at least it should. To give a project in disability studies the standard academic treatment, to separate the researchers and subjects from their lived experience, would be to strip disability studies of its merit entirely.

When I began this research project, I looked for role models in the discipline. I wanted some names that occurred consistently in the reference pages of texts, people that had renown in academic circles. People that I knew could be a consistent reference point for the work that I wanted to do. However, I also wanted these role models to be disabled.

Disability studies is populated by a large number of disabled scholars. One cannot go too far without encountering their work, and my thesis draws heavily on their research. However, disabled scholars are not the only ones in the discipline. While I do use the work of many abled authors, I approached their research with a significant amount of caution. In my research, I found many texts from abled authors that spend a considerable amount of time exploring the disabled condition as if it is solely a research problem and not the lived experience of many.

One may ask, why did I not just focus on the research conducted by individuals? Isn’t it enough that these researchers are talking about disability? Why do they have to be disabled in order to write well about the community? After all, isn’t it representation either way?

To answer this, imagine an auditorium set up for an academic conference. The auditorium has been set up with consideration to universal design. There are ramps to the auditorium floor, seating set aside for wheelchair users, and ASL interpreters readily available. In the mind of the administrators, this conference is completely accessible, except for the stage area. They don’t anticipate this being a problem until a visiting lecturer shows up to talk about his most recent research project. To their surprise, he is in a wheelchair. They have no way to give him access to the stage area, so they set up a handheld microphone in the apron of the stage, and have him present from the auditorium floor. In this example, administrators had considered accessibility for the consumers of the academic conference, but had never considered a disabled producer. Because of this, their conference did not provide the universal access that it thought it did.

Now, substitute the principle of access with the principle of representation. Researchers may study people with disabilities and have that account for a little bit of representation. They may go a step further and use accessible design principles in the presentation of their research, allowing disabled audiences to fully access and understand their text. This is also representation. However, the fullest representation of the disabled community comes when their inclusion is considered in every stage of the research, from design, to subjects, to the researchers themselves.

This is why part of my criterion for my research was that the secondary sources I referred to were holistic representations of the disabled community. I wanted the research I included to be representative of the lived experience of people with disabilities at all levels, including authorship. This meant prioritizing the search for disabled researchers throughout my work.

Selfishly, my search for disabled researchers also became a search for role models for myself, as a young disabled researcher.

Self Censoring of Academia

When I began to write this thesis I worried that my lived experience would cloud my work. Would people take my thesis less seriously because it came from a disabled author? Whether or not that was true, the fear that my identity could minimize my work hung over me as I began writing.

There were a few ways around this, the first and most obviously to not disclose my disability status in my thesis. After all, whose business was that in the first place? The fact that I am disabled could have remained private information, not disclosed in my academic body of work.

If, however, I didn’t want to go down that route, I could not leave out the fact that I am disabled but cleverly dance around it. I could include it in an about the author blurb, but leave out my lived experience in the text. I could mention the fact that my body was disabled, but leave out all the structural barriers I’ve faced. That way, I wasn’t hiding anything, but I was still in control of the narrative.

If all those self-censoring approaches failed, there was always the option to disclose fully, but hide behind the language of academia. I could painstakingly remove all the times I use personal pronouns from this introduction, talk about disability like I talk about a conflict of interest, find the biggest vocabulary words possible to distract from the fact that I was talking about myself.

As you may notice, I chose none of those options. In fact, I chose to do the exact opposite of almost everything mentioned above. Am I bad at keeping my word? Do I have a remarkably poor understanding of personal pronouns? While both of those statements probably have a grain of truth, the structure of this prologue is an intentional, potentially risky, choice.

The subject of positionality has long been debated in research, especially in research that debates matters of identity (Milner, 2007). When one is researching a minoritized group, how should one situate themselves as a researcher? While much of the current research focuses on positionality when studying race, the same issues arise when studying disability. Did my disabled identity take away the objectivity of this research? In truth, this research, like most, is not entirely objective. That comes with the territory of being a subjective human studying other subjective humans (Peshkin, 1988). However, the fact that this research is touched by my lived experience and the lived experience of others is not reason to dismiss its validity.

I encountered a fair bit of pushback when I pitched this thesis idea to potential advisors. Mainly because they viewed it as a potential critique of the university, something that focused solely on changemaking. Disciplines that toe the line between research and changemaking, like disability studies, are more prone to these roadblocks than others. During one particularly rough patch in the construction of this thesis, I turned to my preliminary advisor and said "I didn't mean to create something so political."

The challenge I experienced hearkens to a question that many academics have, *"can research coexist with politics?"* It would be easy to say that the answer is no. Research has traditionally been the identifier of problems, but less often the tool of the changemaker. Unfortunately, any dream of an environment where learning and research can be conducted separately to the political issues of the time in which the learning is conducted are pipe dreams. Writers, researchers, and academics are, at the end of the day, people. Those people exist in a society with problems, challenges and abuses that don't stop when they come into work.

Academia as an institution has its own problems, challenges and abuses. To many, academia is inaccessible. This is what my thesis has grown to address. What had begun as something based in the lived experience of myself, had grown exponentially to address the lived experiences of others who interacted with academic institutions.

It is for that reason that this thesis cannot be taken as a critique on one department, university, or institution individually. What this thesis became at its core is a study of institutions and their attempts to exclude. Unfortunately, there is no way to write that without becoming *"political"*.

Lived Experiences

The truth is that I would never have gotten involved in disability studies, research, or activism without my lived experiences serving as a guide. Therefore, I would be remiss not to include them in this work, as I owe this thesis almost entirely to my lived experiences.

The specifics of my disability are unimportant to this work, beyond the fact that it changed the trajectory of my life. Prior to the beginning of college I'd never embraced the disabled identity, primarily due to a lack of understanding.

Nothing showed me how disabled I was like being a full time college student. It wasn't the fact that my body and brain didn't cooperate with me, especially with the stress of college. It wasn't the nights up sick or the days I couldn't walk to class. It was all of the extra work that I had to do. It was the nights that I spent in the ER, just to get home, cover up the bruise from my IV and go to class with no sleep and a general scent of antiseptic hanging around me. It was the hours, and I mean hours, that I spent on hold with doctors offices, insurance companies, and pharmacies. It was the mornings I had to leave work or skip the first ten minutes of class because one of my doctors emailed me back. It was arranging rides to medical imaging and surgeries, and booking all of those around my six classes and part time job. It was the routine emails to professors saying "I'm trying a new medication, please be patient with me" or "my insurance denied me my treatments, I'm trying my best." Being disabled felt like a full time job, one that nobody else understood fully.

For the first year of college, I denied this part of my identity, using calls of "it really isn't that bad" and "it doesn't impact my life that much". The stigma surrounding disability had cloaked the identity in such an air of fog. I felt by ascribing that identity to myself I was limiting my potential, giving in to self pity, engaging in resignation.

At the same time that all of the above things were happening, I was also trying to have the “normal” college experience. Make friends, work a part time job, get good grades, make your professors like you, rinse and repeat. For the most part, I was succeeding at all of those things.

However, I kept facing problems that I couldn’t find solutions to. There were parts of campus I couldn’t access, professors who wouldn’t excuse my absences, professors who wouldn’t listen to my accommodation needs. In order to advocate for myself, I had to first become comfortable with my identity. Identifying as disabled became my armor, a way to find a community that understood my needs and helped me learn how to voice them.

This thesis is a return on a gift to a community that taught me how to fight for myself. It is an attempt to express the experience of disabled students across academic institutions, to put into words the stories that the disabled kids all have told each other in hushed voices.
By putting the experiences of myself and others into words and into the hands of those with the power to change them, I want to add to disabled scholarship and promote changemaking.

As I have tried to contort into the posture of researcher, writer, and academic, I have faced pressure to shed my simultaneously existing anger and naivete. I have wondered about how to make my research palatable, how to make myself seem like less of a *“social justice warrior”* and more like an academic. In many ways, this research feels like nervously standing on the top of a table in a crowded room, politely asking someone, anyone, to listen to what they have to say. Does that insecurity mean it’s less good? Or, does the fact that I must stand on a staircase of my own making, versus the ones carved out of marble that others climb, mean that I’m doing something right?

Barriers to Success of Disabled Researchers and Students

The barriers facing Disabled Students in academia are long, broad and tall. Consider the stories of a few fictional disabled students, and the barriers that they face.

> *Lucy has spent most of her pre-university education in special education classrooms. Because of this, Lucy has had a large network of support throughout her education. Lucy's parents are still heavily involved in her coursework and her special education teachers split her time between classwork and occupational therapy sessions. When time comes around to apply to college, Lucy finds herself faced with a confusing web of disability services, accomodations, and 504 letters that she has never personally had to negotiate. After all, she was diagnosed with her disabilities at birth and her parents were the ones who enrolled her in classes and negotiated her 504 letter. While she may have been present while some of these conversations occurred, she was never personally responsible for their outcomes. In her meeting with Disability Services, Lucy is told she will have to personally advocate for her accommodations with her professors, something she has never had to do before. Lucy isn't sure how to make sure she gets what she needs, and feels as if Disability Services is only there to give her the accommodations, but not to assist her in learning advocacy skills. While she tries to advocate for herself with professors, she finds that they often ignore her emails or misinterpret her accommodations. She doesn't know how to get help when miscommunications occur and most of her accommodations don't end up being approved.*

In Lucy's case, the barriers to her success begin before she even sets foot inside the University. Disabled students are often not given clear instructions on how to navigate the transition from high school to college, creating challenges to their success within the first year and beyond. In college, students are given the responsibility of advocating for themselves and their disability to professors who may or may not be open to hearing about their situation. Sometimes they gain support from their universities to help them through this and sometimes they gain absolutely nothing.

On top of this, many disabled students deal with chronic pain, fatigue, or recurring illnesses. Disabled students also most likely spend more time in hospitals and doctors offices than their abled counterparts and spend more time completing the administrative tasks that accompany medical appointments. Disabled students also have to navigate documentation and accommodation processes that their abled counterparts don't have to. This means that disabled students have to dedicate more of their time to matters outside of school and work.

> *Tim was diagnosed with a rare chronic illness in high school. He got through high school with many absences and failed tests, but was accepted to a small liberal arts college. He chose the campus specifically for its small size, knowing it would be easier to walk around. During his first semester, Tim struggled greatly with the physical expectations of college. While he had seen the disability services office on campus, he had never identified as disabled, so he didn't realize he could use the services of the office. He also didn't know of anyone else like him on his college campus, and didn't understand that his experiences could be part of a larger identity. He missed many classes for surgeries and medical procedures and mentioned once to a friend how unfair it was that those absences*

> *were marked as "unexcused". His GPA suffered as a result, and he felt stretched thin between trying to stay healthy and keep his grades up. His friend mentioned that he could get accommodations for those absences from the Disability Services office. Tim was shocked. He felt frustrated that he had struggled without knowledge of resources for the first semester of college, especially because it would affect his GPA.*

A lack of awareness of disability on campus leads to many students struggling on their own to manage a unique set of challenges. Alongside the challenges that Tim faced, Disabled students regularly face ableism and discrimination that their abled peers don't ever have to consider.

> *Jessie has a disorder that prevents her from doing any kind of exercise safely. She doesn't ever file for accommodations because she doesn't see any situation where she would have to exercise in a classroom setting. During one of her gen-ed classes, her professor tells everyone to get up and do some cardio to "get the blood flowing." She tells her professor that she can't do that safely, and her professor ignores her. Not wanting to cause a scene, she participates with the group. Halfway through, she has an asthma attack and has to grab her inhaler. She feels the eyes of the entire class on her and after class goes and cries in the bathroom. She feels like she has no ground to complain about the problem because she doesn't have a 504 letter for this specific disability.*

> *Oliver has many mental health conditions that make traditional learning hard for him. While he has a 504 letter and official accommodations, sometimes his professors don't listen. In an attempt to make one of his professors understand his accommodations, he explains his mental health conditions. His professor tells him that he doesn't think this disorder is a disability and continues to deny the accommodation. While Oliver knows that this behavior is wrong, he doesn't really think that reporting the professor will do anything to change it, and doesn't want to cause trouble. Deep down, he also wonders whether the professor is right. He begins to doubt the seriousness of his accommodations.*

Once in classroom settings, disabled students often have to navigate inaccessible course material or classes taught by professors who have never considered disability. Oftentimes, like Jessie, the burden is put on them to "put up" with inaccessible course models or advocate for themselves to change the course materials or pedagogy. Other students, like Oliver, try to explain their disability to persuade professors to accommodate them. This sometimes backfires and those who aren't given the tools to advocate for themselves, aren't able to change anything, and simply try to get through the class. This often exposes them to risk, both physically and mentally. Often, the paths to reporting these experiences are convoluted, and sometimes, they are non-existent.

All of these stories, and many others, detail facets of academia that uniquely affect disabled students. While colleges and universities aren't allowed to discriminate based on disabilities, there are frequent loopholes and structural barriers that commingle to create a "failure to thrive" environment for students with disabilities. There is a reason that students with disabilities have such low retention and graduation rates (Dolmage, 2017).

Low graduation rates pose a challenge when it comes to representation in research. If disabled students cannot get through their undergraduate, how are they able to get through their PhD, J.D, M.D., or any other terminal degree? That's not to say that there aren't disabled doctors, lawyers, or educators. There definitely are. However, the structural barriers that exist at an undergraduate level, discussed briefly above and discussed in detail in my research later on are definitely in existence in graduate school.

This means that when I looked for disabled role models in research they were few and far between. I can count on two hands the number of disabled researchers that I know and look up to. The difficulties facing disabled students can often start with simply getting in the room. Getting a seat at the table is an even greater challenge.

My Research Methods

I do want to address a couple of things. First, my lived experience is not representative of all those with disabilities. I have faced unique challenges and structural barriers as have every other Disabled Individual. Additionally, my experience will vary vastly from that of BIPOC disabled individuals, queer disabled individuals, disabled individuals below the poverty line, unhoused disabled individuals, or anyone else with multiple minoritized identities. The way that my disability occurs allows me to be both privileged and disadvantaged. In a lot of ways, I am incredibly lucky to have even made it to college, something that many disabled individuals aren't able to do. It isn't just my hard work that got me here, but an immense amount of privilege.

Second, this thesis is not just indicative of my lived experience, nor is it indicative solely of my university. While St. Edward's University is the only school surveyed in this initial work, that is not because I want to single them out. The inaccessibility of academia is not just limited to this university, and to take this work as evidence of that would be against its nature. I know that to read about inaccessibility and access as a flaw of the individual university would make this research more palatable for many. My claim is much more broad, however. I believe that every academic institution has reflection to do in regard to its disabled students.

In my research, one of the first barriers I faced was with the definition of disability and ability. Definitions of disability are often government prescribed, a result of government programs that provide services to people who "qualify" to a certain level of disability. Similarly, schools and universities keep track of who uses accommodation services that you must document your disability to use. In many ways, the above criteria seem to define disability.

However, disability is not confined to these definitions. After all, many people with disabilities work full time jobs and don't need government assistance. Many others with disabilities are supported by a partner or family. Some people are only disabled when their illness flares up and others only consider themselves disabled due to an inaccessible society. Additionally, many d/Deaf and Autistic individuals don't identify with the label of disabled, while others do. The definitions provided by the government are accurate in part, but for the purposes of this research, they lack nuance and room for self identification.

Similarly, there are additional challenges that come from defining disability based on use of accommodation services. Documentation, which is required for support by most disability services offices, is expensive and hard to navigate. In my time as an advocate on my campus, I have heard a variation of the below story many times.

> *Alex is an incoming freshman at XYZ University. His parents weren't supportive, and while he knows he probably has ADHD, they never facilitated a formal diagnosis. He tries to complete his first semester of college, but runs into significant learning*

> *difficulties due to all of the differences between high school and college. He tries to go to his professors directly to get help, like he did in high school, but is told that they can't help without a 504. Alex goes to the student disability services center and is told that they can't create a 504 without documentation. They give him a few recommendations for where to go to get tested, but when Alex calls them he's told it could be a couple of months to get in. When Alex asks for a price estimate, he's told it could be up to $2,000. Alex knows that he won't be able to afford that, so he doesn't book an appointment.*

Alex, while fictional, is a good representation of one of the students who would fall through the cracks if I defined disability by the students who used accommodation services. Students like Alex are still disabled, even if they don't currently use disability services on his campus. What matters more than diagnosis or documentation is identification.

In my mind, a limited definition of disability directly links to a limited understanding of intersectionality. Disability is an incredibly unique minority group, in that it can apply to anyone across other minoritized identities. Anyone, truly anyone, can become disabled. Therefore, when defining disability, I wanted to give it the same respect that I would give any other cultural identity. Disability is left largely up to the respondent to define for themselves, with some guidance as to whether or not they may apply.

Disability is not a monolith, and some terms and choices I make are not going to be adopted by every disabled individual. However, my language choices were not made lightly. In this text, I have opted to use identity first language for the majority of cases as that is the language that I prefer. However, I do use person-first language in some parts of the document. I interchange the two because I want those who use either term to read and identify with the text.

In my mind, identification with the text is more important than semantics. Additionally, when referring to non-disabled individuals, I use the term abled and non-disabled interchangeably.

All of these choices are made to respect the fact that disability is not a monolith. When reading this, I want to honor the nuance that is intrinsic to the disabled identity and so important to so many individuals. In many ways, this research is more than just research.

Call to Action

Ableism is a pervasive weed growing through the sidewalks of your institution. Pointing it out, as this thesis does, is only the first step. At the end of the day, someone must get down on their hands and knees and pull it out by the root. This is the job of all of us, at all of our academic institutions. These institutions deserve challengers. I welcome a new generation of academics that are loud, take up space, challenge norms. I welcome the academics that flip tables instead of sitting quietly.

My academic role models have never sat quietly and watched institutions work. I am eternally grateful that I was shown another way to be a researcher. My research role models thrived on impropriety, never let tone get in the way of good research, realized that the outcome that you want is nowhere near as good as the outcome you get, and instilled those values into me.

I hope that this thesis inspires you to make change in your communities and at your institutions.

Literature Review

The Boundaries of Disability

Disability is a concept that has been defined and redefined for generations. Disability, or the state of being disabled, has existed for as long as the world has existed. Indigenous traditions worldwide have records of disability, both its treatment and acceptance (Nielsen, 2013). In the United States, we can begin to trace our understanding of disability back to the colonial era. In that time, disability could be seen as an affliction, a blight, or a sign of hard work (Nielsen, 2013). Disability carried many different names throughout the history of the United States and it didn't get the recognition as disability until the 20th century (Nielsen, 2013).

Disability has never been clearly defined, without a certain degree of uncertainty. When attempting to define disability, questions abound. What are the boundaries of disability? Who determines those boundaries? What makes a person disabled, or conversely, what makes a person abled?

It is impossible to talk about disability, or to define it, without first explaining the different models of disability. As theorists across time have attempted to define and distill disability to a sentence long definition, they have used various frameworks to do so. These frameworks, or models, are time capsules of beliefs towards disability at the time, though you cannot discuss disability in the modern day without feeling the residue of old models. In this section, I will attempt to explain the models of disability theory, as well as use these models as an attempt to answer the above questions.

The Medical Model

The first model of disability that became prevalent was the medical model. In many ways, the medicalization of disability can seem practical from the outset. After all, many people with disabilities need medical assistance regularly, have chronic illnesses or chronic pain that mandate medical treatment, or are otherwise involved with the medical system. To the untrained eye, that could be an essential part of a disability "diagnosis," the need to seek medical care. The medical model, however, is much more pervasive. The medical model defines disability by making it a problem, to which the medical institution is presented as a solution. Disability, according to the medical model, is something "wrong" or "abnormal" (Titchkosky, 2014). Tanya Titchkosky (2014) explains that medical language contributes to this by orienting individuals to view disability as something negative by using the example of a prenatal ultrasound. In the context of a prenatal ultrasound, disability is seen as "a problem condition found, diagnosed, and treated by medicine" (p. 91).

In this medical framework, the goal is to provide treatment and a cure to disability, thereby eliminating the disability altogether (Ostiguy, 2023). This is not to say that all medical treatments are a bad thing. Many technological advancements in medicine have improved the quality of life for people with and without disabilities (Ostiguy, 2023). However, when disability is pathologized as a problem, with treatment as the sole goal, it dismisses the humanity of disabled people (Titchkosky, 2014). It is through this lens that disability studies begin to get defined as the study of "the other" (Kasnitz, 2001), terminology that cements people with disabilities as the object of study rather than enactors of their lives (Dolmage, 2017). The medical model puts disabled people in a holding pattern, dependent on the medical institution to improve their condition (Hamilton, Hulme, and Harrison, 2021). In this holding pattern, issues of disability rights and social justice are disregarded (Burch, 2006).

The Rehabilitation Model

A similar model to the medical model, with slight differences, is the rehabilitation model. The rehabilitation model rose to prominence after the two world wars, though you can see traces of the model going back to the aftermath of the American Revolution (Nielsen, 2013). The rehabilitation model's main goal was to return wounded, physically disabled, soldiers and veterans back into the workforce (Ostiguy, 2023). The rehabilitation model focused heavily on success and usefulness, something that could only be achieved with the help of rehabilitation professionals and programs (Nielsen, 2013). These rehabilitation programs received additional bolstering in the 1970s when Section 504 of the Rehabilitation Act passed (Ostiguy, 2023). With additional funding, rehabilitation was free to become an industry in the United States (Shapiro, 1994). Just like the medical model, the rehabilitation model insisted that treatment was the answer to disabled people's problems (Burch, 2006).

The Social Model

The social model of disability serves as an ideological counterpart to both the medical and the rehabilitation models. The social model boldly stated that Disability was not a problem to be fixed, the problem lay in the society that didn't allow people access to it. The social model believes that disability is socially constructed, both because society can cause disability and because society determines how people with disabilities are viewed (Ostiguy, 2023). In this model, "disability is often less about physical or mental impairments than it is about how society responds to impairments" (Burch, 2006). In the social model, access and accommodations are the name of the game. By removing barriers to access, disability can be ameliorated or at the very least, mitigated. However, this isn't always the case, due to the fact that disability isn't entirely a social construction, but also a lived experience (Burch, 2006). After all, even if all barriers to access are removed, a patient with chronic pain still has chronic pain (Hamilton, Hulme, and Harrison, 2021). Despite this fact, the social model proved one of the most useful tools to identifying and mainstreaming the social barriers facing people with disabilities (Burch, 2006;Ostiguy, 2023). The social model is an incredibly useful tool to define the boundaries of disability. While both the medical and rehabilitation models focus on abnormality or brokenness in defining the boundaries of disability, the social model broadens the definition (Ostiguy, 2023).

Various Other Models

Other models of disability exist, including the Independent Living Model, which coincides with the Independent Living Movement of the 1960s and 1970s (Ostiguy, 2023), the affirmation model, which focuses on "positive self-identification for disabled people" (Hamilton, Hulme, and Harrison, 2021), and the resistance model, which focuses on resistance from within the minority group against oppressive ideologies and practices (Gable and Peters, 592). All of these models exist not as an end all be all of disability studies, but more so as a guiding framework for how we consider disability.

Disability is not easily defined, due in part to the fact that it is partially socially constructed. The definition of disability is broad and based on social definition. Joseph Shapiro (1994), in their work, claims that "Researchers cannot agree on the size of the disability population because they have no consensus on what constitutes disability" (p. 7). Kim Nielsen 2013, echoes this claim in their work, saying "the categorization of bodies as disabled has been shaped by factors such as race, sexuality, education, levels of industrialization or standardization, access to adaptive equipment or privacy, and class" (p. xiv). Simply put, disability is hard to define and subjective. This hasn't stopped institutions from attempting to define disability. The Americans with Disabilities Act defines disability as an impairment that "substantially limits one or more major life activities" (Americans with Disabilities Act, 1990). This definition is purposefully broad, but serves as a framework for people's understanding of disability, specifically those in the United States (Ostiguy, 2023).

Disability is more nuanced than the ADA's definition provides for (Ostiguy, 2023). Disability exists at the intersections between many marginalized identities and throughout history, the definition of disability has been shaped by the definition and marginalization of other groups (Nielsen, 2013), (Evans, 2017). While institutional definitions are a contributing factor in society's attempts to define disability, self-identification is also a driving force. Whether or not someone meets legal or institutional standards for identifying as disability, self-identification as disabled must be respected (Ostiguy, 2023). A clear cut definition of disability, that respects agency and honors intersections doesn't really exist.

However, for the purpose of this research, and a more informed understanding of disability, I have defined disability as the following. *"The persistent inability, due to either one's physical, mental, or intellectual functioning, to engage with society in the way that is expected."* This definition is informed by the various models of disability and is designed to respect a vast range of identification under the label of disability. However, even this definition is not comprehensive. In order to study disability, one must be comfortable working within nuance.

Ableism, Bias, and Stigma

It is impossible to discuss disability without discussing the negative ideas surrounding it. Ableism permeates and acts as a counterpart to any conversations including disability. Ableism can exist both in systems (Ostiguy, 2023) or individually. According to Ostiguy (2023), "Ableism is the system of oppression that disadvantages people with disabilities and advantages people who do not currently have disabilities." (p. 304). This systematic oppression disadvantages people structurally, socially, and individually. Additionally, ableism prioritizes a certain kind of body and mind over another. Dolmage (2017) explains that "ableism renders disability as abject, invisible, disposable, less than human, while able-bodiedness is represented as at once ideal, normal, and the mean default." (p. 7). Ableism advantages people without disabilities (Ostiguy, 2023), while promoting the idea that disability can be equated with the lack of able-bodiedness (Beckmann, 2017).

When disability is seen simply as a disadvantage or lack, it can lead to ableist thought processes. Disability becomes the thing that hinders a person's life or detracts from the quality of their life (Titchkosky, 2014). Then, once disability is problematized, it is an easy progression to begin the search for a fix to that problem (Beckmann, 2017).

The perpetuation of the idea that disability is something that must be fixed has had drastic consequences throughout history. The most famous consequence being, in part, the eugenics movement of the 20th and 21st centuries. Eugenics is the idea that one can strengthen "a biological group on the basis of ostensible hereditary worth" (Lifton, 24). Eugenics was a form of scientific racism and ableism that was intent on purifying the genetic pool of society (Lifton, 24). Eugenics was the driving force behind mass sterilization and murder of people with disabilities and other minorities across history (Lifton, 24).

However, ableism is not only present in large scale historical atrocities, nor does it only exist in the past. We can see ripple effects of ableism throughout history, in both widespread social policy and interpersonal relationships.

Ableism often takes the form of "discrete actions" that are subtle and often missed (Dolmage, 2017). While forms of ableism like eugenics are still very much present in today's society, ableism can take much subtler forms. Inaccessibility is a common form of ableism that is pervasive and puts blockades, both physically and conceptually, in front of people with disabilities (Weber, 2007). Inaccessibiltiy creates a form of in-group and out-group behavior that creates distance between abled individuals and disabled individuals. This distance often takes the form of stigma (Weber, 2007). Stigma exists when one identity, specifically disability, is devalued in comparison to another one. This devaluation can take the form of pity, aggression, harassment, or isolation (Wolbring, 2008).

Stigma can also become internalized, leading to a negative view of oneself or others, based on out-group identification (in this case, identifying as disabled). These negative self-views can also influence relationships with others in society, lead to increased separation and isolation and a negative view of relationships with humanity (Weber, 2007).

At its core, ableism is a discussion of power. Disability is frequently devalued by abled groups in power and those without institutional power to go up against that devaluation face stigma and ableism (Weber, 2007). Institutions of power throughout history are rife with oppression, specifically against those with disabilities. Academia is no exception. In the next section, we will look at how institutions used their power to devalue disabled individuals and the effect that has on academia.

The Impacts of Ableism

Institutionalization

As America began to transition from an agrarian society to a more industrialized model, the way in which the mentally ill and disabled were taken care of began to shift as well. While before, the care of disabled individuals was mainly conducted by family or members of the community, in Industrialized America the responsibility began to befall the state. This came at a great cost to disabled individuals, many of whom had benefited, both financially and otherwise, from a pre-industrialized economy (Beckmann, 2017). Industrialized America was both largely inaccessible to disabled individuals and rife with disabling factors. Overcrowded, unhygienic living conditions coupled with long hours of factory life lead to a decrease in health and wellbeing and necessitated an increase in public healthcare services (Beckmann, 2017).

It has been argued that institutions for the treatment of the mentally ill and disabled were created with beneficence in mind. Many historians claim that they were formed out of a desire to treat those with mental illnesses and house those who could not take care of themselves (Stangis, 2021). However, they faced administrative problems from the beginning. Institutions were informed by the attitudes present by those in administration, treatment, and governance of those institutions (Grob, 80). This means that the definition of those who were deemed worthy of institutionalization has significant dissonance from the contemporary attitudes towards those we now house in psychiatric facilities and other institutions. Early practices regarding institutionalization were informed by both social biases and eugenicist beliefs. This meant that many people who were placed into institutions were placed there because of a desire for ideological control (Nielsen, 2013). Institutions were a mechanism of power for those who desired social control (Nielsen, 2013).

At the same time that institutions began growing in size, other ableist practices ran rampant in the United States. In 1881, many states passed the "Ugly Laws," which made it illegal for visibly disfigured, deformed, or disabled individuals to be seen outside of their house (Beckmann, 2017). The Ugly Laws enforced the idea that visibly disabled people should be stratified and separated from the visibly *normal* members of society. These pieces of legislation laid the groundwork for ableist ideas regarding segregation of visibly disabled members of society into institutions by attaching a right to participation in society to visible appearance of able-bodiedness (Beckmann, 2017). The implications of these laws were huge. In an increasingly industrialized society, it was challenging to make a living while hiding from the legal forces of society. This meant that people with disfigurement were frequently disenfranchised, given next to no opportunities for agency, and were frequently placed into the care of family members (Beckmann, 2017). This disenfranchisement contributed to larger societal attitudes towards disability and poverty (Carlson, 2001). Disability became a politicized identity that meant inability to contribute to overall society (Beckmann, 2017).

Twenty-some years after the passage of the Ugly Laws, the first mandatory sterilization law was passed in Indiana (Beckmann, 2017). Sterilization laws were enacted as the legislative arm of eugenicist ideology that the presence of disability, mental illness or other *deficiencies* were a "threat to the health of civilized races" (Lifton, 23). Under these sterilization laws, feeblemindedness (which shares a similar meaning and rhetorical burden that the term mental retardation carries today) was criminalized (Ben-Moshe, 2011). Those that the state wished to sterilize were deemed “criminally insane” or “immoral” (Lifton, 22; Carlson, 2001). The brunt of this criminalization fell on the backs of cognitively disabled individuals, with direct correlation drawn between cognitive impairment and crime (Beckmann, 2017).

Kim Nielsen (2013), in her work, A Disability History of the United States, categorizes the ten reasons that one might have been sterilized in the 20th Century.

> “The model law developed by Harry Laughlin defined “socially inadequate classes” of people very broadly: ‘(1) Feebleminded; (2) Insane, (including the psychopathic); (3) Criminalistic (including the delinquent and wayward); (4) Epileptic; (5) Inebriate including drug habitues); (6) Diseased (including the tuberculous, the syphilitic, the leperous, and others with chronic, infectious and legally segregable diseases); (7) Blind (including those with seriously impaired vision); (8) Deaf (including those with seriously impaired hearing); (9) Deformed (including the crippled); and (10) Dependent (including orphans, ne’er-do-wells, the homeless, tramps, and paupers).” (p. 115).

These sterilization laws carried forward massive implications. Most obviously, the forcible sterilization of mentally ill and disabled people was a consistent violation of their rights with no scientific evidence to support the infringement (Ostiguy, 2023). Eugenics, while consistently framed as a legitimate scientific belief, lacks any legs to stand on in the scientific community (Lifton, 24). Regardless, however, of the scientific evidence supporting or negating eugenics, the forcible sterilization of individuals with disabilities was an infringement based on bigoted beliefs. This is evidenced by the fact that the eugenicist forefathers of Nazi Germany took lessons from the sterilization practices in the United States (Lifton, 24). While Germany took the United States’ sterilization practices much further than the United States ever did, as evidenced by mass sterilization and murders that took place in Europe during World War Two, the rhetoric used by both parties was the same (Lifton, 24). Sterilization laws impacted mentally ill individuals, members of the LGBTQIA+ communities, and black and indigenous communities at a disproportionate rate (Nielsen, 2013). Sterilization laws continued to be rationalized by a claim that feebleminded individuals were unable to contribute to society (Carlson, 2001).

Women also consistently bore the brunt of sterilization laws and their impacts. While vasectomies remained one of the easiest ways to go about sterilization (Lifton, 22), women were sterilized disproportionately more than men (Nielsen, 2013). Eugenicist writers frequently engaged in moral campaigns against the “feebleminded woman”, claiming that mentally disabled women were more immoral than abled women (Carlson, 2001). Proponents of sterilization claimed that feebleminded women were the greatest source of social danger due to the fact that they would more than likely give birth to feebleminded children, spread sexually transmitted diseases, and give birth to more children than their abled counterparts (Carlson, 2001).

Institutions became one of the main mechanisms for sterilization in the United States (Dolmage, 2017). While many institutions began as treatment facilities, the ideology and opinions surrounding disabled and feebleminded individuals allowed for mass sterilization and mistreatment in those facilities (Ostiguy, 2023). Institutions were often used as grounds to research experimental cures and as a repository of bodies that could be used for future studies (Dolmage, 2017). The aims of treatment were also muddied by the realization that many disabilities could not, in fact, be cured, which led to complaints about the chronically feebleminded patients taking beds away from those who may be easily cured (Grob, 100). However, institutions drastically underestimated the amount of people that would be remanded into their care, and overcrowding existed from the beginning of their history (Grob, 104). Caregivers at institutions were underpaid and overworked, leaving them without adequate incentive to take care of their patients (Grob, 94). The overcrowding led to abuse and the forced labor of patients at the facilities (Carlson, 2001). These policies were marketed as a way to reintegrate patients back into society, but the truth was that without labor from those in institutions, the institutions themselves wouldn't be able to function (Carlson, 2001).

The forced sterilization and institutionalization of feebleminded individuals has an even greater impact on Black and Indigenous peoples in the United States. Most mental asylums were completely segregated, with the treatment being much worse for the black patients than the white patients (Grob, 89). Additionally, indigenous populations were placed into institutions like the Hiawatha Asylum for Insane Indians, where they were subjected to mistreatment and cultural brainwashing (Nielsen, 2013). Colonialism intersected with eugencism and ableism to create institutional dehumanization that experimented upon Black and Indigenous individuals in horrific ways (Dolmage, 2017). Individuals in these institutions were starved, dehydrated, shocked with electricity, subjected to insulin shock, and in some cases lobotomized (Dolmage, 2017; Ostiguy, 2023).

Children were also non-exempt from institutionalization processes. Frequently, children were remanded into institutions at the recommendation of their doctors "who often had a financial interest in filling beds at those institutions" (Ostiguy, 2023). Children were also frequently experimented on in asylums, in one case being told that they were participating in "science camp" and given Mickey Mouse wristbands in exchange for eating irradiated oatmeal (Dolmage, 2017).

Overall, minoritized groups including LGBTQ+ individuals, children, Black individuals, indigenous individuals, and working class disabled people suffered the most at the hands of institutionalization and sterilization (Nielsen, 2013; Dolmage, 2017 Grob, 89; and Beckmann, 2017).

Sterilization and institutionalization remained a massive force in the US mental health system until the 1970s. By that time "over 63,000 people had been sterilized, and many more institutionalized" (Ostiguy, 2023). Deinstitutionalization began en-masse in the mid 1950s, first for those that could be considered as "mentally ill", then for those who were considered "mentally retarded" (Ben-Moshe, 2011). However, numbers regarding deinstitutionalization are often inaccurate, due to the fact that many patients with developmental disabilities were transferred to other kinds of smaller care facilities with similar functions (Ben-Moshe, 2011). As large, overcrowded institutions were shut down, the physical buildings were often turned into prisons, a grim testament to the level of control that had been present inside their walls (Ben-Moshe, 2011).

An understanding of institutionalization is essential to understanding the way that disability interacts with academic institutions. Institutions served as a place in which cures to medical maladies and mysteries could be researched, with varying degrees of scientific validity (Ostiguy, 2023). This research was frequently conducted by doctors and academics (Dolmage, 2017). Institutions were frequently built on or near colleges and universities, with many caretakers of these institutions serving double duty as professors (Dolmage, 2017). Many colleges and universities have had to come to reckon with their history firsthand with the discovery of large unmarked graves on campuses from the institutions nearby (Dolmage, 2017).

The inmates of institutions were frequently oppressed by academic institutions that managed their care and studied their conditions. They also experienced ideological oppression by these institutions. By sterilizing and segregating disabled people in institutions and allowing academics jurisdiction over their care, a clear delineation was created between the residents of one institution and the other (Dolmage, 2017). Disabled individuals could be the object of study, but they could not do the studying. They were dehumanized, treated simply as research subjects to be cured, or killed (Ostiguy, 2023). Academics frequented the morgues of institutions, dissecting the bodies of those who died inside (Dolmage, 2017). Academics were insistent on maintaining the boundary between those studied and those studying (Dolmage, 2017).

Deinstitutionalization did not entirely shift the chasm between academics and the institutionalized. Disabled individuals were still largely barred from entering academic institutions and had little to no federal protections. The hard work of disabled activists throughout the civil rights movement changed the landscape of educational rights drastically.

The Civil Rights Movement

In institutions, disabled people were uniquely congregated together. For better or for worse, there was a solidarity to institution living that was harder to replicate on the outside. Once they left institutions, people with disabilities were spread between life with abled family, work with abled coworkers, or time in hospitals with abled caregivers (Scotch, 1989). This diaspora of disabled experiences didn’t stop the movement from expanding, with a new focus on living and working independently, with freedom of choice and self determination (Scotch, 1989). Deinstitutionalization was just the beginning of the disability justice movement. The Independent Living Movement, which was instrumental in dismantling those institutions, focused on putting people with disabilities into their communities with all the resources and tools they needed to succeed (Ostiguy, 2023). The founders of the Independent Living Movement had lofty goals. One of the loftiest: gaining federal protections for people with disabilities (Lea, 2020).

While we know that before federal protections, disabled individuals were uniquely devalued, poor, unemployed or underemployed, and otherwise victims of systemic oppression, the actual numbers of disabled individuals facing unemployment or poverty were largely unknown before the passage of the ADA (Lea, 2020). This means that little data can be found about the time before disabled individuals had federal civil rights protections, an alarming fact.

One of the first moves towards those federal protections came in 1965 with the passage of the first Higher Education Act by President Johnson (Madaus et. al., 2012). The Higher Education Act didn’t directly address disability, at the time. However, it set a precedent for federal funding on college campuses that became very important for future civil rights proceedings (Madaus et. al. 2012).

Following the passage of the Higher Education Act came the Education for All Handicapped Children Act that served to desegregate children with disabilities in the public school system (Scotch, 1989). During the deinstitutionalization era, disabled children were still frequently educated in separate schools or isolated in special education programs (Lea, 2020). While the act was passed in 1975, it was blocked for two years by the Department of Health, Education, and Welfare (Shapiro, 1994). One of the legislative interns on the act, a powerhouse in disability justice, Judy Heumann, had spent most of her life challenging the education system.

Heumann, a wheelchair user, had applied for her teacher’s license in the New York City school system. Despite acing her oral and written tests, she was denied her teaching license on the basis of a medical examination. Heumann sued the New York City Board of Education and the Board of Examiners, citing discrimination on the basis of her disability (Lea, 2020). Her lawsuit became a precedent for disabled individuals to forge ahead with their own discrimination lawsuits (Lea, 2020). Heumann's policy work and advocacy was also situated in a very unique time in history.

Civil rights movements were erupting across the country, laying a blueprint for action and setting a fire under the feet of the disabled community (Scotch, 1989). For the first time, disabled people were being seen as a political voice and "minority group" (Scotch, 1989). This minority designation created a powerful basis for activism, with the disabled community taking many cues from the African American civil rights activism of the previous decades (Lea, 2020).

In the 1960s, amendments to the Civil Rights Act had been proposed that would offer protections to people with disabilities. They did not pass (Holmes, 2006). However, the attempt created a conversation in Capitol Hill and in 1973, the Rehabilitation Act was passed. The Rehabilitation Act wasn't supposed to have anything to do with disability (Shapiro, 1994). Probably the result of administrative carryover, an unnamed staffer had added Section 504 late into the legislative process (Holmes, 2006). Section 504 was a seemingly innocuous paragraph stating that:

> "No otherwise qualified handicapped individual in the United States, as defined in section 7 (6), shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." (Shapiro, 1994)

It passed, unnoticed by Congress. The few who did notice it thought it to be a statement of either pity or a potential future action plan. No one in Congress thought that Section 504 mandated action (Shapiro, 1994; Holmes, 2006).

Section 504 made it all the way to the desk of the Secretary of Health, Education, and Welfare before anyone realized the financial implications of the regulation (Shapiro, 1994). The reticence to implement Section 504 was reflective of a larger reluctance to implement civil rights protections for disabled individuals. For the first time, asking for a change in attitudes wasn't enough. Structural changes also had to be made and those structural changes cost money. (Shapiro, 1994). The Ford administration wasn't prepared to spend on the scale required by Section 504, so they stalled, passing the *problem* of Section 504 to the Carter administration (Shapiro, 1994). The new Secretary of Health, Education, and Welfare, Joseph Califano, was alarmed by the expansive provisions of Section 504. He expressed concerns to President Carter that the bill would give protections to the LGBTQ+ population and people struggling with substance abuse (using far stronger terms, of course) (Shapiro, 1994).

The disability community didn't take kindly to Section 504 being deprioritized. This was the first piece of civil rights legislation that explicitly provided federal protections to disabled individuals. Civil lawsuits could only get them so far and without the federal protections that Section 504 promised, the remedies they provided would always be restricted (Lea, 2020).

Disability justice advocate Frank Bowe, acting under the advice of many other disability rights leaders, sent two letters: one to Califano and one to Carter. These letters promised political action if Section 504 was not passed soon. They both went unheeded, so the disabled community across the country followed through on their promise (Holmes, 2006). Sit-ins began across the country, most notably in San Francisco and Washington DC (Scotch, 1989). In Washington DC, Califano retaliated against the protestors by cutting off all food, medication, and communication into the building (Holmes, 2006). Due to this, the Washington DC sit-in ended after about 24 hours (Holmes, 2006). This unexpected reaction of Califano to the DC sit-in only invigorated the San Francisco protestors. The San Francisco sit-in lasted for 30 days, with over 150 people occupying a federal office building. Some of the protesters went to DC, to specifically protest Califano's actions during the DC sit-in. These protestors followed Califano home, to church, and picketed at every meeting he had (Holmes, 2006). Eventually, Califano agreed to sign Section 504, but a whistleblower inside HEW informed the protesters that Califano had changed key points that enforced a "separate but equal" view towards people with disabilities and maintained the structure of separate "special" schools for children with disabilities (Shapiro, 1994). The protesting increased, until Califano agreed to sign Section 504 and the Education for All Handicapped Children Act, unedited (Shapiro, 1994). The protestors had learned better than to take Califano at his word and maintained their sit-in until they had read over the entirety of the documents (Holmes, 2006). The sit-ins were not only a victory for federal protections for disabled folk. They were also a victory for public perception of disabled individuals (Holmes, 2006). Section 504 was just the start.

In the 1980s, the d/Deaf and blind communities engaged in extensive civil rights battles of their own. The National Federation of the Blind began advocating for the inclusion of Braille in schools. This expansive advocacy crossed state lines and brought attention to the blind student population on a national level (Hehir, 2002). In 1988, one of the largest disability civil rights protests took place at Gallaudet University (Shapiro, 1994). "Deaf president now" was the cry that resonated throughout Washington DC during the election of Gallaudet's next president. The protest was successful. Gallaudet's first deaf president was elected, meaning that the protestors accomplished their goals. However, as an unintended benefit, the disability rights movement shot to the forefront of the news cycle for the first time in 10 years (Shapiro, 1994).

It became exceptionally clear that an expansive document ensuring the civil protection of disabled individuals was needed (Shapiro, 1994). Two months after the Gallaudet protest, the Americans with Disabilities Act was written (Shapiro, 1994). The Americans with Disabilities Act was modeled after the 1964 Civil Rights Act, and, similarly to the intentions behind that act, aimed to eliminate discrimination and segregation for disabled individuals (Lea, 2020; Shapiro, 1994). The first draft of the ADA was an idealistic pipe dream that would never have survived passage, despite its good intentions (Shapiro, 1994). Edited drafts followed, stripping away some protections, but the final passage of the ADA in 1990 was still a landmark for civil rights. By prohibiting discrimination in education, employment, transportation, and mandating that new buildings be made accessible, the ADA provided disabled individuals a more equal footing into their community (Lea, 2020).

The disability civil rights movement has always had education at its forefront. Education has served as the arm of government ideology towards disabled people, enabling segregation and mistreatment (Lea, 2020). Many disability rights leaders got their roots by vying with inaccessible public education systems or college campuses. Ed Roberts, known as the “father of independent living” and a major proponent of passage of the ADA, fought for both his high school diploma and college education tooth and nail (Danforth, 2020; Scotch, 1989). Judy Heumann sued the Board of Education to be allowed to teach (Lea, 2020). Disabled students had no protections against discrimination on a college campus until the passage of Section 504 in 1977. College campuses became the testing grounds for activists to fine-tune their strategies (Scotch, 1989).

The fight for an accessible college education did not cease with the passage of the ADA, however. The ADA, while discussed as a “huge leap in human rights” is actually very limited in scope (Dolmage, 2017). It is also heavily stigmatized and of most benefit to privileged individuals who can understand and utilize the legal system to their advantage (Ostiguy, 2023). As we will see in the next section, inaccess is still rampant in the public education system and higher education system to this day.

Ableism in Modern Day Education

Before College (Public Education)

Following the ADA, another important piece of legislation cemented support for disabled students in public education. The Individuals with Disabilities in Education Act (IDEA) “guarantees children with disabilities a free, appropriate public education” (Weber, 2007). IDEA gave parents a never-before-had tool: the opportunity to contest the discrimination of their children in court and obtain legal protections for them (Weber, 2015). As IDEA allowed protection to more disabled students, the number of students being tested and placed in special education programs grew (Tucker, 1996).

Even with IDEA in place, students with disabilities face an uphill battle in public education. One of the first and largest hurdles to an appropriate education is often enacted without any input from the student whatsoever. That hurdle is the idea of integration into mainstream or “general” classrooms and with that, integration into “general” expectations. Integration of children with disabilities has been largely debated, both by nondisabled school administrators and disabled education advocates (Minow, 2013). Integration poses many logistical challenges that make the premise less straightforward than it may first seem. In order to be a truly integrated classroom, educators would have to be heavily individualized, able to focus on every child's needs as parts of a whole (Minow, 2013). While this may sound like an ideal situation for the children that need to be educated, realists have voiced their concerns about the practicality of the request. In America, full integration of classrooms has not been achieved (Minow, 2013).

Special education programs also heavily focus on rehabilitation and remediation programs aimed at remedying characteristics of disability (i.e. speech or occupational therapy during school hours). These programs take hours away from schoolwork and increase focus on differences between special education programs and general education (Hehir, 2002).

IDEA has also failed to protect its students of color. Placing children of color in "special classes' was a common way that school administrators got around desegregation requirements in the 1950s (DeMatthews, 2020). Special education programs began to serve as *mini* institutional environments in which racial bias could serve as the backbone for diagnostic decisions and disability could serve as the rhetoric for seclusion (Ostiguy, 2023). Even inside of these programs, structures were enacted to separate and elevate white disabled children over disabled children of color (Ostiguy, 2023). Disabled children of color are more likely to be isolated in special education programs than white disabled children (Minow, 2013).To this day, disabled children of color are treated differently during the diagnostic and educational process. They receive different diagnoses and are more likely to be disciplined instead of supported. Resources given to disabled children of color are still disparate to those of white children (DeMatthews, 2020). The impacts of this can be seen when studying the commonly named “school to prison” pipeline and the correlation between learning disability and poverty (Ostiguy, 2023).

Another barrier facing disabled students in the public school system is the competitive testing atmosphere present in many public institutions. Prior to the 1980s, many schools didn’t include disabled students in their state testing systems (Hehir, 2002). Now that most disabled students are included in accountability systems, they face a system of pressure to meet state requirements, the way that the state would like them met (Hehir, 2002). This pressure leads to increasingly competitive environments where students with disabilities face stigmatization and harassment (Ostiguy, 2023).

While bullying is often experienced by children in elementary and middle school, these experiences are heightened when it comes to disabled students. Harassment in the classroom is an exceptionally common experience for students with disabilities (Weber, 2007). Disabled children are frequently the objects of physical abuse, isolation, degrading treatment, and neglect, both from peers and their instructors (Weber, 2007). These negative attitudes towards disabled children have real impacts. If disabled children believe that they don’t belong in a classroom and their instructors and peers confirm this by engaging ableist behaviors, disabled students have no reason to care about education. Additionally, IDEA lacks protections for students who are bullied on the basis of their disability, leaving frustrated parents and harassed children with few resources and leading to higher dropout rates for children with disabilities (Weber, 2007).

The students who stay face more than just harassment. Disabled children often have to contend with attitudes from their teachers that prevent equal access to education. Perception of differences that is frequently perpetuated by isolating special education programs harms the view of disabled students by educators (Minow, 2013). When teachers view disabled students as different and less than, they give those students less opportunities to succeed (Palan, 2020). Supportive educators are essential to success in education and harassment disincentivizes the educational process (Weber, 2007).

Additionally, low expectations are caused by disabed students being expected to fit into a mold that they do not thrive in. When educators expect their students to perform to certain standards without flexibility, they limit disabled students and set themselves up for disappointment (Hehir, 2002). Disabled students are also often discouraged from math and science, encouraging them to stick to arts and humanities that are more likely to accommodate (Palan, 2020). All of these factors can lead to low self esteem and confidence levels for disabled students (Palan, 2020). They also face unemployment and uncertainty, especially as they begin to transition into college (Weber, 2007).

Higher Education

Transition of Services

The transition to higher education is fraught with barriers for disabled students. The first, and largest, barrier to educational success for disabled students is the belief that higher education is something that they can participate in. Students who identify as disabled in high school are presented with many options for post-secondary education that are not higher education. These programs are often remediated or skills based, frequently in a residential setting or operating under the assumption that the student will not have left their parents' home (Harbour, 2013).This is not to say that having programs that meet students where they are is not a benefit. However, this remediation affects the attitudinal barriers that students face when applying for and attending colleges and universities. In order to successfully apply to universities students with disabilities must take on many additional loads to make their applications successful (Harbour, 2013). Students with disabilities may face barriers to gaining the knowledge and experience necessary to successfully apply to colleges and universities (Hamilton, Hulme and Harrison, 2021; Ostiguy, 2023).

Higher education institutions are not allowed to discriminate against students with disabilities, nor are they allowed to make the application and admission process easier for disabled students, beyond reasonable accommodations (Tucker, 1996). Under the current federal protections, colleges and universities should not know about an applicant's disability status before they have been admitted (Tucker, 1996). Obviously, there are certain circumstances to which this protection cannot apply. Students with a visible disability or mobility aid who tour the school or are invited to interview may forfeit their right to disclose their disability. Students who have significant mobility or learning impairments may also need to disclose their disability to determine the accessibility of their prospective campuses. Additionally, those who take placement examinations with accommodations will often be flagged, providing a circumvention of disability discrimination protections (Tucker, 1996). On top of this, the way that college applications are constructed may unintentionally discriminate against those with disabilities (Tucker, 1996).

If a student with a disability believes in themselves and has enough support to battle the attitudinal barriers present to apply to college and can survive the inaccessible application process to become admitted, they are not guaranteed an accessible education. New college students must, in many ways, start at ground zero with the accommodations process in college. The federal protections and accommodations they had under programs like IDEA phase out when students enter postsecondary education (Harbour, 2013). Students also lose the benefit of additional advocates in college, when all the impetus is placed on them to advocate for themselves and their disability status (Ostiguy, 2023). This may be incredibly challenging for students who have always existed in the special education framework of K-12 and must learn an entirely new vocabulary for their post secondary education (Harbour, 2013).

In order to receive protections for their disabled identity in college, students must secure their disability status with the school. In higher education, a student may not simply declare their disability status and conclude the conversation. They must disclose their disability to a varying set of gatekeepers with the intent of confirming its legitimacy. This disclosure must be accompanied by thorough documentation from a medical provider (a service that many providers charge extra for) in order to *prove* that the student is correct in identifying as disabled (Tucker, 1996). Students must also do this with next to no way of knowing whether or not they will be taken seriously (Harbour, 2013). The gatekeepers that are evaluating this medical documentation and validating its legitimacy are rarely medical professionals and in some circumstances they have no training in disability accommodations before they begin their role (Harbour, 2013). Even after students undergo the ordeal of disclosing their disabilities and providing costly documentation, students are not guaranteed to be accommodated. That decision lies in the gatekeepers, who may determine whether or not the documentation *applies* to the accommodations requested by the student and whether or not the accommodations requested would be an “undue hardship” (Tucker, 1996). Additionally, the gatekeepers have the responsibility to dole out specific accommodations and deny others (Tucker, 1996). If accommodations are denied, the student has few options. If accepted, it becomes the student’s responsibility to ensure that their accommodations are applied.

Exclusion in Higher Education

As discussed in previous sections, people with disabilities have frequently faced inaccessible workplaces, living conditions, educational environments, and ideologies. Higher education has not just seen symptoms of this inaccessibility, but has frequently been the cause of it. Historically, colleges and universities have flagrantly discriminated against students with disabilities (and many other minority groups). This discrimination has allowed higher education to market itself as an organization solely for the exceptional (Evans, 2017; Dolmage, 2017).

This can be seen in greater detail when one looks at the medical experiments conducted at colleges and universities throughout the 20th and 21st centuries. Exceptional institutions like Harvard and Miami University of Ohio frequently profited from experimentation on disabled institutions in individuals (Dolmage, 2017). In many ways, the bodies of institutionalized disabled individuals filled the pages of early medical textbooks and were passed around classrooms, long before disabled individuals were ever invited into those same spaces to learn (Dolmage, 2017).

Due to tireless efforts of disabled individuals, Section 504 and the ADA have mandated accessibility for disabled students (Tucker, 1996). This does not mean that students are guaranteed accessibility, nor does it mean that they are free from stigma while they attempt to achieve their educational goals (Dolmage, 2017). Disabled students are frequently subjected to a "benevolent paternalism" that suggests the abled advisors and faculty members know how best to address disability in an educational setting (Tucker, 1996). Students are met with disbelief and concern over their choice in major or academic focus, with advisors often citing the stress and workload of particular programs (Tucker, 1996; Palan, 1996).

Disabled students also face multiple levels of erasure in higher education. No matter how visible their disability, colleges and universities will not apply accommodations if the student does not provide documentation. In this way, disability is reduced to a legality (Dolmage, 2017). By making disability a legal identity, institutions strip the disabled community of any cultural identity as a minoritized group (Evans, 2017; Abes and Wallace, 2018). In this way, higher education institutions erase meaning from this identity. A further erasure occurs when the disabled identity becomes seen as a pejorative way of existing. This erasure is evident when colleges make plans to "cull" struggling students with mental health problems, emphasizes "hyperability," and wages a war against "laziness" at every opportunity (Dolmage, 2017; Hamilton, Hulme, Harrison, 2021). Colleges and universities emphasize exceptionalism. Oftentimes, due to a narrow understanding of what exceptional students may look like, that emphasis comes at a real cost to disabled students (Evans, 2017).

College campuses have never been designed with the disabled body or mind at the forefront. Instead, college campuses have been modified, both structurally and ideologically, to *fit* the disabled individual (Evans, 2017). Many staff and faculty members have missed the memo regarding this ideological adjustment. The perception of disability by faculty and staff is inherently connected to the educational experiences of disabled students (Hamilton, Hulme, Harrison, 2021; Dolmage, 2017). If faculty and staff believe students with disabilities are less likely to succeed in higher education, disabled students may begin to believe that about themselves (Evans, 2017; Hamilton, Hulme, Harrison, 2021). These beliefs, coupled with structural inaccessibility and more overt incidents of ableism, have real world impacts on students (Dolmage, 2017).

Disability Services

One of the largest tools available to disabled students in higher education is the disability services office. While the name varies across different schools, the basic function remains the same. Disability services offices exist to serve as the gatekeepers to accessibility in colleges and universities. Disability services functions very differently than its K-12 special education counterpart (Harbour, 2013). Many disability services offices function on the basis of legal compliance (Harbour, 2013).

Disability services offices are frequently made up of disability services counselors, individuals with highly variable levels of training in disability casework (Deuchert, 2017). This variable knowledge frequently leads to barriers in understanding the cost prohibitive nature of receiving accommodations, among other factors (Dolmage, 2017). Additionally, it means that counselors may not be trained to see disabilities beyond the physical, meaning that they may lack the knowledge and tools to accommodate chronically ill and neurodivergent students (Hamilton, Hulme, Harrison, 2021; Ostiguy, 2023; Deuchert, 2017).

Disability counselors, especially those who do not have adequate training and specialization, may create a power dynamic that delegitimizes students with disabilities and reinforces the legality of accommodations (Harbour, 305). This power structure mandates documentation and provides little recourse for students with disabilities who cannot afford the doctors appointments to get that documentation (Kohli, 2021). In short, while disability services will never explicitly state that you pay for access, disabled students must pay for access in the current system.

Point Advocacy

Students must maintain a constant level of advocacy for themselves throughout the application and accommodation process. They must prove that their disability is valid to various gatekeepers, advocate for their disabled identity to faculty and staff, and navigate the stigma of disability on a college campus (Dolmage, 2017). Frequently, disabled students choose not to disclose their disability in order to avoid the strain of advocating for themselves at the level required by colleges and universities (Kohli, 2021).

A different kind of strain is often placed on students with invisible disabilities. Students whose disabilities cannot be ascertained at a glance are often met with disbelief as to the degree of their disability (Kohli, 2021). This is further exacerbated by the fact that students must individually advocate to professors to apply their 504 accommodations. These professors may choose whether or not to accommodate and believe students with disabilities, who may not know the legal recourse available to them if a professor denies their accommodations (Dolmage, 2017). Faculty may also lack the training and experience to understand the accommodations process, meaning that students must teach their faculty members how to accommodate them (Dolmage, 2017; Kohli, 2021).

Methods

Context/Site

For the purposes of this research, three surveys were designed to study students, faculty, and staff at St. Edward's University to discover the attitudes towards disability on campus. Furthermore, these surveys were intended to uncover the impacts of those attitudes towards students with disabilities on campus. To do so, the surveys asked questions about 504 accommodations, access needs, self advocacy, and aspirations of disabled students. Parallel questions were designed, so that faculty and staff were asked about their attitudes toward disability, while students were asked about their experiences with the same subject matter.

St. Edward's University is a small liberal arts university located in Austin, Texas. It is a Hispanic Serving Institution with an undergraduate student population of about 3,000 students.

Participants

Any faculty member at St. Edward's University could take the survey, including part-time and adjunct faculty. Staff members had to work in a student facing position where they advised or mentored students to be included in the survey. Students had to self identify as disabled. A list of inclusion criterion for self-identification was included in all of the recruitment materials and read as follows:

> “For the purposes of this research, disability includes mental illness, chronic illness, neurodivergent individuals, d/Deaf and hard of hearing individuals, blind and low vision individuals, physical disabilities, and any others who self-identify under the label.”

All participants were required to be affiliated with St. Edward’s University and be 18 years of age or older.

This study aimed to recruit participants across all academic disciplines at St. Edward’s University. However, in order to avoid social desirability bias and limit risk to participants, no personally identifiable information was collected. This means that it is impossible to know if all academic departments and undergraduate majors were represented.

Data Collection

The mechanism for recruiting participants varied depending on the category of participants. Faculty were recruited through simple random sampling using the publicly available staff directory. Additionally, the recruitment materials encouraged participants to send the survey to other faculty members at St. Edward’s University. The deans of the various schools on campus were asked to spread the word to the faculty in their schools.

Staff were recruited primarily through quota and snowball sampling (Croucher and Mills, 2018). Because they had to serve in an advisory capacity to students, it was impossible to use the staff directory to identify who advised students. Through a series of brainstorming sessions, defined categories of student facing staff members were identified. These categories included: success coaches (academic advisors), career and professional development counselors, residential life employees, and employees in the Dean of Students Office.

Students were recruited through messaging from both the Office of Disability Services and the Disabled Students Organization. Fliers advertising the survey were also posted in high traffic areas across the St. Edward's University campus. Finally, emails were sent to every faculty member using the staff directory to ask if they would be willing to send the survey to their students and, at their discretion, offer extra credit for the assignment.

Data Analysis

The surveys were mixed method, combining quantitative and qualitative questions. The quantitative questions were answered on a scale of one-to-seven, with one being "strongly disagree", six being "strongly agree", and seven being "unsure".

The qualitative questions asked participants to finish sentences relating to disability. In the student survey, there were additional qualitative questions asking students to detail incidents of bias and discrimination that they experienced.

The quantitative data was analyzed using descriptive statistics to determine the median response to all questions. The data was uploaded into SPSS and then coded in batches to determine the median responses.

The qualitative data was analyzed using inductive thematic coding to determine the common themes in responses. The data was uploaded in plain text format to Nvivo qualitative analysis software. Then the data was analyzed question by question, line by line, to determine common themes in the responses. These common themes then became the basis for my coding frame (Croucher and Mills, 2018).

One linchpin question, “the process to obtain a 504 letter through the school is ___” received specially coded themes. In order to make this data easily accessible to non-academic populations who would be reading this research, data was categorized using personas. Personas are an invaluable tool in this context because they allow data to be visualized. This visualization allows for people to picture data points as the people who submitted them. These personas, listed below, are designed to depict the average faculty member or student filling out each of these responses.

Critical Carlos

Critical Carlos is the persona that contained any response that critiqued the system of gaining access to a 504 letter. If a respondent said the process was challenging or had barriers, they were coded in this category.

Don’t Know Daniel

Don’t Know Daniel is the persona that contained all responses that were unsure of the process to obtain a 504. Responses that were coded as Don’t Know Daniel had to admit to not knowing how the process worked.

Knowledgeable (K)nancy

Knowledgeable (K)nancy is the persona that knew the process to obtain a 504 letter through the school. In order to get sorted into this category, participants had to mention the documentation process.

SDS Shayna

SDS Shayna is the persona that answered the question by simply referring the student to the Office of Student Disability Services. SDS Shayna is differentiated from Knowledgeable (K)nancy by the existence of documentation in the answer. If the response has documentation, it is sorted into Knowledgeable (K)nancy. If the response mentioned Student Disability Services but not documentation, it is sorted into SDS Shayna.

Descriptive Diana

Descriptive Diana is the persona that includes all responses that are simply an adjective. These responses are differentiated from Critical Carlos by their length. If they are simply one word, they got coded into Descriptive Diana, while if they were a larger, more informed critique, they got sorted into Critical Carlos.

Student’s Responsibility Steve

Student Responsibility Steve is the persona that put all of the impetus to obtain a 504 letter on students. They mention that it is the student’s job to produce a 504 letter.

In order to apply these personas to that specific question, this data was coded twice. The first time I coded the student and faculty responses line by line (staff was not included in this question because they do not directly handle 504 letters). Then, once my coding frame had been created, the data from this question was coded again. On the second pass, the coding frame was generalized until these clear categories were apparent.

Findings

The surveys were sent out individually to faculty, staff, and students at St. Edward’s University. The response rates are as follows: faculty *n=93,* staff *n=39*, and students *n=64.* The results from both the qualitative and quantitative data can be organized into a few key themes. These themes both reflect the attitudes of faculty and staff towards disability alongside disabled student experiences.

Responses Regarding Disability Discrimination

Faculty, staff, and students have surprising beliefs towards disability descrimination. When asked if students experience bias in the classroom, faculty agree (*median response=4*). Similarly, faculty agree that disabled students experience bias on St. Edward’s University

Campus and in their workplaces (*median response=4*). Staff agreed with faculty that disabled students experience bias in their classrooms, campus communities, and workplaces (*median response=4*).

However, interestingly, when disabled students were asked if they experienced bias while in the classroom, most disagreed (*median response=2.50*). Even more students disagreed when asked about incidents of bias outside of the classroom (*median response=2*) and incidents of bias in the workplace (*median response=2*).

While most students reported no experience with bias, those who did report bias contributed impactful testimonies. One student, discussing bias in classrooms stated, “I haven’t experienced much [bias] , but I was told that I couldn’t take notes during class because it distracts me from paying attention to the teacher. I need to take notes to better understand the subject.” Another student, discussing accommodations services specifically, explained that the “504 office treats me like I want accommodations because I am lazy.” Students shared stories of bias in the larger campus community, saying things like “many people do not belive that I am deaf and tend to purposefully mumble to try and catch me "faking.” Students also reported bullying due to their disability saying “I was bullied my freshman year, I was called "make-a-wish" after getting ear surgery to improve my disability. It was really hard on me.” Students also reported bias in their workplaces, stating that “if I have anxiety it’s not taken well so I just try to suck it up and they [employers] won’t let me leave work if something happens.”

While the median response indicates a lack of discrimination and bias on the basis of disability, the qualitative self-reports indicate that incidents of bias towards disabled students are happening in college classrooms and the larger campus community.

Responses Regarding Attitudes and Understanding Towards Disability

When asked to self-report their knowledge of disability culture and history, faculty agree that they have a “strong understanding of the barriers and prejudices faced by disabled individuals” (*median response=4*). Additionally, faculty agree that they “feel equipped to teach disabled students” (*median response=4*). Faculty agree that they “know resources to provide students who are facing discrimination or bias due to their disability” (*median response=4*) and that they “know resources to provide students who need additional support because of their disability” (*median response=4*). However, faculty are neutral as to whether or not they know how to make their offices and classrooms accessible to disabled students (*median response=3*). Staff responses are identical to faculty ones.

However, the student experience contradicts faculty understandings. While faculty say that they know resources to provide to students, students claim that they “have to educate faculty, advisors, and peers on my disability for people to understand” Students are neutral as to whether or not they know how to report an incident of bias due to disability (*median response=3*). Furthermore, they are neutral as to whether or not that reporting process would even change things for them (*median response=3*). Additionally, when asked whether or not professors were knowledgeable about disability allyship, students were neutral (*median response=3*).

Responses Regarding Advocacy

When it comes to student applications of accommodations, faculty and student opinions differ drastically. Faculty agree that they “discuss how their [student’s] specific disability may or may not directly impact their academic performance in my classroom” (*median response=4).* However, they also agree that they “do not feel it is relevant to know the specific disability of the student requesting accommodations” (*median response=4*). This contradictory response indicates a muddled understanding of disability that may contribute to overall student confusion. Furthermore, faculty agree that disabled students “have the tools they need to succeed on the Hilltop [at St. Edward’s University]” (*median response=4*).

While disabled students may have the tools they need to succeed, the cost of having to use those tools is wearing on the disabled population on campus. Disabled students on campus report that they are “constantly trying to prove that they can make it” (*median response=4*). They also agree that “if they don’t advocate for their needs they will not be met” (*median response=4*). When asked how that advocacy made them feel, students used words like “exhausting” and “grueling.” This advocacy is compounded by the stigma associated with disability, with college students agreeing that they “feel like people expect less of [them] because of their disability” (*median response=4*).

Responses Regarding 504 Letters and Accommodations

Accommodations serve as the backbone of support for disabled students in college. Faculty members self-report high levels of confidence in working with 504 letters (*median response=5*). They also report a high level of comfort asking Student Disability Services for support when they do not know how to apply student accommodations (*median response=5*). This translates to a belief that students with disabilities can, and should, apply 504 letters when they have them (*median response=4*). Faculty generally believe that 504 letters “provide sufficient support for students with disabilities” (*median response=4*) and that students need to prove that they need these 504 letters (*median response=4*). Faculty also believes that “it is the students responsibility to explain to me their accommodations as detailed in the 504 letters” (*median response=4*).

Faculty confidence in 504 processes does not directly translate to a positive student experience, however. Students report having to locate the information to apply for a 504 on their own (*median response=4).* They also report experiencing "pressure to disclose details of their disability to get their accommodation needs met" (*median response=4*). This pressure often translates as a form of exchange where students "exchange details about their disability for access" (*median response=4*). This is further evidence of disability serving as a legal and social exchange, instead of a cultural identity.

The 504 Process

One question in particular, "the process to obtain a 504 letter through the school is ___" illustrates the difference between the perception of faculty and the experiences of disabled students. Using the personas illustrated above, these differences become clear.

Faculty (n=93)

Critical Carlos (n=5)

The five faculty members who answered this question with a critical lens critiqued the many stressors that the 504 acquisition places on students. Faculty called the 504 process "bureaucratic and filled by staff barriers" and "...very difficult, very costly."

Don't Know Daniel (n=14)

Fourteen faculty members answered that they did not know how the 504 process worked or indicated that they were unsure of the process. These faculty members mostly commented that they were unsure of the process. One faculty member indicated their only awareness of a 504 letter was when it was "emailed to [them]." Another commented that the process was "unknown to [them]."

Knowledgeable (K)nancy (n=7)

Seven faculty members indicated that they were knowledgeable of the 504 process and its many stages.

SDS Shayna (n=13)

The thirteen faculty members in this category referred to the 504 process as something solely under the purview of Student Disability Services. They claimed that they were not sure how the 504 process worked, that they "usually send them to SDS." Other faculty members claimed that students should "go to SDS and they will assist [them]."

Descriptive Diana (n=20)

The twenty faculty members in this category used a simple adjective to describe the 504 accommodations process. These adjectives varied from "laborious" to "straightforward" to "challenging" to "fine."

Student's Responsibility Steve (n=6)

Six faculty members responded in this category. These faculty members placed the impetus on students to go through the accommodation process. They say that the 504 process is "a student and an SDS responsibility" and is "provided by the student."

Students (n=64)

Critical Carlos (n=7)

Students who responded in the Critical Carlos category responded in very similar ways to faculty. They also mentioned that accommodations were time consuming and cost prohibitive. Students also highlighted the amount of work on their part, saying the process is "frustrating and lots of effort." They also center the obscurity of the process, with one student stating that the process was "straightforward but not super well known."

Don't Know Daniel (n=9)

Many students also do not know how the 504 process works. Students in this category responded saying that they "have no idea what this [A 504] is." Another student stated that they "have not tried to find a 504 letter." The fact that students don't know how the process works is more understandable than faculty. Students with disabilities may not benefit from a 504 and therefore, would not pay much attention to the process. Faculty, on the other hand, are responsible for the accessibility of their classroom. They should know how the process works.

Knowledgeable (K)nancy (n=3)

Three students responded that they knew how the 504 process worked in detail.

SDS Shayna (n=3)

Three students responded in this category. One student commented that they had "absolutely no idea [how the process worked] my SDS officer always did it for me." The number of students that responded in this category is comparatively lower than the number of faculty, which may suggest that students place less responsibility solely on Student Disability Services than faculty does.

Student's Responsibility Steve (n=0)

No students responded in this category. This may indicate that students do not tend to put responsibility solely on themselves to receive and apply 504 accommodations.

Conclusion and Next Steps

These findings indicate a few common themes, discussed below.

Disconnect Between Faculty and Students

There is a clear disconnect between faculty understanding of disability and student experiences with disability. This can be seen in a few places throughout the data.

The first is the disconnect between student experiences with discrimination and faculty understanding of discrimination. While some students do detail incidents of bias and discriminaion, both in the classroom and outside of it, the student population as a whole is far less likely to claim widespread discrimination, in comparison to faculty. Based on the data, faculty seem more likely than students to agree that disability discrimination occurs in academic settings. This disconnect is surprising. While the literature and self reports of students confirm that discrimination is happening, the question remains as to why students are less likely to agree that discrimination is occuring.

There are more expected disconnects as well. Faculty agree that they are somewhat knowledgeable on disability history and know how to serve disabled students. However, disabled students report a need to educate their professors and peers.

Additionally, faculty claim to be knowledgeable about 504 letters and accommodations processes, while students report a need to disclose additional information or explain their 504 letter in detail in order to get results.

Advocacy Exhaustion

Faculty agree that students with disabilities need to be able to advocate for themselves in order for faculty to advocate for students with disabilities well. However, the impact that belief has on students may cause advocacy exhaustion.

Students feel pressured to disclose their disability in order to get accommodations met and feel like that disclosure acts as a lever of social exchange. This pressure, which students with disabilities face on top of the burden of being a full time student, can be the difference between succeeding in a class and failing. Instead of being able to rely on faculty to enact 504 letters on their own, students feel pressure to serve as educators on disability and accommodations.

This means that disabled students face an additional load that their peers do not have to face. The burden and pressure of advocating for themselves and their access needs is placed on the shoulders of a student already managing classes and other responsibilities. This load can be exhausting and also prohibitive to receiving accommodations and help from professors.

Additionally, this lever of social disclosure means that disabled students often must confide in professors in order to gain access to their classes. Students often have no way of knowing if professors are understanding of disabilities before taking place in this social exchange and therefore most go out on a limb and hope that they will be accepted. In doing so, students risk experiencing bias, discrimination, and ableism. Oftentimes, the disabled identity is an incredibly personal matter, and even when it isn’t, students should be allowed to disclose their identities in a way that makes them feel comfortable and safe. Their identity should never be used as a lever of social exchange.

All of these factors lead to disabled students feeling exhausted and burned out by the stressors of navigating higher education in a disabled body.

One Student is Enough

On top of the advocacy exhaustion that many disabled students reported experiencing, some students self-reported incidents of bias. These incidents of bias call for an increased awareness of disability justice on college and university campuses.

No student should feel unsafe or harassed in their educational environment. Even one student experiencing bias and discrimination should be enough to signal a need for change. Disabled educational advocates fought for disabled students to be able to study freely and in an environment without bias, however, a bias free atmosphere has not yet been established.

It would be easy to negotiate away the responses and reports of bias as a negligible, non-statistically relevant portion of the population surveyed. However, to do so is to buy into ableist assumptions about higher education that have forced separation between abled and disabled scholars for centuries.

Incidents of bias and harassment of the disabled population, including the ones detailed in this research, need to be taken seriously.

Call for Further Education

All of the findings in this research call for further education of disability on a college campus. Disability studies programs are a good start, however implementation of this program as a major or minor is still rare inside the United States. St. Edward's University, the host university of this research, doesn't have a disability studies program.

Because of this fact, more imaginative solutions to a lack of further education on disability are called for. Solutions can take many forms. One option is training for faculty on how the 504 process works. Further training could be done to teach faculty how to make their classrooms and workplaces accessible to disabled students.

One educational procedure that will be piloted at St. Edward's University in the next year is a Disability Allies Training. This training, which is being developed because of the call for it in this research, is being created in collaboration with the Office of Diversity, Equity, and

Inclusion at St. Edward’s University. It is the hope that this training will cover disability history, the pillars of disability justice, and how to be a good ally to disabled individuals in higher education. This training will be available to students, faculty, and staff, with a badging system created to identify participants who have gone through the training.

Training can also be targeted specifically to students with disabilities. By publicizing how to report incidents of bias due to disability or giving students the opportunities to understand their rights, students can become better equipped to advocate for themselves and others.

Implications for Future Research and Policy

No scoping research has been conducted into the attitudes towards disability in higher education at institutions across the country. In the future, this method of surveying students, faculty, and staff could be implemented across a larger sample of higher education institutions. By conducting more scoping research, further understanding of the mechanisms of disability discrimination in higher education could be developed.

The development of a furthered understanding is essential to enacting policy. Research into the experiences of marginalized communities, like disabled students, is integral to inform policy solutions.

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