

**A Place to Start: Understanding Disability
Identity and Community at Mount Allison
University**

By

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Abstract

This thesis is a phenomenological exploration of disability, identity and community at Mount Allison University. I conducted 10 semi-structured interviews with students who self-identified as having disabilities. Participants' accounts reflected embodied perspectives of disabled identity which recognize both disability and identity as contextual and multifaceted. Findings demonstrated how disabled students' identities were informed by the neoliberal expectations and limitations placed on them by the university, and also revealed the ways in which participants were working to decenter and resist these norms. Though institutional policies and practices often separated disabled issues from the rest of the university environment, participants found community by resisting the expectation of remaining quiet about disability. A sense of community with other disabled students was discussed as a factor that positively influenced participants' identities. By building community, participants resisted the isolation imposed upon them by the institution. The findings of this study also revealed ways in which participants were prioritizing interdependent communities in a university environment that privileges individualism, and critiquing neoliberal notions of self-care that neglect community.

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A Place to Start: Understanding Disability Identity and Community at Mount Allison University

Mount Allison University is home to an award-winning centre for students with disabilities, which was one of the first of its kind in Canada (“Meighen Centre”, n.d.). In 2019, the Meighen Centre has over 270 students registered, representing over ten percent of the student population (Brett, 2017). The Meighen Centre is funded primarily through endowments and donations (“Mount Allison’s Meighen Centre celebrates 25th anniversary”, 2019). It offers assistive technology, test accommodations, note-taking services, tutoring services and grant opportunities, as well as accommodations and advocacy for students with chronic illnesses and physical disabilities (“Meighen Centre”, n.d.). Medical documentation is a prerequisite for registration in the Meighen Centre, and most students registered with the Meighen Centre cite mental health disabilities as a primary or secondary reason for their registration (Brett, 2017).

Students who are defined as students with disabilities by the university may share experiences that other students do not. For example, throughout the course of our degrees, many disabled students write tests in rooms that non-disabled might not see, create relationships with staff that many non-disabled students do not know, and use technology in ways that most non-disabled students do not. Disabled students who choose not to seek official accommodations, or do who not have access to a diagnosis, still operate within an ableist system which is likely to shape their experience at university in unique ways (e.g. Gibson, 2012; Simpkins, 2019). Given that disabled students represent a significant portion of the student body at Mount Allison, and that their disabilities shape their experiences as university students, I believe that it is worthwhile to explore the ways in which disabled students understand disabled identity and find community with one another.

The majority of research on disability in a post-secondary environment focuses on resource allocation and campus accessibility. Research focusing on disabled identity and community takes place, for the most part, outside of the context of university. Though accessibility is an important aspect of research around disability at university, I believe that exploring identity and community on campus is equally important. University is a time in which many people develop identities and relate them to larger political contexts

(Kaufman & Feldman, 2004). For many students, disability is a critical aspect of this. Accessibility is certainly an important part of the context of disability at university, however disability identity and disability community are important parts of disabled students' lives which have not been well-explored in the research.

This research took place at Mount Allison University, a small undergraduate university in Sackville, New Brunswick with a student population of approximately 2,100 people ("Facts and Figures", n.d.) The central focus of this study was exploring how disabled students at Mount Allison understand disability identity and community. Through phenomenological enquiry, my goal was to understand the collective experiences of disabled students at Mount Allison in relation to identity and community. I conducted 10 interviews with students who self-identified as having a disability and used Braun and Clarke's (2013) thematic analysis to identify common themes in participants' interviews.

In this thesis, I consider the central themes relating to disability, identity and community that I interpreted from participant interviews. Participants discussed complex relationships to a disability which I argue reflect the embodied nature of disability identity. The university provided neoliberal policies and discourses that affected disabled students' experiences of identity, and the limiting definitions of disability provided by the university did not align with participants' own experiences. Participants found community through interactions with other disabled students that were facilitated by the process of official accommodations, and discussed becoming more comfortable with their disabilities as a result. Some participants were also negotiating what it meant to build interdependent communities within an individualistic culture and university. This study sheds an important light on the experiences of disabled students in relation to identity and community. By understanding disabled students' subjective experiences of disability, I argue that we can gain valuable insight into the taken-for-granted workings of the university.

Interpretation of research data can never be "value free" and is always influenced by the views and experiences of the researcher (McNarry et al., 2019). As such, it is important to acknowledge my own social location, and my relationship to this project. I approach this project as a disabled student whose experiences of disability have been

shaped by a privileged social location. Because of the class privilege that enabled me to receive a costly diagnosis, I have been able to access resources at the Meighen Centre throughout my degree. I am white, and therefore have not had to face institutional racism at Mount Allison, or anywhere else. I am also able-bodied, which has meant that I have not had to navigate the barriers that make Mount Allison inaccessible for many physically disabled students. Every part of the research process was influenced by my positionality, as well as my “insider” relationship to the research, as a student with a disability myself (McNarry et al., 2019). Recognizing these influences is important to acknowledging the contextual and value-laden nature of research (Creswell & Poth, 2018).

In the following chapters, I provide a background for the research through a theoretical framework and literature review. I then describe the methodology used in the study. I then outline the findings and discuss them in the context of previous research and theory. Finally, I provide concluding thoughts and recommendations for future research.

Theoretical Framework

In order to understand experiences of disabled students with respect to identity and community, I must begin by situating my work within larger theoretical traditions. I have used some central frameworks of disability studies, including the medical, social, and rights models of disability. These frameworks have been important in advancing the rights of disabled people (Shakespeare, 2018), and help contextualize the experience of disabled people in society. I have drawn from embodied accounts of disability to help situate these theoretical models within real, physical experiences of disability. I have also drawn from symbolic interactionism in order to understand how identity can be shaped by interactions. Finally, a queer theory analysis was useful for conceptualizing how disabled bodies are disciplined and controlled by institutions like universities.

Medical Model of Disability

The medical model of disability shapes the dominant cultural understanding of disability (Haegele & Hodge, 2016). Within this model, disability is a problem based in the body of an individual which requires medical intervention. Disabled people have argued that the medical model promotes generally negative and individualistic views of disability, and allows medical professionals too much control over their lives and bodies (Haegele & Hodge, 2016; Marks, 1996; Shakespeare, 2013).

When disabled people are subjected to the medical gaze, they are seen as a “docile and passive body, rather than a reflexive subject” (Marks, 1999, p. 612). The medical model promotes deficit-based definitions of disability which do not encompass the experiences of disabled people (Haegele & Hodge, 2016). This kind of categorization can negatively affect the way that disabled university students perceive themselves (Simpkins, 2019).

The medical model is ideologically tied to neoliberalism, a political philosophy and economic system that has governed the “developed” world since the 1980s, which prioritizes a “free” market economy, deregulation of corporate enterprises, and defunding of social welfare programs (Morrow, 2013). Neoliberal policies are often accompanied by ideologies of individual responsibility which reflect the medical model. Under neoliberalism, the ideal citizen is independent, self-governing, and self-sufficient.

Allocation of resources favours individualized medical solutions and often ignores social context (Morrow, 2013).

University accessibility services, as well, are influenced by the medical model, and operate within a neoliberal context. All publicly-funded post-secondary institutions in Canada are required to have designated accessibility services for students with registered disabilities (Bruce, 2020). These services are deeply intertwined with the medical model, since definitions of disability are shaped from a medical context. Due to limited funding of accessibility services, disabled students are often encouraged to self-advocate and discouraged from relying on these services (Bruce, 2020). This reflects the individualistic approach of the medical model.

The medical model remains the dominant paradigm through which disability is understood. It is held-up by neoliberal policies and values, and has influenced the university context. However, the medical model has been challenged by disabled activists, who have found alternatives to medicalized understandings of disability.

Social Model of Disability

The social model of disability emerged from the view of disability held by the Union of Physically Impaired Against Segregation (UPIAS). UPIAS was a collective of disabled people formed in Britain in the 1970s to oppose the segregation and exclusion of disabled people in work and general society. They defined disability as external to impairments, and produced through barriers in society which restrict people with impairments from full participation or access. From this ideology, “the social model of disability” was coined by Mike Oliver in 1983 (Oliver, 2013).

The social model rejects the dominant medical model assumption that disability is a problem based in the individual’s body and instead proposes that the “problem” of disability is created by the environment (Shakespeare, 2013). The framework of the social model has been a powerful political tool for disabled activists, and it is credited with contributing significantly to the advancement of civil rights for disabled people (Shakespeare, 2013). Shakespeare (2013) suggests that by lifting the sense of personal responsibility that is imposed by the medical model, the social model fosters self-acceptance and positive collective identity among disabled people.

Proponents of the social model often use identity-first language like “disabled person” rather than “person with a disability”. This choice is to resist the view that disability is a personal problem, and instead emphasise that people are disabled by an inaccessible society (Shakespeare, 2018). In this thesis, I have made the choice to use this language based on its political implications. However, the experience of disabled people is complex, and disabled people may be disabled by more than just their environment. I will explore this further in my discussion of embodied accounts.

Rights Model of Disability

The social model and resulting political action has helped the inclusion of disabled people in law, employment and academia. In Canada, providing access to disabled people was legally viewed as a charity, rather than a basic human right, until the 1970s. At this time, the federal government, pushed by disabled activists operating under the social model, integrated disability rights into the Charter of Rights and Freedoms (Kelemen & Vanhala, 2010).

A rights model sees accessibility as a human right for disabled people, but legally does not sever ties with the medical model (Kelemen & Vanhala, 2010). Its influence can be seen in universities, which are now required by law to provide reasonable accommodations to students with diagnosed disabilities (New Brunswick Human Rights Commission, 2017). Though disabled students must still meet the requirements of diagnosis to receive accommodations (an influence of the medical model), by offering accommodations to disabled students, the onus falls on the university to accommodate the disabled student.

Embodied Accounts of Disability

Though the social model has helped create progress for the disabled community and secured rights for disabled people, it has not been without its critics. In the years following its conception, disabled scholars would propose a myriad of adjustments to expand its scope and potential. Importantly, when UPIAS developed their definition of disability which sparked the development of the social model, their membership consisted of mostly white, heterosexual men with spinal cord injuries (Shakespeare, 2013). For many disabled people, separating impairment from disability is not as simple as the social model might lead them to believe. Feminist disability scholars were some of

the first to point out this apparent flaw in the social model (Shakespeare, 2013). Crow (1992), for example, suggests that the adoption of the social model has enforced a silence around impairment within the disabled people's movement, excluding those for whom impairment represents a challenge. Crow argues that integrating impairment is the "only route to creating a world that includes all [disabled people]" (p. 7). Embodied accounts of disability began to emerge in an attempt to reconcile the social model with lived experiences of disability.

Marks (1999) argues that causality between one's bodily experiences and disability are difficult to untangle, and in reality, they often inform each other. Eli Clare illustrates this well in *Exile and Pride*, while telling the story of his attempt to climb a New Hampshire mountain with difficult terrain. Before reaching the top of Mount Addams, he makes the difficult choice of turning back, knowing that his body will not allow him to continue. Attempting to determine whether this decision was necessitated by his impairment or his disability, he compares the experience to writing tests in school, when he was often not allotted enough time to finish.

I understand the difference between failing a test because some stupid school rule won't give me more time and failing to summit Mount Adams because it's too steep and slippery for my feet. The first failure centers on a socially constructed limitation, the second on a physical one. At the same time, both center on my body. The faster I try to write, the more my pen slides out of control, muscles spasm, then contract trying to stop the tremors, my shoulder and upper arm growing painfully tight. Even though this socially constructed limitation has a simple solution - access to a typewriter, computer, tape recorder, or person to take dictation - I experience the problem on a very physical level. In the case of the bodily limitation, my experience is similarly physical.

(Clare, 2015, p. 7)

Marks (1999) proposes an embodied perspective to enrich the social model. Marks (1999) elaborates on the social model's definition of disability, describing disability as "the complex relationship between the environment, body and psyche, which serves to exclude certain people from becoming full participants in interpersonal, social, cultural, economic and political affairs" (p. 611).

Embodied approaches to disability are rooted in a feminist philosophical tradition which has long recognized all knowledge as situated and embodied. From this perspective, disability is “a form of embodied knowledge—forced into usage by prejudices against disability— about the relationship between the social environment and human ability” (Siebers, 2013, p. 289).

Advocates for the social model have seen focusing on the personal narratives of disabled people as a distraction from collective liberation (Marks, 1999). Though narrative accounts of disability have in the past been appropriated by psychology to further pathologize disabled people, Marks (1999) argues that first-hand narrative accounts offer necessary additions to assumptions about disability. Further, explorations of unconscious aspects of disability, including internalized oppression, can help with understanding the complex interactions between impairment and disability which are not always obvious. Marks (1999) argues that social oppression “is internalized in complex ways to produce compliance, anxiety and despair” (p. 623). In other words, the embodied experiences of disability which may otherwise be pathologized may in fact be the result of oppression, exclusion and pathologization itself.

Symbolic Interactionism

In a symbolic interactionist framework, all social interaction is a process of exchanging and interpreting symbols (Dillon, 2014). The development of the self occurs through a similar process. According to George Herbert Mead, individuals monitor and evaluate themselves based on their interpretations of their interpersonal interactions. Mead distinguished two components of the self: the subject, “I”, and the object, “Me”. The “Me” is the self as interpreted through interactions with others, while the “I” is the self which reacts and adjusts accordingly (Dillon, 2014). Charles Cooley illustrated this with the concept of the “looking glass self”. When looking in the mirror, he proposes, there are three main components that construct our self-image. First, we imagine a hypothetical other looking at us, then we imagine the judgements they might have, and lastly, we feel something as a result of this hypothetical judgement (e.g. pride or shame). According to Cooley, “we always imagine, and in imagining share, the judgement of the other mind” (Cooley 1902/1998, pp. 164-165, as cited in Dillon, 2014. p. 276).

Erving Goffman, a twentieth century social interactionist, compared social life to a theatrical performance, which he called dramaturgy. Goffman viewed members of society as social actors who play many social roles (Dillon, 2014). Through socialization, an actor learns the script for particular social roles and settings. Since they must act differently in every setting, every actor juggles many roles with different scripts and expectations. According to Goffman, because we hold so many social roles, we are continuously engaging in “impression management”, symbolic work in which an actor attempts to establish a definition of a given situation and perform their role appropriately in the given context (Dillon, 2014).

Goffman described stigma as the possession of some “undesired differentness” (Dillon, 2014). Stigma becomes the “master status” from which a stigmatized person is viewed. Stigmatized people are stereotyped, and expected to perform a social role given to them based only on their stigma (Coleman Brown, 2014). Goffman’s concept of stigma has been used to theorize about many groups, including disabled people (Boyle & Blood, 2015). Goffman described that stigma can be “discredited” or “discreditable”. Discredited stigma is apparent to other social actors, whereas discreditable stigma is not immediately noticeable (Boyle & Blood, 2015). Coleman Brown (2013) proposes three underlying aspects of stigma: fear, stereotyping and social control. Fear of stigma is an acquired response learned early in childhood from adult behaviours. According to Coleman Brown, “what gives stigma its intensity and reality is fear” (p. 155).

Further theorization of Goffman’s stigma has separated “self-stigma” from “public stigma”. While public stigma may involve stereotypes, prejudices and discrimination directed at the individual from outside sources, self-stigma is the internalization of negative beliefs applied to oneself or members of one’s group (Boyle & Blood, 2015). Stigmatized people may attempt to escape the limiting social role prescribed to them by attempting to “pass” or by derogating others with the same stigma (Coleman Brown, 2013). They may also adjust their behaviour to accommodate for their prescribed social role (Dillon, 2014). These are examples of impression management.

“Felt stigma” is a further variation of self-stigma involving the shame of possessing a stigmatized trait or the fear of negative evaluation by others due to that trait (Boyle & Blood, 2015). Felt stigma can be distinguished from self-stigma because it can

occur separately from actual instances of negative reactions or discrimination on account of stigma.

Stigma, whether imposed upon or internalized by an individual, have a variety of negative social and psychological consequences. Discrimination and judgement due to stigma can limit financial and educational opportunities. Self-stigma can increase anxiety and depression, reduce self-esteem and lead to self-limiting behaviours (Boyle & Blood, 2015).

Queer Theory

Michel Foucault's theories of discipline and bio-power have become foundational theoretical aspects of queer theory (Dillon, 2014). According to Foucault, discipline is enacted on the body through social systems and organizations to produce "docile bodies". He believed that this discipline produces "docile bodies", which are able to be manipulated, improved and used (Dillon, 2014). According to Foucault, discipline over the body encourages self-regulation, which he explained using the image of the Panopticon, an eighteenth-century prison design. The layout of the prison is such that the prisoners are never able to see the guards, and therefore did not know when they were being monitored. However, because the prisoners know that they could potentially be under observation at any given moment, they are less likely to break the rules (Dillon, 2014). In the Panopticon, it is not necessary for the prison guards to be present in order for the prisoners to behave. Merely the threat of surveillance is enough to encourage self-regulation (Dillon, 2014).

Foucault saw the classification of bodies into discrete categories as a technique of bio-power. For Foucault, the creation and maintenance of arbitrary categories for bodies creates a presumed "normal" which in turn regulates the behaviour of individuals (Dillon, 2014). Like the categories of heterosexual and homosexual, ablebodiedness and disability reproduce and uphold normative conceptions of the body.

Medical diagnosis is another tool which enacts discipline over the body, or a way to "keep tabs on the body" (Dillon, 2014). In the medical model, medical professionals are the gatekeepers of resources and benefits for disabled people (Haegele & Hodge, 2016). Many disabled people do not begin by defining disability themselves, but instead become labelled as disabled through diagnosis and medical intervention.

Queer theory aims to de-stabilize the normalcy of the strict categories imposed upon sexuality and many other aspects of identity. Queer theorists believe that these categories only serve to justify binary conceptions of identity (Dillon, 2014). According to Marks (1996) through medical categorization, “we continue to reproduce a clear boundary” between abled and disabled which does not in fact exist. The category of disabled is a continuum, and most people will experience disability at some point in their lives (Marks, 1996). However, the maintenance of the boundary between “abled” and “disabled” is necessary in order to uphold the logic of the medical model in which “flawed” disabled people must adapt to an able-bodied society (Marks, 1996).

McRuer (2013) proposes the concept of “compulsory ablebodiedness”, extending on Arianne Rich’s concept of compulsory heterosexuality¹. Rich (1980) argues that heterosexuality has been indoctrinated in women through social forces. Like heterosexuality, ablebodiedness is upheld as the natural order for humans. McRuer (2013) argues that compulsory ablebodiedness is a powerful and institutionalized force which positions the disabled body only in relation to the able body. Through compulsory ablebodiedness, disabled people are expected to embody their desire to be able-bodied. McRuer (2013) draws another parallel to Judith Butler’s concept of the “project of a heterosexual identity”, suggesting that ablebodiedness, like heterosexuality, is not a goal which “can never, once and for all, be achieved”. (p. 372).

¹ Adrienne Rich (1980) argued that the lesbian existence is continually framed as a less natural phenomenon than heterosexuality, initialized, and only “tolerated” by feminist literature and theory. For Rich, when lesbians are mentioned by heterosexual feminists, there remains an underlying assumption that, with all things being equal, women would choose to be heterosexual (Rich, 1980). She urged feminists to reconsider this assumption, saying “heterosexuality, like motherhood, needs to be recognized and studied as a political institution” (p. 637). Rich went on to describe the various ways in which heterosexuality has been indoctrinated in women, male domination forced upon them, and lesbian existence invisibilized. These forces make heterosexuality compulsory for women. Through this compulsory heterosexuality, male sexual, social and economic domination over women is upheld.

Literature Review

In order to situate this thesis within a wider context of research, I conducted a literature review on the topic of disability, identity and community at university, using Taylor & Francis Online as the primary database. This database contains several journals related to disability including *Disability & Society*, *Disability and Rehabilitation* and the *International Journal of Disability, Development and Education*. I conducted three searches in the topic areas of disability and identity, disability and community, and disability and post-secondary, respectively. All searches were downloaded into an Excel spreadsheet and filtered based on my judgement of their relevance to the topic area. Results were filtered in three stages to determine which articles would be reviewed. First, I filtered results according to title. I filtered remaining articles by relevance of their abstract. I reviewed the abstract, introduction and conclusion of these articles to determine the final articles.

The first search used the following string: [Title: disability OR disabilities OR disabled] AND [Title: identity]. An initial search on Taylor & Francis yielded 275 results. Fifty articles passed the title review, 17 passed an abstract review, and five were chosen from remaining 17 articles.

Articles concerning disability and community were found on Taylor & Francis using the following search string: [Title: disability OR disabilities OR disabled] AND [Title: community]. This search yielded an initial 491 results. Fifty-one articles remained after the title review. Many of the remaining titles were not directly relevant to the focus of the present study, so I expanded the search to the following: [Title: disability OR disabilities OR disabled] and [Title: community OR connection OR friendship OR belonging]. This yielded an additional 97 items, 13 of which passed a title scan. Only two articles were reviewed in-full from the search on Taylor & Francis. Most articles in this search did not focus on community among disabled people, but rather disabled people's inclusion in the wider (non-disabled) community. Other areas of focus included community college, community care, disabled people's inclusion in faith communities, other theological perspectives, and deaf communities. Few analyzed community across various disabilities. Often, disabled people "in the community" referred to disabled people living outside of institutional care. Using the same search string in JSTOR, Wiley

and SAGE yielded similar results based on a review of the first 100 titles from each database. The remaining literature in this section was retrieved from Withers' (2012) writings on the radical model of disability, Titchkosky's (2003) writings in "Disability, Self, and Society", as well as one article by Cobigo et al. (2016) found on the Canadian Journal of Disability Studies using the following search: [community OR belonging OR friendship OR connection].

To understand the landscape of post-secondary institutions in Canada and students' experiences in those environments, I used the following search string in Taylor & Francis: [Title: disability OR disabled OR disabilities] AND [Abstract: undergraduate OR postsecondary OR post-secondary OR university] AND [Abstract: Canada OR Canadian OR Canadians]. This search yielded 834 results. Seventy-five article abstracts were reviewed, and I chose five articles from this search, prioritizing Canadian research. In addition, I reviewed one article from the Canadian Journal of Disability studies using the search terms: [university OR post-secondary OR postsecondary OR "higher education"]. Searches in this area on both databases yielded results which primarily focused on barriers to accessibility and other difficulties faced by disabled students.

Disability Identity

Literature about disability and identity revealed complex accounts about how disability influences identity, and how disabled people chose to reject or claim a disabled identity. I identified several main themes from the literature, including seeing oneself as disabled, the challenges of defining disability, and the political implications of a disabled identity. From this literature, I provide a framework for defining disabled identity that has informed my analysis in this study.

Seeing Oneself as Disabled

Many people with impairments explicitly divorce themselves from the category of disability. In Watson's (2002) qualitative study of physically disabled men and women in the UK, most participants did not see impairment as a central part of their identity or self, and many did not think of themselves as disabled. Spirtos and Gilligan's (2020) narrative inquiry study focusing on the experiences of 25 young people with hemiplegic cerebral palsy (CP) found similar trends in disability identification. While participants referred to themselves in relation to words like "disability" and "disabled", they also

separated themselves from other people with impairments who they believed were more severely impaired than themselves (Spirtos & Gilligan, 2020).

Disidentification from disability was influenced by individualized, medical discourses which shape the way disabled people view disability identity. Participants in Spirtos and Gilligan's (2020) study described how others' negative perceptions of their disability highly shaped how they viewed themselves. The authors suggest that this was influenced by the fact that many participants had exclusively related to their disabilities in medical settings. Medical discourses around disability are also prevalent in higher education settings. Boyd (2014) uses Foucault's concept of governmentality to describe the process of categorization and measurement in higher education, and suggests that higher education enforces boundaries and need for measurement in many areas, including the categorization of students with disabilities. According to Boyd, the binary categorization of students with/without disabilities by universities leaves little room for those whose conditions are fluctuating or reoccurring, and Boyd argues that this would impact students' self-perceptions and how they relate to disability.

Disability as Inseparable. Literature related to disability identity suggests that disabled people tend to view disability as simply a part of who they are, rather than a distinct identity. In Watson's (2002) study, many participants saw themselves as leading normal lives. Watson suggests that it was a "phenomenological impossibility" for participants to separate disability from their everyday experiences (p. 517). Because participants saw disability as an unremarkable part of their experience, they did not see themselves as disabled. Similarly, Spirtos and Gilligan (2020) found that most young people conceptualized their disability as "simply a part of who they were" (p. 6).

Concealment and Disclosure. Concealment and disclosure play important roles in how disability identity is negotiated in daily life. Almost all participants in Spirtos and Gilligan's (2020) study described using strategies to control how or if their disability was viewed by others. In their study of group identification and strategy use among disabled people, Nario-Redmond et al. (2013) identify hiding a stigmatized attribute and distancing oneself from a stigmatized group as "individualistic coping strategies" used to manage a stigmatized identity. They found that identification with disability as a group identity was associated with rejection of individualistic coping strategies. This result was

consistent across visible and less visible disabilities and across time spent living with a disability. This indicates that adopting a “disability identity” is associated with less concealment and distancing from disability.

Though concealment and minimization may be common among people with many types of disabilities, those with more visible impairments may chose different strategies to hide or minimize disability. Some participants in Spirtos and Gilligan’s (2020) study intentionally emphasized other characteristics to control the way that their disability was received by others. For example, one participant described being more outgoing to draw attention away from his physical impairment. Those with more concealable conditions may have more choice about identification with disability (Rhodes et al., 2008). However, negotiating whether to conceal or reveal one’s disability involves additional identity work (Spirtos & Gilligan, 2020), and choosing to conceal disability may cause distress for some (Nario-Redmond et al., 2013). Additionally, Boyd (2014) proposes that in a university setting, the ability to “pass” as non-disabled and/or healthy can affect institutional judgements about accommodation needs, and lead to a lack of support for students with fluctuating or reoccurring conditions.

Who is Disabled?

The issue of identity is complex and contested in the field of disability studies. This is partially because of the complex nature of the disability category itself which is difficult to define. Rhodes et al. (2008) argue that the social model presents disability as an essentialist identity wherein disability is a single, unifying experience detached from impairment. They suggest that the social model’s insistence on a unified group identity among disabled people relies on a disabled/non-disabled divide, which does not in fact exist. Watson (2002) also challenges the idea of a disability identity and argues that a disability identity necessitates a strict divide between the disabled and non-disabled body that re-enforces a false dichotomy and ultimately oppressive notions of disabled people.

Ambiguously categorized conditions can illustrate the faulty divide between disabled and non-disabled. Rhodes et al. (2008) explores this using the example of epilepsy. In many ways, epilepsy fits into several different categories of disability. Historically, it has been constructed as a mental illness and associated with religious ideas of evil and possession. More recently, medical research has identified causes of

epilepsy neurological. Nonetheless, its effects can be understood as largely physical in nature. In this way, epilepsy does not comply with the common designations of physical and psychological that are used to describe disabilities. Similarly, epilepsy sits precariously on the boundary between visible and invisible. Though seizures resulting from epilepsy may be visible, they do not fit the common conception of disability as having “stable, permanent and visible physical manifestations” (p. 390). Additionally, Rhodes et al. (2008) argue that that many people with epilepsy find themselves predominately disabled by the “invisible” effects of their condition, such as enacted and felt stigma.

Rhodes et al. (2008) point out an irony present in the social model, illustrated by epilepsy. The social model, which defines disability as a purely social phenomenon, might be most applicable in the lives of people with “ambiguous” conditions like epilepsy, for whom many barriers are identifiably “social” rather than physical. The social model also emphasizes solidarity among disabled people in the form of individual and collective identification as disabled. However, those with fluctuating or concealable conditions are unlikely to be ascribed a disabled identity, and therefore are less likely to self-identify with disability or a disabled community. Rhodes et al. (2008) argue that this duality points to the simplistic understanding of disabled identity present in the social model

The lived experiences of disabled people, who often do not consider disability an important part of their identity, do not neatly fit into theoretical accounts of disability (Rhodes et al., 2008; Watson, 2002). Nario-Redmond (2013) criticize the view that firm group boundaries are a prerequisite for effective political action. Based on their results, which found overlap between group and individual coping strategies, they suggest that fluid disability identities and self-identification do not preclude political action.

Political Implications

Identification with disability can be politically useful. Nario-Redmond et al. (2013) found that identification with a larger disability community can foster social activism and positive self-esteem, supporting a rights-based framework. When disabled people do not identify as disabled, authors often view this as a result of internalized oppression (Watson, 2002). Spirtos and Gilligan (2020) refer to their participants’

conceptualizations of disability as “problematic” (p. 12). They point to medical discourses of disability which most of the participants’ have encountered through therapies and medical interventions throughout their lives. Watson (2002) provides a more critical interpretation of their participants’ lack of identification with disability. They argue that by constructing themselves as normal, the informants were not denying their bodily experiences and impairments, but rather challenging the boundary between normal and abnormal.

Watson (2002) notes that the participants constructed their own meanings of disability, often one in which disability was not an all-encompassing or even primary feature of their identity, but an ordinary difference. Many of Watson’s informants challenged notions of a “normal” body, which Watson argues should be understood as a political act. Similarly, Spirtos and Gilligan (2020) also acknowledge that acts of separation from disability may represent the resilience of the participants and resistance toward a category they view as oppressive.

Working Definitions of Disabled Identity

Disabled identity is complex and cannot be contained by theoretical boundaries. Rhodes et al. (2008) advocate for a more complex and flexible understanding of disability within academia stretching across the medical and social models in order to encompass the experiences of ordinary people. Disability is often a fluctuating condition which blurs boundaries between disabled and non-disabled, visible and invisible and healthy and unhealthy (Rhodes et al., 2008).

Identity is contextual. Disabled people can assume individual and group identities depending on the salience of the identities in the particular context, and these identities can overlap (Nario-Redmond et al., 2013). Group and individual identities mutually strengthen one another (Nario-Redmond et al., 2013). The contextual nature of disability identity indicates that a disabled student may consider a disabled identity to be salient in a school context but not in other settings.

Disability identity is often determined by the medical and educational systems (Boyd, 2014), but it can also be self-determined. Rhodes et al. (2008) sees identity as socially imposed while also recognizing that they are often sites for agency and

negotiation. Disabled identity is influenced by societal and institutional discourses of disability and shaped agentially through self-definition and negotiation of identity.

Disability and Community

Discussions of disability and community contained several possibilities for conceptualizing disabled community. In the following section, I discuss community as a space for self-acceptance, community as self-defined, community as coalition, disability as an opportunity for community, and resistance to disabled community.

Community as a Space for Self-Acceptance

Disabled people can create communities in which members can work toward self-acceptance. Nario-Redmond et al. (2013) found that identification with a disability community was correlated with positive self-esteem among people with many types of disabilities. Similarly, Spirtos & Gilligan (2020) noted a particular subgroup of eight young people whose narratives involved initial denial of disability identity followed by acceptance. They noted that most of these participants were involved in activities with others with similar impairments, such as high-level adaptive sports. In these environments where they met other disabled young people outside of a medical context, the participants had experiences of belonging. Relationships between disabled people may provide opportunities for knowledge to emerge about disability and the treatment of disability in society. Titchkosky (2003) writes about the valuable knowledge that has emerged from her partnership with another disabled person. For Titchkosky (2003), disability can serve as a teacher, pointing to “unexamined conceptions of normalcy” (p. 17). Titchkosky argues that disability can be a “place for thought”, when it is not viewed as a problem to be solved, highlighting what Goffman calls background expectancies.

Not all disabled people can easily access disabled communities, especially outside of medical settings (Parsloe, 2015). Increasingly, however, these communities can take place online. Parsloe (2015) studied an online “Aspie” community called “Aspie Central” by conducting a “netnography”, or an ethnography conducted on the internet. Parsloe (2015) proposes that users of Aspie Central used discourses of neurodiversity to reclaim normalcy. Users used neurodiversity to frame diversity and difference as normal, and thus created a space where autistic identity could also be seen as normal.

Community as Self-Defined

Another important aspect of disabled community is self-definition. Outside of the medical-model, disabled communities can decide independently what makes them a community and what characteristics connect them. Cobigo et al. (2016) argue that there is no universal understanding of community that could encapsulate everyone's individual experience, since community is ultimately a subjective experience.

Because disabled people are typically labelled as disabled by forces outside of their control, the fate of disabled communities can also be outside of disabled people's control. For example, due to changing definitions in the DSM, the diagnostic category of "Asperger's" no longer exists, and instead now lies under the umbrella of "autism spectrum disorder" (Parsloe, 2015). Similarly, Withers (2012) argues that definitions of disability change in order to deny disabled people resources. Withers explains that people are defined as disabled label as a means of oppression, and then, by way of legal definitions of disability, are refused access to resources. Therefore, Withers argues that as long as disabled people do not have control over who is disabled, there cannot be a cohesive community in which to create political and social change.

Community as Coalition

Parsloe (2015) proposes that online spaces are important for coalition building within the disabled community and with other marginalized groups. The online group participants in Parsloe's study began to mobilize one another to take action against their own oppression, building coalitions. Further, Parsloe claims, Aspies "aligned" themselves with other oppressed groups to illustrate the need for their own acceptance. However, I argue Parsloe's (2015) claim that Aspies on Aspie Central were "aligning" themselves with other groups and that this constitutes "coalition building" (p. 351) is questionable. By invoking comparisons between racialized groups and physically disabled people, members of Aspie Central may not have been aligning themselves with other groups, but instead using these groups as a tool to further their own goals.

Withers (2012) warns against "running over" intersectionality in the pursuit of disability justice. Rather than invoking the experiences of other oppressed groups only for the sake of comparison, Withers argues that it is essential to view all oppressions as interconnected. The idea of coalition building implies a degree of reciprocity wherein

members of oppressed groups might work together toward a goal of mutual liberation (Withers, 2012). However, of AC rarely seem interested in working toward the liberation of other groups. This argument is strengthened by the fact that while members often invoked comparisons to ethnic minorities, all of the people interviewed were white (Parsloe, 2015).

Disability as an Opportunity for Community

In dominant views of disability, disabled people are seen as dependent, while non-disabled people are seen as independent (Withers, 2012). Withers (2012) argues that in reality, non-disabled people's dependencies have been normalized, and consequently have become invisible. For Withers, the ideal of independence is a consequence of capitalism, and all people are in fact interdependent. Withers contends that our need for one another is not a weakness, but what makes us human. Seeing the relationship between disability and interdependence opens a space to think of disability as something that has the power to facilitate community. By removing an emphasis on independence, disabled people may find unique opportunities to create connections with other people. For example, one participant in Low's (1996) study with a visual impairment explained that they enjoy asking others for directions rather than using a guide animal, since it provides them with opportunity to meet new people.

Resistance and Obstacles to Disabled Communities

The ways in which some disabled people separate themselves from disability may make them resistant to community. Low (1996) found that some students in her study actively distanced themselves from other disabled students in order to approximate a non-disabled identity. Very few participants expressed a desire for a support group for disabled students, which Low suggests could come from an understanding that this would limit their ability to negotiate a non-disabled identity by associating them with other disabled people. Despite this, when disabled students discussed the ways they interacted with ableism at university, many referenced hypothetical future disabled students. In this way, participants were working toward justice for other disabled people while still distancing themselves from other disabled people as a strategy to cope with ableism.

Spirtos and Gilligan's (2020) study also demonstrated how coping strategies can prevent disabled people from building relationships with one another. One participant in

this study, Zoe, described an experience in which another young person approached her at a festival and asked her whether she had CP. Wishing to conceal her disability, Zoe replied that she did not, not realizing that the person who had asked her this question had CP herself. Zoe was regretful that she had lied and felt that she had missed out on an opportunity to make an important connection with someone who shared the same disability as her. Unlike participants in Low's (1996) study, Zoe expressed interest in being in community with other disabled young people, saying "oh my God it would be great to find someone who has the same thing" (Spirtos & Gilligan, 2020, p.11). However, much like Low's (1996) participants, the strategies that Zoe used to protect herself from ableism also prevented her from building community with disabled people. Zoe's story demonstrates how community between disabled people can be prevented by the obligation for many disabled people to conceal or diminish any indications of their disabilities.

Working Definitions of Disabled Community

My review of literature about disabled community has revealed two main ways in which community might be explored. First, disabled community can be understood as relationships between disabled people. Alternatively, it can mean a conceptual relationship between oneself and other disabled people. Disabled students may enact both of these conceptions of community, possibly in complex and contradictory ways. This is exemplified in Low's (1996) study wherein disabled students rejected the idea of creating spaces for disabled community at their school, but nonetheless connected themselves with a larger cause and viewed it as a responsibility to make the school more accessible for future disabled students.

Disability and Post-Secondary Settings

Literature about disability and post-secondary education mainly related to accessibility and inclusion. Themes included barriers to access, experiences of exclusion and discrimination, accommodations, self-advocacy, constructing the "good disabled student", and limiting the political power of disabled students.

Barriers to Access

Barriers to access were central to the literature exploring the experiences of university students with disabilities. Low (1996) conducted interviews with nine disabled

students at McMaster University. Participants described various access issues on the McMaster campus, including construction sites, physical barriers, and frequent changes to the physical arrangements of classroom. Campus environments can also present barriers for students with “invisible” disabilities. Mullins and Preyde (2013) interviewed ten students with invisible disabilities at an Ontario university. Students in this study reported barriers in classroom settings and organization to do with size of the classroom, noise, lecture style and other environmental factors (Mullins & Preyde, 2013).

Inaccessible design may be isolating for disabled people, and Low (1996) demonstrates how this can be true for campus environments. Low distinguishes two types of isolation: subjective and objective. Subjectively, some participants saw themselves as isolated by their need to do different things. Objectively, students were obliged to navigate campus in a way that isolated them. For example, underground travel containing ramps was more accessible for students with mobility and sensory disabilities than travelling through campus. Therefore, disabled students were seen as restricted to underground travel. Low argues that this type of inaccessible design stigmatizes students with disabilities by setting them apart from the rest of the student population in a visible way.

The rigidity of the school environment can also pose barriers to disabled students. Lindsay et al. (2018) conducted a systematic review and synthesis of literature on disclosure and accommodation for students in post-secondary education in an attempt to identify common barriers and facilitators to disability disclosure and accommodation requests. They found that students across studies had difficulty adapting to university life while making accommodations for disability. For example, some students missed prolonged periods of school due to chronic illness or medical treatments. Many were required to repeatedly organize the academic adjustments they required, and described this as exhausting (Lindsay et al., 2018). Students with invisible disabilities in Mullins and Preyde’s (2013) study also found the rigidity of their university schedules to be at odds with the fluctuating nature of their disabilities. One participant described their experience as “riding the wave” and “hop[ing] that the bad days don’t all clump together at important points” (Mullins & Preyde, 2013, p.151).

Experiences of Exclusion and Discrimination

Many university students face discriminatory attitudes and negative assumptions about disability from faculty and students (Lindsay et al., 2018). Participants in Low's (1996) study described a variety of experiences of alienation. Participants attributed experiences of exclusion and discrimination to the ignorance of non-disabled students. In order to build relationships with other students, participants in this study needed to "break through" a disability identity. As disabled students, they often took on the responsibility of teaching others how to act around them (Low, 1996). In Mullins and Preyde's (2013) study, students with "invisible" disabilities also faced negative comments from other students about their disabilities. Participants attributed negative attitudes from others to a lack of understanding surrounding invisible disabilities. They also felt that these were expressed to them directly because other students were unaware of their disability. These experiences deterred participants from disclosing their disability to others (Mullins & Preyde, 2013).

Subtle and explicit experiences of discrimination negatively affect disabled students' academic life and mental health. Lett et al. (2020) conducted an online questionnaire of 108 disabled students from four universities across Canada to determine the impact of ableist microaggressions on measures of grade satisfaction and mental health. They found that more experiences of microaggressions and overt discrimination were associated with poorer mental health outcomes and academic self-concept (Lett et al., 2020).

Accommodations

Official Accommodations. Lindsay et al. (2018) found that offices for students with disabilities were extremely beneficial for facilitating disclosure and accommodation. Participants in Mullins and Preyde's (2013) study spoke of the accessibility centre as providing more than just accommodations, but also providing a "safe place" for disabled students where they felt comfortable discussing issues and created valuable bonds with service providers. The school also had a designated space for disabled students in the library, which participants described as a place of "acceptance, community, and safety" (Mullins & Preyde, 2013, p.152).

Despite the benefits of organized accommodations for disabled students, there can be significant barriers to accessing these accommodations. Waterfield and Whelan (2017) conducted interviews with ten learning disabled students at Dalhousie University in Halifax, N.S. to understand how socio-economic status (SES) and stigma interact and affect access to accommodations. Their findings indicated that working-class learning-disabled students were at a significant disadvantage for receiving academic accommodations (Waterfield & Whelan, 2017). Bruce (2020) conducted interviews with 20 disabled students and 17 instructors at three liberal arts universities in Nova Scotia. Participants expressed that the accommodation procedures in place at their school were themselves inaccessible. Students noted that access to accommodations was partially dependent on privileged social status like whiteness and wealth which makes it easier to receive formal diagnosis. They did not believe that these types of barriers were acknowledged by service providers (Bruce, 2020).

Official accommodations may also re-enforce the medical model of disability. Canadian legislation for post-secondary institutions limits available resources to those who can substantiate a claim of disability based on medical diagnosis (Bruce, 2020). Bruce (2020) suggests that while accommodations make it easier for disabled students to approximate a normal ideal, they also strengthen the constructed divide between abled and disabled and do very little to challenge the status quo that leads to the exclusion of disabled students (Bruce, 2020).

Unofficial Accommodations. In addition to official accommodation services, students often need to arrange “unofficial” accommodations on their own (Bruce, 2020; Lindsay et al., 2018; Mullins & Preyde, 2013). In some cases, this may be because students lack access to official accommodations due to economic barriers (Waterfield & Whelan, 2017). However, even for students with access to official accommodations, it is often necessary to engage with members of faculty and staff to develop an accommodation plan (Bruce, 2020). Informal accommodations like extensions and extra time on quizzes may also require students to negotiate accommodations independently (Mullins & Preyde, 2013). Furthermore, when accommodations are arranged through a centre for students with disabilities (CSD), professors are often responsible for implementing them (Mullins & Preyde, 2013).

Lindsay et al.'s (2018) systematic review of literature and accommodations found that negative faculty responses to students' accommodation requests are common across studies of post-secondary students with disabilities. When a student passes as non-disabled, they may be viewed as more competent by professors, however this may also make professors wary of accommodation requests (Bruce, 2020). Students in both Bruce (2020) and Mullins and Preyde's (2013) studies were frustrated by the fact that their professors had the ability to limit their accommodations, which were their right to receive as disabled students. These students felt that they had to constantly ensure that their right to learn was being respected, and described this as tiring. Participants in Bruce's (2020) study recognized the need to always self-advocate as a reflection of a system which devalues disabled students and relies on them to take on the work of accessibility.

Self-Advocacy

Lindsay et al. (2018) identify self-advocacy skills as an important individual characteristic facilitating disclosure and accommodation, and recommend that self-advocacy skills be promoted to youth with disabilities. For disabled students, self-advocacy involves awareness of their own rights, awareness of the specific support they need, and communication skills (Lindsay et al., 2018). Bruce (2020) is critical of centring self-advocacy in discussions around university accessibility. For Bruce, it indicates a sidestepping of systemic change in favour of individual responsibility, which falls on the disabled student (Bruce, 2020).

According to Bruce (2020), Self-advocacy shapes the way students view themselves as learners and members of the university. It is based on neo-liberal ableist expectations of "independence, productivity, self-sufficiency, and compliance" (p. 419), which determine who is welcome in the university environment. Students' reliance on others to accept or deny their right to learn places them in a state of precarity (Bruce, 2020).

Constructing the Good Disabled Student

Bruce (2020) found that participants felt immense pressure to conform the outline of normalcy set out by the institution. This led some to change, seek out or highlight parts of themselves that did conform to this expectation of normalcy. Particularly, disabled students felt they had to become the type of student that faculty valued and attempted to

perform the role of a “good” disabled student, who is polite, timely, organized and compliant (Bruce, 2020). Similarly, Low (1996) found that many disabled students felt the need to negotiate a non-disabled identity in academic settings. For these students, achieving (or approximating) a non-disabled identity involved limiting their demands of others. For example, one participant with a visual impairment avoided asking professors to read off the board during class (Low, 1996).

Limiting the Political Power of Disabled Students

Several studies indicated ways in which universities’ accessibility initiatives might have the effect of disempowering disabled students. Bruce (2020) explained that self-advocacy, when enacted on students’ own terms, can be a powerful act of resistance to inaccessibility. However, Bruce suggests that when self-advocacy is appropriated by non-disabled professionals, it diminishes its potential as an anti-oppressive practice. Students’ experiences of self-advocacy were steeped in neoliberal narratives of personal responsibility, which were experienced as isolating rather than based in the collective political action of the disabled people’s movement. In Low’s (1996) study, the coordinator for students with disabilities considered the lack of political action on the part of students in regard to accessibility, and suggested that the university has done just enough on matters of accessibility to stop disabled students from organizing for change, while still maintaining a campus environment that is inaccessible and isolating for disabled students. Taken together, Bruce (2020) and Low’s (1996) parallel findings suggest that universities may be spaces that de-politicize disability issues through their actions branded as “accessibility”.

Summary of Findings

This literature review has provided important context for my research. The issue of community among disabled people has been relatively neglected in the research. Some studies about disabled identity contained mentions of community among disabled people, however, this did not tend to be explored as a separate issue (e.g. Low, 1996; Nario-Redmond et al., 2013; Spirtos & Gilligan, 2020; Watson, 2002). The overlap between research about disabled identity and community demonstrates that they are closely related concepts. The lack of focus on disabled community provides justification for my research question.

Literature around disability in post-secondary focused significantly on issues of access, and less on issues of identity and community. In post-secondary settings, there was also little discussion of the political implications of a disabled identity. It is possible that this is a symptom of the wider de-politicization of disabled issues at university noted by Low (1996) and Bruce (2020).

In a postsecondary context, disability is defined through the institution by means of “official” documentation. As illustrated by Parsloe (2015), institutional control over definitions of disability can have real effects on disabled communities. In my study, this might mean that only those with sufficient access to resources to receive accommodation may have access to the community that accompanies it. Additionally, disabled students may find themselves in spaces with other disabled students through accommodation processes and procedures, which sometimes involve separate spaces (Mullins & Preyde, 2013). However, disabled students may choose not to engage socially with other disabled students in order to adapt to an ableist university environment (Low, 1996). My research will address how these spaces may facilitate community.

Identity often shifts according to context (Rhodes et al., 2008), and thus “disabled students” may not be, or may not consider themselves to be, disabled in other contexts. In a university context, disabled students are categorized based on their disabilities, and this categorization provides them with access to resources (Bruce, 2020). Given that disabled identities are both ascribed and self-defined (Rhodes et al., 2008), disabled students may identify as disabled or reject the labelling altogether. As Watson (2002) suggests, neither of these choices are necessarily problematic or representative of internalized oppression.

Notably, disclosure was a central theme in studies in all three areas investigated in this review. Disclosure can be a means of identifying with a wider disability community or political movement (Nario-Redmond et al., 2013). Negotiating disclosure can also be a means of connecting with other disabled people, as exemplified in Spiros and Gillian’s (2020) study. In a postsecondary setting, disclosure serves a particular function of accessing resources and accommodations (Waterfield & Whelan, 2017). This was often enacted with faculty members, and seen negatively by disabled students (Bruce, 2020; Lindsay et al., 2018). These findings indicate that, in a postsecondary setting, disclosure may serve many functions and interact in complex ways in the lives of disabled students.

Methodology

The present research aimed to understand how disabled students at Mount Allison University understand disabled identity and community. In particular I set out to understand (1) how disabled students at Mount Allison understand their identity in relation to disability, (2) How this identity is affected by the context of the campus and (3) community, and (4) how disabled students find community with one another.

Interpretive Framework

This research question was explored using a phenomenological approach to enquiry. Phenomenology focuses on understanding subjective experiences. In this approach, a researcher gains insight into a phenomenon through the collective experiences of individuals (Creswell & Poth, 2018). Phenomenology is a suitable approach when the goal of research is to gain an understanding of several individuals' shared experience of a phenomenon (Creswell & Poth, 2018). In this case, all participants shared the experience of being disabled at university, and the goal was to understand how disabled identity and community were experienced by participants.

Phenomenology involves not only describing, but interpreting the meaning of lived experiences, and attempts to describe the essence of an experience. It rests on the philosophical assumption that perceptions of "reality" can only be created through lived experience (Creswell & Poth, 2018). As such, my research was not intended to determine an objective truth, but rather gain an understanding of the lived experiences of disabled students. Phenomenological research may involve bracketing researcher's experiences by acknowledging subjectivity and attempting to limit the influence of the researcher's own experiences. However, Creswell and Ploth (2018) suggest that phenomenology might require the researcher to engage with their own experiences, both those that they bring to the study and those that they gain from the study.

Research Ethics Board Approval

The Mount Allison University Research Ethics Board approved the study design in August 2020, in compliance with the Tri-Council Policy Statement (TCPS) for the Ethical Conduct of Research Involving Human Participants. Due to the COVID-19 pandemic, in-person research was suspended at Mount Allison at the time that this study was conducted. As such, all research activities took place through digital platforms.

Recruitment

For this study, I aimed to recruit eight to 10 participants who were disabled students at Mount Allison. I began the recruitment process in late September, 2020, a few weeks into the school year.

Recruitment materials contained general details about the project and my contact information (see Appendix A). Recruitment materials were created with accessibility in mind, using minimal design and readable fonts. All materials distributed on social media were posted with an image description. Materials sought to recruit participants who “self-identity as having a disability”. I chose the language in my recruitment materials deliberately, with disabled students in mind. Self-identification was prioritized in an effort to allow students full autonomy over their identification with disability, and to de-centre medical model definitions of disability, which are restrictive and paternalistic (Marks, 1999). Recruitment materials did not use the word “disabled”, since many people with impairments or disabilities do not identify as “disabled” (Shakespeare, 2018; Watson, 2002).

Participants were recruited primarily through digital platforms. Digital communication was important in order to accommodate a diverse pool of participants, including those who were completing their courses outside of Sackville. Though I had intended to display the posters on-campus, the quota of participants for this project was filled quickly through online advertisements and it was not ultimately necessary to advertise elsewhere.

Three student clubs related to disability, mental health and social justice, respectively, agreed to advertise the study among their members. Staff at the Meighen Centre also forwarded recruitment material to students. I contacted student clubs to ensure that the study would be advertised to students without official accommodations, in an attempt to de-center medical definitions of disability and achieve a representative group of disabled students. However, the vast majority of responses came immediately after the Meighen Centre distributed my advertisement. This may be attributed to the wider reach that the Meighen Centre had. It may also have been an issue of timing, since the Meighen Centre’s message reached students sooner than two student groups.

Participants

In total, 35 people contacted me expressing their interest in participating in my study. This response was better than I had anticipated, and may reflect a desire for disabled students at Mount Allison to discuss issues of identity and community. Participants were chosen on a first-come, first-served basis. The first ten students who expressed interest in the study were chosen as participants, and the remaining interested participants were placed on a waiting list. Two participants who initially expressed interest in the study withdrew before their interviews, and two participants from the waiting list participated.

Demographics

All 10 participants were undergraduate students at Mount Allison who self-identified as having a disability. Although enrollment in the Meighen Centre was not a requirement for participation, nine participants were registered in the Meighen Centre.

Three participants were in first year, three participants were in second year, three participants were in third year, and one participant was in fourth year. All participants were between the ages of 18 and 20 at the time of their interview. Two participants studied social sciences, three participants studied sciences, and four participants were in fine arts or other programs of study.

Eight of the participants were female, none were male, and two were other gender identities, which will not be disaggregated for the purposes of this study in order to maintain confidentiality. In terms of racial and ethnic identities, seven participants identified as white, and three identified as other racial/ethnic identities, which will also not be disaggregated in order to maintain confidentiality.

Participants had a variety of disabilities. Eight participants had more than one disability, and two identified one disability in several categories. Disabilities included six mental health disabilities, five neurological disabilities/neurodivergence, four physical disabilities including one temporary physical disability, three learning disabilities, and one chronic illness. It should be noted that some participants expressed that they found it difficult to categorize their disabilities. In several cases, participants with the same disability chose to categorize them differently. This might reflect the complexity of

disabled experiences, which will be discussed further in subsequent chapters of this thesis.

Confirmation of Consent

When participants emailed me to express their interest in participating in the study, I provided them with the interview questions and consent form (see Appendix B). If they were remained interested in participating after reviewing these documents, interviews were scheduled based on both of our availability. At the beginning of the interview, I asked permission to record the meeting, and I reviewed the consent form with them. I informed participants of their right to withdraw from the study at any time, that they were under no obligation to participate, and that they could end the interview at any time. Given that the interviews took place remotely, verbal consent was received.

Interviews

Ten semi-structured interviews were conducted with students who self-identified as having disabilities. Interviews took place in October and November, 2020, and all interviews were conducted remotely due to COVID-19 restrictions. Participants were given the choice of conducting their interviews over Microsoft Teams, Zoom, or phone. This choice was provided in order to ensure each person's accessibility needs would be met.

Each interview began with a verbal introduction to the study and a review of the general objectives of the study. I also informed participants that my interest in this study came from my experience as a disabled student. Historically, research about disabled people by non-disabled people has focused on medical intervention, and narrative research has tended to pathologize disabled people (Marks, 1999). My disclosure was meant to contextualize my research for participants and add an element of comfort. After receiving participants' verbal consent, I began the interview, using the interview guide as a reference.

Eight interviews took place over Microsoft teams, one on Zoom, and one over the phone. Interviews lasted approximately 30 minutes to an hour and were recorded with consent of the participant. During the interview, participants were invited to speak about identity and community in relation to disability. After the interview, participants were given the opportunity to debrief the process and add any final thoughts or concerns about

the study, the interview process and the accessibility measures in place. This was an attempt to further include participants in the research process. In several cases, participants gave feedback that I took into account in future interviews.

All participants chose their own pseudonyms. All participants received a gift card valued at \$15 for participating in the study, as well as a thank-you note that contained relevant resources where they could seek additional support if needed.

Interview Questions

The interview guide contained ten questions pertinent to disabled students' experiences of identity and community (see Appendix C). I developed these questions with the goal of answering the overall research question ("how disabled students at Mount Allison understand disabled identity and community"), and specifically the four underpinning questions of this research topic.

In phenomenological research, interview questions should lead to an understanding of the common experiences of participants (Creswell & Poth, 2018). My interview questions aimed to reveal commonalities and differences among participants. I was also influenced by Titchkosky's (2003) understanding of disability "as a teacher", and asked participants what their disability has taught them about themselves or the world in general.

Data Storage

With consent from participants, interviews were recorded. Interviews on Microsoft Teams and Zoom were recorded using the recording feature built in to the software. The interview conducted over the phone was recorded on a separate recording device. Videos and voice recordings were saved to Microsoft Stream and were only accessible to myself and my supervisor.

An interview with one participant, whose pseudonym is "Scarlet", was lost. The file did not download onto Microsoft Teams as I believed it had, and I deleted the hard copy off of my computer before becoming aware of this error. I used the notes I took during Scarlet's interview and my memory of the conversation to develop a summary of the interview. I then shared this summary with Scarlet and obtained her consent to use my summary of the interview to contribute to the data. During the coding process, I coded

this summary as usual, and I have included excerpts of Scarlet's summary where relevant in the findings section.

Data Analysis

Data was analyzed using general thematic analysis. Thematic analysis is a flexible method, which can be used with a variety of epistemologies, ontologies, and theoretical positions (Braun & Clarke, 2013). As such, it was an appropriate method for this project, which used a phenomenological approach and also incorporated methodological strategies reflecting "embodied methodologies" (Chadwick, 2017). I will address this further in my discussion of transcription.

Thematic analysis is a straightforward method that is accessible to new researchers (Braun & Clarke, 2013). This was a primary factor in my decision to use thematic analysis, given that this was a student project, and a learning process for me as a new researcher. Braun & Clarke (2013) outline an eight-step approach to thematic analysis that is meant to be used as a guideline, however they emphasize the non-linear nature of data analysis. I followed these steps throughout analysis, adjusting based on the needs of the research process.

Transcription

In thematic analysis, transcription is the first step in the analysis process (Braun & Clarke, 2013). Interview transcription was influenced by Chadwick's (2017) embodied perspective. Chadwick (2017) uses poetic representational devices to capture bodily experiences in participant narratives. According to Chadwick, all transcriptions are flawed, since it is difficult to capture meaning in conversation through textual representation of speech. However, Chadwick argues that poetic formats allow more room for interpretation on the part of the reader, rather than limiting interpretation by inferring punctuation in conventional sentence structure. Chadwick (2017) uses poetic forms to communicate the liveliness and "fleshiness" of narratives of embodied experiences through rhythm and structure.²

² Chadwick's (2017) research focuses on narratives of childbirth. However, the embodied methodology that Chadwick uses is useful for illustrating other embodied experiences.

Phenomenological enquiry is oriented toward the discursive construction of reality and focuses on text-based representations of a phenomenon (Creswell & Poth, 2018). However, embodied accounts of disability argue that disability is also a deeply embodied experience, and not merely constructed through discourse (Crow, 1992; Marks, 1999). Therefore, I used Chadwick's poetic format during transcription in order to capture bodily experience in textual representations of disability to the greatest degree possible.

In Chadwick's method, subjectivity of experience is centred. This is compatible with a phenomenological approach, which presumes a subjective reality. Chadwick often uses "I poems", wherein "I"s are placed at the beginning of each line. This allows the reader to focus on the movement of subjectivity. Chadwick's method is meant to engage with, rather than "smooth over", complexity and contradiction. For this reason, the method was useful for engaging with non-linear and non-normative ways of storytelling, making it especially appropriate for studying disability. Though I used "I poems" during transcription and analysis, for the purposes of this report, I have used other poetic structures to improve readability.

Interviews were transcribed verbatim and sent to participants for member-checking. The text remained verbatim during analysis, however, the quotations included in this report have been edited for clarity. The notation used for transcription was influenced by Chadwick (2017) and Braun and Clarke (2013). The notation can be seen in Table 1 below, along with examples of how it was used.

Table 1***Transcription Notation***

Feature	Notation used	Example
Reported speech	'words'	He said 'sure'
Used air quotes (hand gesture)	"words"	It was "too much"
One person laughs	((laughs))	Wow ((laughs))
Both people laugh	((shared laughter))	Wow ((shared laughter))
Words spoken with laughter in voice	^^words^^	I ^^ate breakfast^^
Pause	(*)	I had (*) cereal
Speech trails off	...	I ate...
Words that are emphasized	<u>Words</u>	I <u>definitely</u> ate breakfast
Words spoken slowly for effect	<i>Words</i>	I <i>think</i> I ate breakfast
Portion of text removed	[...]	I ate [...] breakfast

Coding

After transcripts were anonymized and I had received feedback from member checking, I printed the interview transcripts. I began by reading and familiarizing myself with the data, making casual notes about the content (step two of Braun and Clark's thematic analysis). I then began the coding process. I used complete coding, identifying anything that might be of interest. After I coded one interview systematically, I used the same codes in the following interview. As I generated new codes, I revised previous interviews to add them in where relevant. I coded the first six interviews in this way to generate a list of established codes. The remaining four interviews were primarily coded selectively, using these established codes. I used this method in order to adapt to time constraints while ensuring that I had engaged with all interviews thoroughly. After coding all ten interviews, there were over 200 codes, which I then developed into candidate themes.

Developing Themes

Braun and Clarke (2013) emphasize that themes do not "emerge" from data, but rather are developed through an interpretive process by a researcher, who is influenced by their knowledge and experience. From the initial codes, I developed candidate themes. Some of the codes were combined during this process, while others were discarded. Final

themes were chosen in a collaborative process with my faculty advisor based on which themes were most pertinent to answering the research question, and which ones we felt would add value the research.

Writing and Finalizing Analysis

In thematic analysis, writing is an important part of the analysis process (Braun & Clarke, 2013). Once I had decided on themes, I selected extracts from coded data that illustrated the facets of the themes. Quotations were selected based on how well they illustrated the theme, while also attempting to represent all participants equally. The analysis was then developed around these quotations, telling my own “story” through the interpretation of data extracts (Braun & Clarke, 2013).

Trustworthiness

Qualitative research must be conducted systematically and exhaustively in order to ensure the trustworthiness of findings. In order to be trustworthy, research must demonstrate credibility, transferability, dependability, confirmability, and reflexivity (Korstjens & Moser, 2018; Nowell et al., 2017).

Credibility

Credibility is a measure of how well the interpretation of qualitative data represents the original data, in this case, the perspectives expressed by the participants in their interviews (Nowell et al., 2017). Prolonged engagement with the research context is one way of ensuring credibility of findings (Korstjens & Moser, 2018). Prior to this research, I understood the context of Mount Allison, disability services, and student life well, given my lived experience as a disabled student. Data triangulation can also ensure credibility. I was limited in my ability to collect data in different settings, and all interviews were conducted remotely. This may have had negative effects for some participants who felt that speaking in-person would be a better method of communication. For example, Maximus expressed this sentiment:

it's hard to process some of these things
like this is why I love being in-person interviews
because you really get to actually see someone and talk to someone
and like I think that's what you really need to process what they're saying
and really get to know that person

and I really do miss that aspect

Member checking of initial interview transcripts ensured that I had accurately interpreted meaning from the interviews. Conferring with my supervisor throughout the process was another way of ensuring credibility of the data (Nowell et al., 2017). During analysis, I used diagrams to understand connections between themes. This technique is recommended by Braun and Clarke (2013), and also helps create credible findings (Nowell et al., 2017).

Transferability

Transferability represents the degree to which results might be transferable to other contexts and settings (Korstjens & Moser, 2018). Transferability to particular contexts becomes clear through a thick description of the context in which the research took place. For this reason, I have provided information in my introduction to situate the context in which this research took place.

Dependability

Dependability refers to the stability of findings over time (Korstjens & Moser, 2018). One way of achieving this is by providing an audit trail, or a clear explanation of decisions made during the research and the rationale behind them (Nowell et al., 2017). I have provided these descriptions throughout this report in order to ensure that results are dependable.

Confirmability

Confirmability describes the likelihood that other researchers would agree with the findings of a qualitative research project (Korstjens & Moser, 2018). This is achieved by ensuring that the findings are credible, transferable and dependable (Nowell et al., 2017). Confirmability is demonstrated by including descriptions of all choices regarding methodologies, theories, and analysis. I have described these decisions throughout my report.

Reflexivity

Reflexivity is a process of critical self-reflection on the part of the researcher (Korstjens & Moser, 2018). It involves awareness of researchers own biases, relationships with the participants, positionality, and how this might reflect itself in all parts of the research process.

Being a disabled student influenced my curiosity about the research question, and every successive step of the research process. It also influenced my own experiences and participants' experiences during interviews. I had personal relationships with several of the participants, who I had met through disability-related events and other settings. These things may have been beneficial during the research process. For example, one participant said "there's more comfort there than a strange researcher".

Interviewing other disabled students may have offered a level of understanding that could not otherwise have been achieved. However, I remained aware of the "exploitative potential of interviews" (Braun & Clarke, 2013, p. 89), which historically has been a concern in research about disabled people (Marks, 1999). In order to ensure reflexivity, I took note of my own reactions to the research data during coding. It was also important to acknowledge the ways in which my own experiences differed from participants', and take this into account during data collection and analysis. For example, I am not physically disabled, I am also white and I have class privilege. These things have significantly influenced by experiences as a disabled student, and my understandings of identity and community. For these reasons, I was conscious of the choices I made during data analysis and made an effort to highlight experiences that were different from my own as well as those that were similar.

Findings

In following section, I explore some key themes using extracts from participant interviews. Quotes were chosen in an attempt to be sufficiently representative of all participants.

It's Complicated

Many participants discussed a relationship with “disabled identity” that was less than straightforward. Participants talked about their disability as central to their life and experience while also minimizing its impact on their lives and identities.

Disability Affects Everything

Participants spoke about how their disabilities affected their experience of the world in a wide variety of ways. Some had difficulty identifying one “category” appropriate for their disabilities. Maximus explained how her disabilities evade categorization and affect many aspects of her physical and mental experience:

Um my disability is of course like neurological
it affects my um development
it also affects my body, my verbal and also my mental well-being
so like almost like everything except for chronic

Participants also spoke about the daily work of living with their disabilities while interacting with the world. Alex, a first-year student with mental health disabilities, explained, “my disability affects me in pretty much every way”. When asked for examples of how their disabilities affected them, Alex described some of the daily work involved in living with their disabilities at university:

If I'm going somewhere else to study at like at a cafe or something
I need to be super aware of my surroundings
to make sure that I'm not going to go into an episode [...]
even if I'm in my room in like a safe normal familiar environment um
I usually need to be eating or drinking
pretty much whenever I do anything to have that like tactile awareness
like to kind of bring me back and ground me [...]
I need to take notes to make sure I'm still getting information
but I also have to have a note taker [...]

I also cannot leave my room without my medication
 I have to always make sure to have like my medication
 and my phone on me um and my tracking device [...]
 I also have to sometimes write down my eating habits like
 cause some days there are days where I just full on don't remember any part of
 the day

Alex's description illustrates how managing their disability is built into many aspects of their life. Managing their symptoms requires Alex to have heightened awareness of their surroundings, engage in tactile tasks, and keep track of their assistive devices and medication. All of this work is done in addition to schoolwork, may not be immediately obvious to those around them. Alex described their disability as "invisible", and much of the work required of them is invisible as well.

Jane was recently diagnosed with a neurological disability, and her awareness of her disability also has a significant impact on her life. Jane's awareness and understanding of her disability has influenced the decisions she has made about her career path, and her "role in the world":

it's changed my view of the world in that way
 and about like myself and my role in the world um
 it's changed the career path that I thought that I wanted
 because I realized that I really really hated paperwork ((Julia laughs))
 not because just the average person hates paperwork
 but because it takes me a longer time (J: mm) for me to do that
 and I think I have other capabilities that are stronger
 that can like balance out the fact
 that I'm not good with writing or concentration or like sitting at a desk
 so I think that um learning more about my disability, other's disabilities and the
 things that affect my daily life have played an important role
 in choosing what I want to do and choosing what I want to study

Disability Isn't Everything

Though participants described a wide variety of ways in which their disabilities impact their daily lives, many also expressed that their disabilities are not central to their

lives or identities. Cindy, a second-year student with a chronic illness, described herself as “an activist in [her disability] community”. She has participated in fundraisers and awareness campaigns, as well as events for a children’s hospital. Despite this, she was hesitant to emphasize her disability as an important part of her identity:

I try not to like (*)
 like I know *technically* I do have a disability
 and like it it's obvious that way
 but I always, I try not to like think of it like as like a burden [...]
 I know I have it but I try my best to like y’know
 it's part of my life but it's not, it doesn't control my life

In this quote, Cindy acknowledges that it is “obvious” that she has a disability. Cindy emphasized throughout her interview that her disability is not a big deal to her, largely because she is used to the daily routines involved in managing it, like taking medication and doing other treatments in the morning and night.

Scarlet made it clear that her disability was not a central part of her identity, and said that for her, having a disability was like being right-handed. Elizabeth, who had multiple disabilities, described a complex relationship to disability. In the following quote, Elizabeth is responding to the question “what does it mean to you to be a person with a disability?”:

Um that’s kind of a hard question honestly like
 there’s a lot of levels to that (J: yeah)
 I think just like because I don't necessarily remember all the time
 that I have a disability (*) um
 I don't really think of myself as someone who is disabled

Elizabeth’s response to this question illustrates how, though disability may affect many aspects of her life, she does not consider it to be central to the way that she understands herself or her role in the world.

Disability is a Part of who I am

In response to the question “how do your disabilities affect your life”, Maximus explained:

I wouldn't say they affect my life

I'd say they are just a part of my life
 just like they kind of help me navigate how I understand the world
 in everyday situations and grasp different senses of being
 it's more like, it's (*) how do I describe it um (*)
 more like I find different ways to navigate than most people

The apparent contradiction present in many of the participants' interviews may be addressed in this quote. Disability is neither important nor unimportant; it is just a part of life. Maximus also described how disability only becomes relevant when "remembering you're different".

I think when people are like 'how do you understand it' it's like,
 you don't really
 it's just been a part of you your whole life
 it's really more understanding that you're not like everybody else
 and I think that that's sometimes forgotten

In this quote, Maximus explains that disability is understood through interacting with the world. Elizabeth expressed a similar sentiment, saying:

it's just kind of like a part of who I am as a person
 and so there's no real avoiding disabilities
 and there's no real like needing to remember it all the time
 it's just kind of like
 I go about my daily life and that's that ((laughs))

Falling Short of Normative Expectations

Participants spoke about being unable to meet normative expectations, especially those expected of students at university. Some participants struggled to meet normative expectations of efficiency. Jane struggled with completing schoolwork at the pace expected of her because of her disability. She described needing to put in more time and effort in order to meet normative expectations:

I usually need extra time (J: mm) than other people
 so when they say like
 'okay if you work eight to five like, you should be good
 if you're putting in your forty hours in your classes you should be good'

but with my like when I have difficulty understanding something
 or I need to re-watch a video or re-take notes
plus the language barrier (J: mhm)

that's extra time that I need to put on top of other students

Jane demonstrates how disabled students are required to contend with the expectations set out for all students, in this case, the amount of time students are expected to dedicate to working. This expectation was unrealistic for Jane, not only because of her disability, but also because she is not learning in her first language.

Making Sacrifices

Participants described the sacrifices they made in order to meet normative expectations at university. Trudy explained that in residence, she felt that she missed out on opportunities for socializing because of the time and effort it took her to complete her schoolwork:

it took me a lot longer to do things
 so then I found that I was a lot of the time like in my room
 just like finishing work um when other people would be done their work
 and like out doing social things
 that I had to kinda take the extra time on my own
 to like get the work done um
 so that was isolating as well
 and also just like upsetting like
 I did wanna go out and see people and like get experiences
 but I couldn't really do that
 because I had to kinda put the extra work in to get my studies done

Participants also discussed how attempting to keep up with normative expectations required them to sacrifice their mental wellbeing. Avery described their experience in high school attempting to maintain good marks while struggling with their mental health:

I was able to get good grades but at what cost?
 Like it was at a huge cost to my mental health
 and I think it was really not addressed
 so I think that's why I personally really struggle with conceptualizing myself

not as like a unit that's like just bringing things for other people
 and giving things to other people
 and really just like as a person
 and I think um in the last few years I've really started to
 like be okay with the idea that I don't have to be whatever was expected

Chaya discussed making a difficult decision of withdrawing from one of her courses. She told a story of how her friend criticized her decision, saying that she was not sacrificing enough:

I decided to go down to four courses instead of five (J: mm)
 and so it was kind of just this weird interaction
 where it was a very difficult decision for me
 both in terms of like my culture
 and things like that of just making that decision
 and then basically to have like a friend be like (*)
 'oh y'know sometimes you just need to sacrifice more
 to get where you wanna be with stuff like that'
 and then me literally kind of being at a breaking point um
 and being like 'there's no more to sacrifice like
 I'm not sleeping, I'm not seeing friends anymore, I'm miserable like
 it's not (*) good' ((laughs))

Decentring Normative Expectations

When disabled students cannot meet normative standards, they must contend not only with how they are perceived by others, how they perceive themselves. Expectations like productivity and independence are highly valued, and when participants could not meet those expectations, they questioned what that meant to their identity. Participants talked about the ways in which they are de-centring normative expectations and placing less value on achieving the normative standards set for them. They did so by finding alternative identities and learning to ask for help.

Finding Alternative Identities

Since acquiring disabilities, Trudy has had to re-adjust her expectations for herself. She explained how her disability has made her re-evaluate her standards:

in high school for example like

I was a very very like top of my class student

and I still like get good grades

but it required a lot less work

and not just because it was easier work

but because like I was just able to do things at a quicker speed (J: mhm)

so kinda like (*) ^^evaluating^^ my perfectionism

I guess has been a really big thing and seeing that like

I'm not capable of performing at the same rate

that I was prior to my disabilities um (J: mhm)

at least without like a lot of assistance from like extra time for things

or um yeah like extensions or whatever (J: mhm) um (*)

yeah so just kind of relearning my own capacities and coming to terms with that

and not necessarily placing all of my identity in what I do

like in terms of schoolwork which isn't like a healthy thing to do anyways

so that's probably a good thing

As she readjusted her expectations for herself, Trudy was required to re-evaluate the importance she had previously placed on her performance in school. She also acknowledged that it was not healthy to derive her identity from her performance in school, even before she acquired disabilities. Later in her interview, Trudy explained that her faith has played an important role in understanding her identity outside of her performance:

I'd say that my faith has played a big role

in [...] learning like more about my identity

and kind of shaking off the idea of like my identity lives in what I do

but it's more so like in who I am (J: mm) um

so like (*) yeah my prayer life has been a big help in kind of

being okay with having a disability um and (*) yeah

it's been like a very fruitful thing (J: hm) um throughout the process
 Trudy's faith has helped her distinguish between "what" she does and "who" she is. For
 Avery, learning about disability justice has helped shift their understanding of their own
 identity:

I think [disability justice] allows me to
 kind of conceptualize myself in a different way
 because I feel like I am questioning a lot of times that like
 what society defines as able minded and able body um
 is like damaging and inaccurate um and that kind of leads me to like
 know that I don't have to make myself meet those expectations

Asking for Help

Participants talked about learning that needing help from others was okay.
 Maximus explained that she used to feel shame asking for help, however having a
 disability has made her more comfortable doing so:

we're all different in some kinda way
 and sometimes we do need help with things
 like I remember as a kid I felt so shamed to ask for help like in class
 and (*) I think it was me building that skill to go and ask
 like by the time I was in high school I wasn't ashamed to go and ask
 even though and I thought everyone like wasn't scared
 but it made me realize that working with my disability and building resilience
 really made me different from other people
 'cause I wasn't afraid to ask for help

In this quote, Maximus recognizes needing help as a common human experience. She
 does not view herself as different from others because she needs help, but rather because
 she is comfortable asking for it. Asking for help was one way in which participants
 resisted normative expectations of independence.

Accommodations as Earned

Participants spoke about accommodations at university in ways that demonstrated
 a need for accommodations to be earned. Some struggled to feel deserving of the
 accommodations they received and described a fear of "milking the system". Others

gained accommodation by demonstrating deservingness to those with the power to provide them with accommodations.

Milking the System

Narratives about “milking the system” highlighted how dominant ideas about accommodations permeate the lives of disabled students. Participants feared being perceived as taking advantage of accommodations, and doubted their own deservingness of them.

Throughout her interview, Lena described a pervasive sense of self-doubt surrounding her experiences of disability, and uncertainty about whether her experiences are severe enough to be described as disability. She explained how diagnostic labels have helped her feel more deserving of accommodations:

when you do have some sort of labels attached to it
 there's a lot of reliance y'know on that medical external professional
 y'know that kind of modeling going on
 but those can provide a lotta comfort (*) at least for me uh
 in terms of feeling like 'oh I'm justified in having these accommodations
 I'm not milking the system by having them'
 which is even with the Meighen Centre
 I always feel like 'oh' a little ^^a little unsure about it^^

Diagnostic labels help Lena feel as though she is not “milking the system” by receiving accommodations from the Meighen Centre. Although she explicitly recognizes that this relies on the medical model of disability, she nonetheless finds comfort in these labels.

Like Lena, Jane also felt uncertain about whether she was disabled enough to access accommodations from the Meighen Centre. However, she justified her use of accommodations by explaining that disabled students often put in much more time and effort than non-disabled students:

I feel since like I am associated with the Meighen Centre
 people know that we have like additional time or things as such
 so maybe that's just like my guilty conscience because
 I don't feel that I necessarily super belong in the category of a full-on disability
 I feel like others maybe think that

oh, we're taking advantage of a system blah blah blah
 because there's so much talking about that even like let's say EI
 people are like 'oh these people take advantage of a system'
 but like little do they know that that extra thirty minutes on a test
 yes it's helpful
 but like it reflects like an extra thirty hours maybe in a month that we are putting
 because of it (J: mm)
 because of like the daily little things that we deal with

Jane feels that others may believe that she is “taking advantage of a system” by receiving accommodations from the Meighen Centre. Similar to Lena, Jane acknowledged that she may feel guilt for using accommodations because she does not feel disabled enough to deserve them.

Both Jane and Lena were registered as students with disabilities and received official accommodations with the Meighen Centre. However, they nonetheless struggled to feel as though they deserved the accommodations they received. Both narratives reflect a belief that accommodations need to be earned through struggling enough with school. Jane also reflected an idea that since disabled students' work harder than other students, their use of accommodations is justified. This was an idea that was present throughout many discussions of accommodation.

Demonstrating Deservingness

Disabled students described a need to demonstrate hard work when they accessed informal accommodations. Alex was newly registered as a student with a disability, however throughout high school their accommodations were up to the discretion of their teachers. They described how their teachers decided to give them accommodations:

throughout high school I had accommodations
 however they were not officially accommodations in the system
 it was just all of the teachers knew me personally
 and knew that I struggled
 but academically I was a strong student, I paid attention
 so they were okay giving me different like leniencies and accommodations
 as they saw fit

In this case, Alex's access to accommodations was contingent on their teachers' perceptions of them as a "strong student" and their awareness of Alex's struggles. Now that Alex is registered as a student with a disability at university, their accommodations are more secure. However, even when students are registered with the Meighen Centre, they may need to access a variety of informal accommodations from professors, for example extensions on assignments.

Chaya was acutely aware of the fact that she needed to demonstrate her deservingness to professors in order to access accommodations. Chaya has learned to build relationships with her professors and outwardly demonstrate to them that she is working hard. This has helped her gain the informal accommodations that she has needed:

it's kinda like a bad way to phrase it
 but like professors kind of trust me because they know what kind of student I am
 and I don't think that there should be kind of a litmus test for like disability
 of like 'oh you're a really hard-working student
 and I can see that you're in you're working constantly'
 or like 'you've started this assignment three weeks beforehand
 and have been asking me questions'
 but I think because
 I kind of learned that if I really communicate with professors constantly
 and they constantly see that I'm working on things
 that they're a lot more flexible if something to do with my disability kind of gets
 in the way

Chaya acknowledges that problematic nature of the need to act a certain way in order to gain accommodations by saying there should not be "a litmus test" for disability. However, she has learned that demonstrating her hard work is the best way to gain accommodations.

By performing the role of a strong, hard-working student in front of their professors, Chaya and Alex demonstrated their deservingness and were granted access to accommodations. However, being perceived as a good student can also be interpreted as a sign that a student is not deserving of accommodations. When disabled students are

able to perform the role of a “good student”, they may be denied the accommodations they need because they appear to be non-disabled.

The Double-Edged Sword of the “Good” Disabled Student

Lena, a fourth-year student with multiple disabilities, received a concussion while at university. Lena described an interaction with a member of administration which stopped her from seeking academic accommodations for her concussion:

I was bringing up my concerns I had
 about like how I was doing in my courses
 and I was doing well in one of them
 and I remember the person saying that ‘oh if you're doing well in one of them
 like you can't prove that you're having issues with the concussion’
 and there was ((sigh))
 I felt like this very lack of understanding
 about how (*) just because you do well in one area
 doesn't mean you're doing well across the board
 and that if I was failing everything that would be a red flag
 and that's easier to pinpoint
 but [...] I had um these I guess discrepancies [...]
 I was very discouraged by that and then I started to doubt again
 ‘oh like I'm not struggling enough to deserve that accommodation’
 and I never ended up telling the Meighen Centre that I had a concussion um
 only like much later ((laughs))
 much later when it was starting to get a bit more resolved [...]
 but it's interesting how quickly one sort of comment can kinda
 shut you down um which
 I'm learning from that now ((laughs))
 it's curious how people can say ‘oh self-advocacy it's always better to just ask like
 the worst thing is they'll say no’
 but to actually implement that in practice uh it is challenging certainly

Lena’s story points to the dilemma of that students face when accessing accommodations. Students need to perform a recognizable version of disability in order to be deemed

worthy of receiving accommodations. At the same time, they must perform the role of a good student. A problem emerges when these roles are viewed as mutually exclusive by an ableist society. The administrator in Lena's story demonstrated a "lack of understanding" of the reality of Lena's disabilities, which are contextual and fluctuating. Since the administrator did not recognize this complexity, they concluded that there was not adequate evidence to "prove" that Lena was struggling because of her concussion.

Lena's story also demonstrates the gatekeeping power of narratives around deservingness and "milking the system". The administrator did not directly prevent Lena from accessing accommodations. However, the suggestion that Lena may not be struggling due to her concussion was enough to stop Lena from seeking accommodations for fear that she might be deserving enough. This points to flaws in the self-advocacy model, which Lena explicitly criticizes.

Questioning the Disabled/Non-Disabled Divide

Participants questioned the firm separation between the categories disabled students and non-disabled students. Some participants discussed the institution's over-reliance on diagnosis. Avery experienced barriers to diagnosis and has not been able to gain access to accommodations:

I've been trying to get with the Meighen Center since I've arrived here
and because I don't have a diagnosis
even though I have extensive history of like going through counseling
and I have hospital records and stuff like that
because I don't have a diagnosis
then I can't really get any form of accessibility
and that's frustrating because it feels like my struggles are being invalidated
just because I don't have an official paper [...]
it's just frustrating 'cause it's like well [...] my parents don't speak English but like
my parents are immigrants
so we don't have like medical records about like family history like
we don't have family doctors
they can't communicate to like health practitioners in English directly
it's like very hard for me to get that diagnosis um so

and it's like

and I'm getting a diagnosis not even for any reason to help myself

but just that it would be easier to navigate an institution that's inherently ableist

Avery's experience illustrates how disabled students who are otherwise marginalized can experience more barriers to diagnosis. They are also critical of the need to access accommodations in the first place, since the university itself relies on a framework that is "inherently ableist".

Elizabeth recognized that needing accommodations was not exclusive to disabled students. She noted that time restrictions on tests were limiting for many people, including those without disabilities:

the amount of time allotted for things sometimes might not be enough for everyone just in general so like especially for like tests and things like

I know people who are like completely neurotypical and ^^struggle^^ uh with the amount of time

Lena recognized disability as an unsteady and shifting category. She discussed the changing diagnoses in the DSM:

it's a privilege to be able to have accommodations in an institution like this and even when I think about government benefits too

I've come to realize just how arbitrary these things can be and these like criteria

especially when you consider even like the DSM-5

and how they change from year-to-year

and a lot of it can [...] depend on politics, on funding

while there are like physical experiences let's say like pain or fatigue that are very real

there's a lot in terms of disability that is just dependent on policy and like the decisions of governments and institutions that we operate within um uh so yeah especially I think with like disability benefits um (*)

so there's been positives and negatives I guess

in terms of like how I've come to understand how the world views disability

Community Building

Participants discussed their experiences finding community at Mount Allison. Discussions of community centred both community among disabled students and the importance of building strong communities in general. For many participants, coming to Mount Allison represented a new opportunity to connect with other students around shared experiences of disability.

Opportunities for Connection

Participants described more opportunity for connecting with other disabled students at Mount Allison compared to their high schools. Scarlett said that coming to Mount Allison gave her the opportunity to meet other disabled students. She talked about how through these relationships, she has become more comfortable with her disability and openly discussing it. Cindy felt that disabled students were able to be open about disability at Mount Allison because of the resources provided to them by Meighen Centre:

My whole life like

I never really had any friends that like (*) had any like

I mean any sort of disability that they talked about at least

so like never had that like kinda obviously relatable moment [...]

I mean in my experience some people are more comfortable talking about it now that you're at university [...]

Julia: why do you think people feel more comfortable talking about it?

Cindy: [...] I don't think my school had the same like level of accommodations that Mount Allison has

like obviously like (*) very much more helpful for anyone ^^like^^

in my school if you were struggling with those kinda things

you wouldn't have as many resources

so obviously like if you don't have the resources then

it's gonna be pretty hard for you to like come out and talk about it I guess

but now like the Meighen Centre's so open and

just has so many resources

and the people that work there literally

they're like there to accommodate for people with disabilities right
 so it makes you feel like a little bit more comfortable
 that people are like here for you

According to Cindy, the resources provided by the Meighen Centre allows disabled students to become more comfortable discussing disability. She explains how this openness has led to “relatable moments” with other disabled students at Mount Allison which were not possible before. Cindy’s explanation illustrates how the Meighen Centre can facilitate openness, and how this openness can in turn can contribute to build community among disabled students.

When Alex received a mental health diagnosis in high school, it was “the end of a lot of friendships”. They described experiences of betrayal and stigmatization. At the time of the interview, Alex had not yet had many chances to interact with other disabled students in-person due to COVID-19 restrictions, however, they talked about small interactions with other disabled students that have been impactful. Alex talked about how mentions of the Meighen Centre in class are helping them become more comfortable with their disabilities:

like nobody from my old school I knew had ever mentioned disability
 it wasn't something that affected anybody's life openly
 I guess I should say affected anybody's life that I was aware of at my old school
 so here like having that normalized seeing people openly messaging in the class
 chat ‘hey, what about accommodations
 like have you already touched Meighen Centre students?
 Have you already done all that?’
 that has definitely normalized it a lot for me um
 and made me kind of reversed some of the shame and guilt
 that I had started to feel because of the reactions
 and things that were done to me by students at my old school

Alex’s story demonstrates how the Meighen Centre can create opportunities for open discussion of disability. When another student messaged the class chat about the Meighen Centre, Alex recognized that there was someone else in their class with a disability. The openness with which the question was asked also demonstrated to Alex that disability

seems to be an acceptable topic at Mount Allison, something that was not true in their high school. The Meighen Centre provided the language and process of official accommodations which allowed this interaction to take place.

The Importance of Community

Participants valued their friendships and connections with other disabled students. Cindy discussed having a close friend who also had a disability, and was registered with the Meighen Centre. She talked about what this relationship has given her:

I dunno how to describe it like um (*)
 I guess yeah
 we have two completely different like disabilities
 and like different accommodations kinda thing
 but kinda like bond on the fact that
 we're both students at university like
 living with some kind of disability of some sort

Cindy's experience demonstrates how disabled students can share experiences and create valuable connections with each other even when their disabilities are not similar. Trudy felt that being in community with other disabled people helped counter the isolating aspects of living with her disability:

[it] just kind of reminds me that like
 I'm not alone in it um
 which is good because like
 it can be very isolating um (*)
 like seeing your own limitations and feeling limited by them

Relying on Community

Participants discussed the importance of creating relationships where they feel they can on others, and others can rely on them. Avery discussed a traumatic hospitalization and described feeling invalidated by medical professionals when seeking help for their mental health disabilities. They discussed how building a supportive community has become an alternative to relying exclusively on medical solutions:

I realized that like the healing can come from community
 that healing doesn't have to come from one place um

because I know for me a lot of times
 I've felt like I'm not supported by the mental health system
 and I'm terrified to what's going to happen
 because I'm terrified of going back to the hospital
 even though like everyone told me that was the ideal solution
 I think it's not the right one for me and

I think it's because it completely strips you of any feeling of connection or agency

Through community, Avery has been able to de-center medical interventions. Avery's description illustrates how community can become an act of reclaiming what can be taken away from disabled people through medical interventions, like connection and agency. Later, Avery talked more about what community has given them:

it's the idea of finding people who also want to like radically challenge the norm
 because then I'm not being invalidated
 and told that like I'm just like struggling or something
 when they kind of acknowledge that
 the reality is the norm isn't working for many of us
 and that we should try to change that instead of trying to change ourselves

For Avery, community is a way of resisting individualistic solutions offered by the medical system. Rather than viewing their disabilities something that is based only in their body and is their responsibility to change, Avery talks about building a community of people with a common understanding of the fact that "the norm isn't working" and should be changed.

The Question of Repayment

Like Avery, Chaya also talked about the value of interdependent communities. Chaya explained that her understanding of community has come from her experience being disabled, as well growing up with a disabled father and being part of a culture where "there is a very big idea of family and community". Chaya conceptualized community as relationships of giving and receiving. Chaya was critical of "self-care" discourses that she felt encourages people to turn away from community:

I think very much so within this generation there is the idea of self-care
 to the point of not giving a shit about other people

or consideration for how your actions affect other people of like
 ‘it’s self-care I’m just not gonna communicate’ um and
 I think what having a disability has taught me is
 one, you need to communicate
 two, you need to be there for other people
 and you need other people to be there for you [...]
 I learned that
 I kind of learned this thing which is what my dad said of like
 you put cookies into a jar because one day
 you’re gonna need to [...] withdraw from that deposit
 and I think that a lot of what disability has taught me is
 how to make deposits into the cookie jar
 and how to effectively make withdrawals when I really need them
 and I think that that’s something that a *lot* of young people
 especially in the generation of like self-care without self-reflection ((laughs)) [...]
 and a lot of individuality without consideration for what community means

Throughout her interview, Chaya talked about the value of helping others and asking for help. She discussed her roles acting as a mentor to other disabled students and working to make the campus more accessible. Speaking about helping other disabled people, she said, “it’s given me more of a sense of confidence and more of a sense of purpose within my disability”. For Chaya, helping others is a way of creating community, and ensuring that she will receive help when she needs it.

However, while recovering from an invasive surgery, Chaya was unable to help those around her in the way that she had before. She described this as a tumultuous time in many friendships and said that it revealed to her the importance of building truly reciprocal relationships:

I think that one of the things that’s been the hardest [...]
 is to find friendships in which people both make a point of being there for me
 as much as I am there for them
 and not constantly being the person who’s like
 ‘I have a disability

I've had to get a lot of support in my life that means that
 I have to give and give and give and give
 because I'll never repay what people have done for me' [...]
 one of the hardest lessons I've had to learn from disability
 is that being grateful for other people helping you
 does not mean that you need to be Gandhi ((laughs)) (J: mm)
 like I do not need to be a martyr for society
 because I've had to get a lot of help from society in order to succeed
 and I think that that is a big thing that is hard to balance out
 but I'm learning to balance out
 of being an asset and supportive while also not just completely sacrificing myself
 out of some weird (*) gratitude mixed with shame
 for how much I've needed support

Chaya is negotiating the meanings of community, reciprocity, and self-care. Her conception of community as an act of giving and receiving was disrupted at a moment in her life when she could no longer give. Chaya has come to recognize that some of her desire to give to others comes from a sense of debt for the help that she has received as a disabled person. Chaya is learning to set limits on how much she will give to others, yet she is still critical of the dominant conception of self-care which centre individuality and encourage the setting of boundaries over community.

Summary of Findings

These findings demonstrated how students are actively negotiating disabled identity within the confines of an institution that strictly categorizes students as either disabled or non-disabled. Participants discussed how they have made connections with other disabled students at Mount Allison, and spoke about the importance of these connections. Participants also discussed the importance of building communities where they could seek support when they needed it. In the following section, I discuss the meaning of these findings within the context of my research questions.

Discussion

This study set out to understand how disabled university students at Mount Allison understand disability identity and find community. The questions underpinning the research included: (1) How do disabled students at Mount Allison perceive their identity in relation to disability? (2) How is disabled identity affected by the context of the campus, like access to resources and community? (3) How do disabled students at Mount Allison find community with other disabled students? In addition to answering these questions, the findings of this study also revealed how participants understand community in unique ways and are working to build new models of community informed by their experiences as disabled students.

The research highlighted how students' disabled identities can emerge from embodied relationships and produce uniquely situated knowledge. Students negotiated self-definition within a university context that marginalized their embodied knowledge, and struggled against monolithic, deficit-based definitions of disability. Though the university environment produced difficult experiences for participants, it also presented them with opportunities to find community with other disabled students and challenge definitions of disability presented to them by the institution and broader society. In the following section, I discuss these findings in relation to each research question, linking them to previous literature and relevant sociological theory.

How do Disabled Students Understand Disabled Identity?

Participants viewed disability and the role it played in their lives complexly. They described disability both as something that significantly affected their daily lives and as an aspect of their lives that was not particularly important. Many participants expressed that disability was just a part of who they are.

Participants' descriptions of disability were consistent with Spirtos & Gilligan (2020) study of youth with cerebral palsy, who emphasized that their disabilities were inconsequential to their identities. Participants' relationships to disability were also similar to those described in Watson's (2003) study. Like participants Watson's study, disabled students in the present study described disability as an unremarkable, but central, part of their identities.

Though most participants had been categorized as disabled by the university and medical systems, participants did not always view themselves as disabled. This phenomenon has been noted by several other authors (e.g. Shakespeare, 2018; Spirtos & Gilligan, 2020; Watson, 2002). Though many people are defined as disabled through institutional and interpersonal mechanisms (Withers, 2012), many people who could be identified as disabled do not see themselves as such. While a lack of identification with disability has been interpreted as a manifestation of internalized oppression by some (e.g. Spirtos & Gilligan, 2020), Watson (2002) contends that it may represent a rejection of limiting definitions of disability provided by both the medical model and the social model. Simplistic accounts of disability, like those provided by the university, cannot encompass the reality of real, messy, disabled experiences. I will explore the effects of this competing understanding in a following section.

Watson (2002) suggests that it is impossible for disabled people to separate disability from their everyday experiences. In other words, complex and contradictory definitions of disability may be a reflection of the embodied nature of disability.

Embodied Identities

Embodied accounts of disability view disability as a result of a complex interaction between mind, body, and environment (Siebers, 2013). These accounts complicate simplistic conceptions of a “disabled identity”. Participants in the present study discussed disability as deeply entangled with, and inseparable from, many aspects of their lives. Given this relationship, they could not simply extract disability and view it as a contained identity.

Participants discussed disability as both a social construction and a deeply embodied experience. They discussed the effects of their disabilities in relation to their bodies and minds (what might be described as “impairment” in the context of the social model), and in relation to the university environment (“disability” in the social model). However, these effects were described in overlapping ways, rendering them indistinguishable. In this way, disabled identities were described as emerging from a complex relationship with their surroundings, and reflected embodied identities.

Disabled students in this study talked about disability as an experience that informed their perspectives of the world, and understood disability as a factor that

influenced the way they navigate the world. Siebers (2013) describes disability identity as a form of embodied knowledge forced into usage through ableism. Participants' accounts reflected the embodied knowledge produced through the disabling effects of their conditions—effects which emerged from a complex relationship between body and environment.

How is Disabled Identity Shaped by University Context?

Participants' identities were shaped by the university environment, particularly with regard to neoliberalism. This occurred in two primary ways. First, through the enforcement of neoliberal values like independence and productivity, disabled students had to contend with the consequences of falling short of normative expectations. Second, neoliberal scarcity enforced narratives of “milking the system”, where disability was positioned as an individual responsibility, and disabled students were required to self-govern. Finally, participants' identities were also influenced by the dominant view of disability in the university, which was incompatible with the way participants understood their own disabilities. This caused participants to question their own understanding of their identities and experiences.

Measuring up to the Ideal Neoliberal Subject

Participants struggled to meet normative expectations for university students and described sacrificing their wellbeing and their connection to others in order to meet those expectations. Like students in Mullins and Preyde's (2013) study, many participants emphasized the need to spend much more time and effort on tasks in comparison to their non-disabled peers in order to meet the demands of university. Similar to disabled students who participated in Bruce's (2020) study, participants felt immense pressure to conform to the normative expectations set out for them by the university.

Bruce (2020) argues that the university's expectations for students are informed by neo-liberal ableism. Neoliberalism can be understood as a form of governmentality (Morrow, 2013), which defines the ideal citizen as self-governed, productive, and independent. Participants described feeling inadequate when they could not meet these expectations. Participants described questioning what was “wrong” with them, and often saw “managing” their disabilities as an individual responsibility. This demonstrates how

neoliberal expectations can reinforce deficit-based, medical model understandings of disability.

McRuer (2013) argues that when ideas of normalcy are introduced, a compulsory state of existence is enforced. However, able-bodiedness is a state that is impossible to fully achieve. Compulsory able-bodiedness demands that disabled people embody their desire to be able-bodied. This was represented in participants' descriptions of their attempts to meet the norms of non-disabled students.

Despite this, participants also questioned neoliberal expectations set out by the university and found alternative identities. They were working to de-centre normative expectations by finding alternative identities where their value was not attached to their success in school. This involved finding new ways of defining themselves outside of comparing themselves to the neoliberal ideal. Participants also found alternatives to normative expectations in community with other disabled students, which I will discuss further in the following section.

Butler (1993) argues that a “failure to approximate the norm [...] is not the same as a subversion of the norm” (p. 22). Here, Butler was referring to the performance of gender roles, a performance which Butler argues can never be fully realized. However, McRuer (2013) applies this to the performance of able-bodiedness, and argues that it is the act of de-centring and challenging the norms which offers possibilities for subversion. Using this notion of subversion, participants' stories of finding alternative identities can be understood as a challenge to the able-bodied norm, which they have recognized as compulsory and impossible to perfectly achieve.

Able-bodied norms were viewed as difficult to achieve, not only for students categorized as disabled, but for all students. For example, Elizabeth discussed how extended time on tests would benefit non-disabled students. They also talked about learning to ask for help, which often involved recognizing that needing help was a universal experience, and not unique to disabled people. This understanding of disability shifts the view of the “normal” student to include disabled students. Watson (2002) suggests that constructing disability as normal can disrupt the disabled/non-disabled divide. By positioning their own experiences as “normal”, participants destabilized the

firm categories of the “normal” student and “disabled” student which are enforced by the university.

Rhodes et al. (2008) contend that disabled identity is socially imposed, but also a site for negotiation. This process of negotiation was present throughout my interviews with disabled students. Through their experiences in schools, participants received messages about what it meant to be disabled which were based on a deficit model, and where disability is viewed as abnormal. However, through their situated and embodied knowledge as disabled students, participants were able to understand disability as a normal, and often even positive, part of life.

Narratives of Scarcity

Disabled students in this study described needing to “prove” that they were disabled enough to access accommodations, and often discussed accommodations as something that needed to be earned, rather than a right. Under neoliberalism, there are limited resources which must be preserved only for those who are perceived as truly deserving of them (Goodley & Lawthom, 2019). In this case, only those who clearly cross the required, and perhaps arbitrary, threshold to receive a diagnosis should have access to accommodations. This is encoded into the system of accommodations where the medical system acts as a gatekeeper to determine who is disabled enough. Because of this scarcity, participants felt a watchful eye for those who may be “taking advantage” of resources.

Participants struggled to feel as though they were “disabled enough” to deserve the official accommodations provided to them and feared that they were “milking the system” by receiving accommodations. These narratives had the power to stop students from seeking accommodations, even when they had not been explicitly denied, demonstrating how neoliberal ideologies and policies can encourage students to self-govern.

Participants attempted to perform conflicting roles in order to “earn” accommodations. They described needing to perform the role of a “good” student in order to access accommodations, yet they also had to perform a role of a disabled student that excluded many of the characteristics of a “good” student. This conflict is reflected in previous literature about the experiences of disabled university students. As long ago as

1996, Low (1996) described how disabled students needed to adopt a disabled identity and a non-disabled identity depending on context, in order survive in the university environment. Students in Low's study were assigned a disabled identity which was extremely limiting and stigmatized, and were required to perform a non-disabled identity by limiting their demands of fellow students and professors. More recently, Bruce (2020) described a similar phenomenon in the role of the "good disabled student", which involved contradictory demands that students found difficult to enact.

Bruce contends that the institution's limited willingness to fund accessibility services produced a need for disabled students to advocate for themselves. This placed students in a perpetual state of precariousness where they were always at risk of losing their accommodations (Bruce, 2020). Because of this, students were required to perform a role that positioned them as "deserving" enough to receive the finite resources available to disabled students. Similarly, participants' narratives of "earning" accommodations reflected how disabled students are required to work within the constraints of neoliberalism, where scarcity of resources is emphasized.

These accounts illustrated how institutional norms and processes can encourage a view of disability as an individual responsibility. Positioning disability as an individual responsibility re-enforces medicalized understandings of disability in which disabled people are meant to "fix" themselves. Importantly, these accounts of disability also serve to disconnect students from the political power of the disability movement (Bruce, 2020); when receiving accommodations is an individual responsibility, it is no longer a collective fight for rights and recognition.

Enforcement of a Monolithic Disabled Identity

In the university, the category of the "student with a disability" is constructed through policies and practices, and students are provided with or denied accommodations based on how they measure up to this construction. I argue that this construction (1) strengthens the boundary between disabled students and non-disabled students, (2) (re)constructs the "non-disabled" student as the norm, and (3) (re)creates a version of disability that was impossible for participants to live up to. All of this left disabled students "in-between" the constructed ideas of ability and disability.

Strengthening the Boundary Between Disabled and Non-Disabled. In the university, categories of “normal student” and “disabled student” are strictly maintained and controlled through medical definitions of disability (Boyd, 2014). This can be understood as a technique of bio-power (Dillon, 2014). These boundaries construct disability and ability as separate and mutually exclusive categories, and are re-enforced through policy, practice, and geography. For example, at Mount Allison, those categorized as “students with disabilities” are often provided with resources like test accommodations which may physically separate them from other students. This serves to strengthen the artificial boundary between disabled and non-disabled.

Re-Constructing the “Normal” Student. The creation and maintenance of arbitrary categories for bodies enacts discipline over bodies and creates a presumed “normal” (Dillon, 2014). The separation of disabled students in university policies and practices re-enforces non-disabled students as the norm. By separating disabled students from the mainstream functioning of the university, classrooms and other spaces can continue to be “non-disabled spaces”.

For Foucault, silence is a part of the discourses that reproduce power relations (Dillon, 2013). The separation and silence around disability in the classroom environment can be understood as part of the discourse that re-produces power relations at university. Continuing McRuer’s application of compulsory heterosexuality to the subject of able-bodiedness, Rich (1980) argues that the invisibilization of the lesbian existence has been a way of maintaining the compulsory nature of heterosexuality for women. It follows that silence around disability, too, maintains the natural status of able-bodiedness. At university, the structure of disability accommodations, invisibilizes disability by ensuring that disabled “issues” are kept private and separate. This maintains the idea of stability of the “non-disabled student”, and as a result, the otherness of disability.

This process is self-reinforcing. As the boundary between “disabled students” and “non-disabled student” is maintained, it justifies the policies, practices and geographies that separate disabled students from the normal functioning of the university. This leads to the invisibilization of disability, and in turn the naturalized status of “able-bodiedness”. As a result of this process, disabled students are positioned as completely outside of the

norm, in their own discrete category with no overlap between disabled and non-disabled students, ultimately strengthening the divide between disability and able-bodiedness.

Creating Impossible Categories. The trouble with the divide between disabled students and non-disabled students is that it does not reflect the reality of either experience. Disability is a social construction that is firmly upheld but not in reality discrete or easily definable. The mismatch between institutionally defined versions of disability and the reality has real effects on students, both disabled and non-disabled.

Lena's story of interacting with a member of administration illustrated how disability is understood in strict and simplistic ways in the university. When attempting to gain access to accommodations, Lena faced the dominant conception of disability, where disability is a static experience characterized by deficit "across the board". This did not fit with the reality of her experience, which is fluctuating and contextual (Rhodes et al., 2008). Lena described how her disability had "discrepancies" in the eyes of the institution because it did not have all-encompassing, negative effects. Accompanied by the precarity of accommodations for disabled students and the suspicion directed at disabled people who may be "milking the system", the administrator had the power to deny Lena accommodations based on these "discrepancies".

The institutionally constructed "disabled student" and "non-disabled student", as they are reproduced, become so far away from one another that neither one is possible to achieve. Even when participants had medical diagnoses, and as such had met the legal requirement to receive accommodations, they were ambivalent about whether or not they deserved them, and described constantly questioning the validity of their own experiences. This illustrates how, just as a "non-disabled" identity is impossible to achieve (McRuer, 2013; Siebers, 2013), a disabled identity is also out of reach for many disabled people. In this binary, disabled people are always in need of help and resources and non-disabled people are not. This reflects the "ideology of ability" described by Siebers (2013).

Many described feelings of self-doubt and questioned their own experiences. This supports Boyd's (2014) proposal that the binary categorization of students as either disabled or non-disabled in higher education impacts students' identification with disability. Disabled students' lived experiences, since they often do not fit into the

definitions of disability provided by the university, are deemed “not disabled enough” to be disabled. Participants described uncertainty about whether they met the requirements to be considered disabled “enough”. In this way, disabled students became othered through the reproduction of the disabled/non-disabled divide, and yet became imposters in the same category.

It is the “in-betweenness” of disability (Titchkosky, 2003) that has the power to highlight taken for granted assumptions about ability and disability. Titchkosky (2003) describes how disabled people are positioned “between” their own experiences of the world and the worlds’ experiences of them. Titchkosky (2003) writes:

Articulations of disability that attempt to speak outside of the boundaries of ideology, as well as the appearance of disability in everyday life, in environments and situations which do not expect us, seem to have a particular power to give rise to the ‘seemingly unsayable’ (p. 220)

For Titchkosky, “seemingly unsayable” things disrupt the ideologies that uphold able-bodiedness and disability as stable and separate. By speaking from the reality of their experiences, disabled people can reveal the flawed nature of these boundaries. In this way, the betweenness of disability has the potential to reveal the normative order of things.

Despite the fact that disabled students were categorized in limiting ways, they recognized the socially constructed nature of the category of disability and challenged this. Siebers (2013) defines disabled identity as “a form of embodied knowledge about the relationship [...] between the social environment and human ability”. Through experiences of disability, Siebers argues, disabled people can question the ideologies that place able-bodiedness above all other experiences, and recognize that the able-bodied ideal does not in fact exist. Participants described this critical process, informed by the barriers they faced, the feelings of inadequacy imposed upon them, the new identities they worked toward, and the impossible binds in which they were placed. One of the ways in which disabled students resisted the separation of disability from the “normal order of things” (Titchkosky, 2003) was by bringing disability into the classroom space. This also served as a way to find community.

How do Disabled Students Find Community?

Participants described instances where they or other disabled students spoke openly about disability and were able to identify each other. Many participants emphasized that this opportunity was not present in their high schools. Participants described their experiences accessing accommodations in high school as isolating and described stigmatizing interactions with peers and teachers. Though participants described stigmatizing and isolating interactions in university as well, many also talked about coming to university as a turning point for their self-acceptance, and discussed interactions with other disabled students that facilitated this.

“The System” Facilitates Openness

The system of official accommodations facilitated openness in two main ways. First, it provided disabled students with the language they needed to be open about disability. Second, it provided students with resources that helped them feel comfortable discussing disability.

The structure of official accommodations provided disabled students with the language to describe their experiences. Asking about the Meighen Centre in class, or mentioning a Meighen Centre staff member in conversation, often replaced an explicit explanation of disability. This was similar to Bruce’s (2020) discussions about positive student-faculty relationships. Bruce suggests official accommodations can provide opportunities for challenging norms by facilitating faculty-student relationships which reclaim self-advocacy and value the lived experiences of disabled students. In a similar way, official accommodations may facilitate powerful relationships among disabled students.

Participants’ stories reflected the importance of the Meighen Centre for facilitating openness about disability. Cindy proposed that the presence of resources for disabled students at Mount Allison made people feel more comfortable talking about disability. This could be in part due to the funding that the Meighen Centre receives. In a neoliberal capitalist society, funding is demonstrative of importance. Universities must determine the “value” of disabled students before allocating funding and resources (Titchkosky, 2003). Therefore, the resources present at the Meighen Centre symbolically indicate the importance of disabled students.

Openness Helps Resist “the System”

By maintaining strict and mutually exclusive categories of “disabled student” and “non-disabled student”, matters related to disability are firmly separated from the normal construction of student life. However, students’ embodied accounts of disability exemplify how disability cannot be extracted and contained separately from other experiences. Expectations that accompany a stigmatized status dictate that disabled people should be ashamed of their disabilities and conceal them (Boyle & Blood, 2015). This is re-enforced by the secrecy surrounding accommodations, which is built into the organization of resources for non-disabled students. This ensures that disability is kept neatly contained from non-disabled spaces, and by doing so, re-enforces the isolation and otherness of disabled students.

The obligatory concealment or minimization of disability in non-disabled spaces might normally prevent disabled students from recognizing one-another. This was exemplified in Spirtos and Gilligan's (2020) study, in which one participant described a missed opportunity to connect with another person with CP because they chose to hide their disability. However, these expectations were challenged when disabled students chose openness rather than concealment.

How Does Community Influence Identity?

Similar to participants in Spirtos & Gilligan’s (2020) study, participants in this study spoke about increased acceptance of their own disabilities resulting from being in community with other disabled people. These participants’ stories reflected the possibility described by Boyle & Blood (2015) for relationships with other disabled people to help reduce the effects of self-stigma.

Contrary to Low’s (1996) findings, participants in the present study did not discuss a desire to distance themselves from other disabled students at the university. This could be for several reasons. Low’s participants discussed how there were very few disabled students on their campus, which is not the case at Mount Allison. It is also possible that within the 25 years since Low’s research was conducted, more awareness of and rights for disabled people has allowed disabled students to feel more comfortable identifying as disabled.

Titchkosky (2003) proposes that disability is at its core a form of interrelatedness, and we find meaning in disability through our interactions with others. Titchkosky argues that disability can be a “place for thought” in which to question background expectancies, and interactions between disabled people are an important part of this. Disabled students in this study can be seen as co-creating new meaning out of their stigmatized status. In community, disabled students were able to think through background expectancies and call into question the normative order of things. This was often enacted through the rejection of neoliberal values, and the redefinition of disabled (and non-disabled) identities within the university context.

Through interaction, participants negotiated and re-negotiated the meanings of their disabilities. Through their interactions with the institution, disabled students learned what it meant to be defined as disabled, and through their interactions with other disabled students, they found other ways of understanding disability. By connecting with each other, disabled students resisted the isolation imposed on them by the medical model of disability and neoliberal expectations. Participants talked about how being in community with other disabled students reminded them that they were not alone. Participants found comfort in the fact that other students were experiencing some of the same barriers, and other unique experiences that came along with being disabled students.

Conversations with other disabled students were often centred around the unique experiences of “students with disability”, like being part of the Meighen Centre, rather than the impairments themselves. In this way, these connections gave meaning to the experience of “students with disabilities” which centred interactions with the institution.

New Conceptions of Community

Disabled students in this study negotiated the meaning of community and resisted individualism. Participants were working to build interdependent communities where they could seek support when they needed it. This was consistent with participants in Cobigo et al.’s (2016) study, who emphasized reciprocity as an essential element of community.

Participants’ conceptions of communities align with radical model perspectives. Withers (2012) argues that interdependence is an important part of the human experience that is erased by ableist, capitalist ideals. Similarly, Stienstra (2012) proposes that

recognizing the relational nature of human life helps to deconstruct the artificial divisions between disabled and non-disabled people. Some of the participants in this study recognized a need to create reciprocal relationships outside of the confines of the medical model. In doing so, they resisted conceptions of disability as dependent and ability as independent, and recognized a need for everyone—both abled and disabled—to be part of interdependent communities.

Questioning “Self-Care”

Chaya struggled with what it might mean to rely on others and allow others to rely on her, while not exceeding her capacities, and still resisting popular conceptions of self-care that neglect community. Popular iterations of “self-care” are tightly connected to neoliberalism. Self-care, originally a feminist concept, has been “privatized” (Michaeli, 2017), and centres around managing oneself and “coping” in individualistic ways (Dutton, 2014). It has been de-politicized to prioritize surviving in oppressive systems rather than resisting them (Michaeli, 2017). In a neoliberal society, self-care has come to mean calming oneself, and creating an illusion of composure. It is meant to maintain “the illusion of health and wellbeing” (Dutton, 2014).

Self-care has also become something to be sold and bought, and another way to engage in consumer capitalism (Michaeli, 2017). Self-care has become synonymous with taking a break from the demands of neoliberalism and capitalism, for those who can afford to, rather than resisting it. It demands that an individual cut themselves off from others who may be causing them strain. Self-care has been co-opted to value independence, consumption, and be a means to an end, which is production (Michaeli, 2017).

In the university environment, narratives of self-care are created and perpetuated in particular ways. Neoliberalism is reproduced through a sense of precarity, and yet demands that individuals, through care of the self, build resilience to the effects of this insecurity (Casalini, 2019). The university environment reproduces precarity through unstable employment of professors. Bruce (2020) argues that the same precariousness is enforced on disabled students through the requirement of self-advocacy, which places their right to accommodations constantly at risk. Just as neoliberalism produces the

problem of precariousness, it also produces the solution, which is “self-care”, “self-advocacy” and self-management.

Chaya sees the neoliberal discourse around self-care as a problem. She recognized the idea that we could care for ourselves by being self-sustaining and independent as a myth. She was also critical of using “self-care” as a way to avoid helping others, saying that “what having a disability has taught me is [...] you need to be there for other people and you need other people to be there for you”. In contrast to the precarity re-produced by neoliberalism, Chaya saw building relationships as a way of ensuring security, so that she could rely on others for help when she needed it. Though Chaya cared about fostering meaningful relationships by helping others, she expressed that she found it difficult to enact this in practice. She felt that she was not met with the same care that she gave to others, and found herself needing to care for herself independently.

Chaya’s struggle to build mutually beneficial relationships may reflect the difficulty of putting community-care into practice in a university environment that prioritizes self-management and individualistic “coping”. Further, Gill (2017) argues that the university environment, with its demands that push faculty and students beyond reasonable capacities, extends individuals so far that they become limited in their capacity to be compassionate to one-another. Gill calls this “the damage to relations of generosity and compassion” (p. 8). In this way, not only does the university encourage individualistic actions of “self-care”, but it also restricts individuals’ abilities to rely on each-other by placing unreasonable demands on individuals. Chaya is trying to access a version of self-care and community that the university environment is not set up for.

Chaya’s negotiation of self-care and boundaries is further complicated by the fact that she is disabled. Chaya discussed a growing awareness that her desire to help others and constantly give may reflect a sense of needing to repay a debt that she has accumulated by receiving help for her disability. Chaya was negotiating the ethics of reciprocal relationships by asking herself how much she could receive help without shame or feeling the need to be “Ghandhi”. Reflected in this problem is the possibility of acting out feminist versions of self-care. Self-care, in its radical form, prioritizes self-preservation. Michaeli (2017) writes:

Self-care in a world that denies you care means revolting against the unequal distribution of life and death, health and illness, well-being and suffering, of care-giving and receiving roles, as fixed by patriarchy, white supremacy, global capitalism, and other systems of domination and exploitation

(Michaeli, 2017, p. 53)

A feminist ethic of self-care might help us understand how self-care can be an act of resistance for disabled people in a world that demands repayment for a debt that they have accumulated simply by being disabled. Chaya's understanding of community points toward a version of interdependence that does not preclude caring for ourselves.

Conclusion

In this research, I set out to understand how disabled students at Mount Allison understand disability identity and community. The purpose of this study was not to draw definite conclusions, but to approach the essence of the experience of identity and community as a disabled student at Mount Allison. I have explored how disabled students understand identity; how this identity is affected by the context of the campus; how disabled students find community; and how community influences identity.

This study revealed the ways in which students' disabled identity can emerge from complexly embodied relationships and produce unique knowledge about the world. Neoliberal policies and practices encouraged disabled students to view disability as an individual deficit to be managed, however participants discussed finding new ways to derive their value outside of these standards. Neoliberal narratives of scarcity forced students in this study to negotiate monolithic definitions of disability and the role of the "good disabled student". An unexpected finding of this study was the discussion of self-care in relation to community building. Future research might focus on the relationship between self-care, disability and community.

Some limitations of the study should be noted. This study included mostly students who were registered with disability services. As such, it centred mainly around experiences of official accommodations, which may not represent many disabled students' experiences. Additionally, the majority of students in this study had non-physical disabilities, which is a factor that may have impacted the results. This was a limitation that I had foreseen given the fact that the Mount Allison campus is known to be physically inaccessible, and approximately half of people registered with the Meighen Centre have mental health-based disabilities (Brett, 2017). COVID-19 restrictions prevented this research from taking place in-person. As I discussed in the methodology section of this report, this may have posed a difficulty for some participants and affected the content of the interviews, including my own performance as an interviewer. However, it is also possible that the online format made the interviews more accessible to others.

Literature about community among disabled people is sparse, and this thesis has contributed to addressing this gap. Interactions between "disabled" people and "non-disabled" people have historically been the focus of much inquiry, however, interactions

among disabled people have largely been ignored (Titchkosky, 2003). My study has demonstrated how interactions between disabled students can be the site of valuable meaning-making, resistance and negotiation. By studying this subject in a university environment, I do not intend to, nor can I, represent an experience that is necessarily generalizable outside of the university context. The university is a privileged space to which many disabled people (and non-disabled people) still do not have access.

Engaging in phenomenological research has the potential to be transformative for the researcher, and lead to a deep learning (Creswell & Poth, 2018). As I explored the impacts of connection among disabled students, I was greatly impacted by the connections I made with participants. In conversation with other disabled students, this project provided me with an opportunity to re-think my own experiences. I felt a sense of irony throughout many parts of this process, since the inflexible requirements of writing a thesis have highlighted many of the issues that participants discussed in their interviews. As I learned and wrote about the importance of asking for help, I still found it very difficult to do so when I needed it. I have, throughout my degree, felt immense pressure to conform to the neo-liberal ableist expectations placed on all students by the university, and it has become clear to me that in many ways, I have made myself become the “good disabled student”. These patterns are difficult to undo, and need to be addressed with systemic rather than individual change. However, in conversation with other disabled students, I began to feel able to identify and question some of the ways that these expectations have been naturalized in my life. My experience further demonstrates the importance of community among disabled students.

By bringing to light the ways in which disabled students at Mount Allison are negotiating their identities within an ableist context, it is not my intention to point toward individualistic solutions over systemic change. That would be, after all, recreating the same structures that marginalize disabled students in the university. However, this study revealed disabled students’ valuable insights about the university environment that may positively contribute to the university community.

Titchkosky (2003) argues that disability can be a “place for thought” when it is not viewed as something that needs to be changed, either through medical intervention or through social change. Though this thinking has partially influenced by intentions for the

study, I wrestle with the implications of treating disability as a “place for thought”. It is true that disability is valuable. But it is also true that radical change needs to take place, and seeing disability only as a “place for thought” may be reflective of a certain privilege that many disabled people do not have. Perhaps experiences of disability can be both a “place for thought” and a “place to start” interrogating the treatment of disability, to orient ourselves toward other possibilities. This may be just one more of the many contradictions that characterize the experience of disability.

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Appendix A
Recruitment Materials

Mount Allison Department of Sociology

Seeking Students with Disabilities for Research Study

Are you a Mount Allison student over the age of 18?

Do you self-identify as having a disability?

Let's talk about...

identity

community

belonging

Interviews may be conducted:

- Online (via video chat)
- Over the phone

If interested or for more information contact:
Julia Connolly (lead student researcher)
jaconnolly@mta.ca

This study has been approved by the Mount Allison Research Ethics Board

Appendix B

Confirmation of Consent

INFORMED CONSENT

Disability Identity and Community Among Undergraduate Students at Mount Allison University
Julia Connolly (student researcher)
Dr. Christiana MacDougall (faculty supervisor)
Department of Sociology
Mount Allison University

I am a 4th year sociology student conducting research about disability identity and community at Mount Allison University. I would like to conduct an interview with you to gain insight into your experience as a disabled student forming identity and finding community.

The purpose of this project is to understand how disabled students at Mount Allison perceive their identity in relation to disability. University is an important time for developing identities and connecting to communities. I would like to know how disability identity is affected by the context of the campus, like access to resources and community, and by other aspects of identity, like race and class. In this interview, I would like to ask you about your experience being a disabled student, finding community, and understanding your identity. I expect the interview to last approximately 30 to 45 minutes. The interview will take place over Zoom or Teams. I will record the meeting so that I may review and transcribe the interview shortly after. If public health regulations will allow it, we may meet in person in the classroom of your choice. In this case, I will use my phone to record audio from the interview. All video and audio will be deleted after transcription.

I do not anticipate any risks to you or others related to the interview. It is my hope that this study and your participation in it will contribute to a better understanding of the experiences of disabled students at post-secondary. I also hope that this interview will offer you an opportunity to explore the topic of disability in a unique way. You are under no obligation to participate, and you may end the interview at any time. If you choose to end the interview early, you may wish to tell me that I cannot use the information you have provided. Also, if you change your mind at any time after the interview is completed, you can also tell me that I cannot use the information you have provided.

I will be using the results of this research to prepare my honours thesis, which will be available through the Mount Allison University library after May 2021. In all sharing of the results, I will not be identifying any individual by person, title, or by any other identifying information.

I will be collecting demographic information including gender, age and racial identity in order to describe my sample. I will not present the results in any way that might identify you personally. Only myself and my faculty supervisor will know who participated in the study, and only we will have access to the transcriptions of the

interviews. All study materials will be kept in a locked research office at Mount Allison University. As a thank-you for your participation and as compensation for your time, I am providing you with a gift certificate worth \$15 to a local food establishment.

Permission to Quote: I may wish to quote your words directly in presentations, reports and publications resulting from this study. If you grant permission to be quoted, your name will not be published and no identifying information will be shared.

Capacity to Consent: In order to participate in this study, you must have “capacity to consent”. Several factors can influence capacity to consent, including age and cognitive capacity. In order to consent to this interview, you must be over the age of 18 and experiencing no deficits in cognitive capacity which would restrict you from providing consent on your own behalf.

If you have any questions about this study, please contact me at jaconnolly@mta.ca, or contact my supervisor, Dr. Christiana MacDougall at cmacdougall@mta.ca.

This research has been reviewed and approved by the Mount Allison University Research Ethics Board. If you have any questions or concerns about this study, you may contact Dr. Lisa Dawn Hamilton, Chair of the Mount Allison University Research Ethics Board, by phone (506-364- 2618) or by e-mail at reb@mta.ca.

Confirmation of consent for online interviews:

1. Have you read the consent form fully?
2. Do you fully understand the potential risks and benefits of participating in this research?
3. I may wish to quote your words directly in presentations, reports and publications resulting from this study. Do you agree to be quoted directly if your name is not published and no identifying information is shared?
4. Capacity to consent is a requirement of this study. Several factors can influence capacity to consent, including age and cognitive capacity. At the time of this interview, are you:
 - a. over the age of 18?
 - b. experiencing cognitive deficits that would restrict you from providing consent on your own behalf?
5. Do you have any more questions about the consent form, the interview, or the study in general?
6. Do you consent to participating in this study?

Appendix C

Interview Guide

Interview questions:

- Can you tell me about your disability/disabilities?
 - (if not addressed: How does your disability affect your life?)
- Throughout your life, how has your understanding of your disability changed?
- What or who has had the biggest impact on how you understand your disability?
- What does being disabled mean to you?
- What has your disability taught you about yourself, or about the world in general?
- What has been your experience connecting with other disabled people?
- How has being in community with other disabled people affected your perspective of disability?
- What is your sense of disabled community at MTA?
 - Do you feel that you are a part of this community?
- Can you tell me about the Mount Allison community more broadly and your place in it?
- Is there anything about this subject that we did not cover that you would like to address?

Demographic questions:

- How would you describe your racial/ethnic identity?
- How would you describe your socioeconomic status growing up?
 - Lower/working class, lower-middle class, middle class, upper-middle class, upper class
- How would you describe your gender identity?
- How would you categorize your disability/disabilities? (e.g. physical, learning, mental health, neurological, etc.)
- Are you a Meighen Centre student?
- What year of school are you in?
- What is your program of study?

Other:

- Desired pseudonym and pronouns for report
- Would you like to be sent a copy of the final report?