

THE EFFECTS OF NORMALIZING POST SECONDARY INSTITUTIONAL
PRACTICES AND SOCIAL RELATIONS ON STUDENTS WHO HAVE MULTIPLE
DISABILITIES AND COMPLEX IDENTITIES

By

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ABSTRACT

This paper addresses the effects of normalizing post secondary institutional practices and social relations on students who have multiple disabilities and complex identities. It examines post-secondary teaching practices, disability services practices and protocols, and their effects on students with mental health and/or learning disabilities through the lens of critical disability theory, intersectionality, social and cultural models of disability, and Foucault's notion of a normalizing society.

Direct and indirect discrimination, and denial of accommodations are presented as barriers to success for students with mental health and learning disability challenges, particularly as the number of students with learning disabilities and mental health challenges increases on Canadian college campuses and university ethics boards struggle with their responsibilities to provide adequate services. Uninformed and negative faculty attitudes towards disabled student needs along with the lack of diversity training are presented as significant barriers to assisting students with diverse needs. This makes faculty willingness to accommodate difficult. Additionally, faculty are reluctant to allow disability services and other professionals to determine whether a student requires accommodations citing academic freedom.

Self-advocacy is stressed and implementation suggestions and innovative programs for how to achieve better outcomes for disabled students are presented.

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Titchkosky (2006) suggests that we understand disability as a social space that is constituted from disability, identity, relations to the disabled body that occur between people, and the ways disability identity and intersubjective relations are premised on dominant social relations to what is normal and what is abnormal. Human relations between what is regarded as normal and abnormal have a long cultural history that produces disability as a problem (Davis, 2013).

Titchkosky (2006) and Davis (2013), along with other critical disability studies scholars, note further that the authoritative voice pronouncing on the disabled comes from experts and professionals: those in a position of authority who are authorized to question or problematize disabled people or their actions.

The idea of disability as a problem has widespread currency in normalizing society (Foucault 1979, 1980, 1988, 1999) including normalizing institutions. Foucault argues that normalizing societies produce normalizing institutions, subject positions, identities and discourse (Tregaskis, 2002). Following Foucault, disability theorist Lennard Davis states ‘the “problem” is not the person with disabilities; the problem is the way normalcy is constructed to create the “problem of the disabled person” (2013, p. 1) From a new disability studies perspective, a critique of **normalcy** is “the only place from which disability should be observed, researched, judged, evaluated, treated, and examined” (Titchkosky 2006; Davis 2013; Snyder & Mitchell 2006).

The past number of years has seen the emergence of a strong social movement in which disabled people are ‘coming out’ as disabled. This includes increasing numbers of students with disabilities, both visible and invisible, who are attending universities. A national survey conducted in 2002 noted that, “it is estimated that about 7% of the total enrollment in Canadian

postsecondary institutions has some type of identified disability” (Harrison & Wolforth, 2012, p.2). Additionally, higher numbers of mature students, who may require assistance due to learning problems that were never recognised before, are attending post-secondary institutions in North America and their needs must be considered (Jung, 2003).

The purpose of this paper is to explore the effects of normalizing post secondary institutional practices and social relations on students who have multiple disabilities and complex identities

Literature Review

Life at university can be daunting to new students. There are many new responsibilities and many students struggle during their first few semesters to adapt to the new surroundings and new schedules. The process of adjustment is particularly hard for students with learning disabilities and mental health challenges. Many of these students are new to the concept of self advocacy and have been used to the intervention of parents, other family members, or other helping professionals to assist them in making decisions about educational planning and the implementation of their plans. Researchers have been looking at how students with disabilities adapt to a seemingly inflexible system that appears to be a problem for students with learning disabilities and mental health challenges.

Positive interactions between students with disabilities and faculty at universities have been found to be indicators of success and smooth transition for students within university settings. Hong & Himmel (2009), Kioko & Makoelle (2014), Volosnikova & Efimova (2016) found that positive reactions towards services between students and faculty enhanced the experience of students with disabilities at their universities. However, many interactions are not

positive, and many are dependent on the willingness of the staff to co-operate with disability staff and medical professionals to accommodate students.

Similarly, Harrison & Wolforth (2011), Koo, (2017), Hong & Himmel (2009) found that lack of knowledge of various disabilities by disability staff and misinterpretation of diagnoses by disability staff was hindering students in obtaining accommodations. New disability staff had a difficult time assessing the necessity for accommodations if the forms provided by the assessors were not properly filled out with adequate information pertaining to the individual student's needs. This resulted in university disability staff contacting medical professionals to clarify information resulting in delays in granting accommodations to the student. Further, Hong and Himmel (2009) discovered that students were more reluctant to seek help once they had a negative experience with faculty. Negative experiences resulted in a loss of trust in faculty and students would not feel comfortable approaching subsequent faculty for assistance.

Harrison and Wolforth (2011) allege that disability staff felt that some students didn't really need accommodations, especially students with Learning Disabilities' (LDs) and Attention Deficit Disorder (ADDs). These two diagnoses were not believed to be actual diagnoses, despite psychological evaluations to the contrary. They found that some disability services staff go beyond the parameters of their job and attempt to diagnose students themselves or question the diagnosis a student presents. This may be because, as Harrison & Wolforth (2011) report in their Canadian study, of the belief that students exaggerate or feign disabilities. Sullivan et al. (2007) suggest this belief may occur in almost half of all adult assessments for Attention Deficit Hyperactivity Disorder (ADHD) and almost 16% of adult assessments of LD. This is very troubling because students who genuinely do have a valid diagnosis of both ADHD and LD would be severely compromised in their ability to attain suitable accommodations if disability

staff do not believe them. Similarly, McKenzie (2015), himself a student with LD, expressed feelings of not belonging and indicated that his diagnosis was questioned.

McKenzie introduces the Fook's theory of ableism. Ableism is the "pervasive existence of a society of negative opinions and prejudice against people with disabilities" (McKenzie, 2015, p.2.) When people and organizations in society continue to hold negative opinions and prejudice against people with disabilities there will remain the constant forms of injustice including exclusion of people with disabilities from obtaining educational opportunities and access to employment within the present society. McKenzie asserts "together labels and attitudes create a sense of "otherness" that becomes a rationale for treating those with disabilities differently" (Fook, 2000, p.2).

McKenzie asserts that students with LDs are made to feel they do not belong in advanced degree programs based on their need for specific supports and services. He also comments on the fact that the Ontario Student Assistance Program or post-secondary institution policies prevent students with LDs from obtaining funding if they have reduced course loads (McKenzie, 2015, p.4.) The existence of these institutional power imbalances can result in LD students experiencing multiple stressors and roadblocks. McKenzie stressed the fact that many students are reluctant to ask for support services that they are entitled to due to the fear of being stigmatized or judged. Additionally, their inability to be assertive and self-advocate for themselves may also prevent students from having optimal educational experiences.

Moreover, many institutions require evaluation testing to be current within three years. The cost of this evaluation is prohibitive for many and may also act as a deterrent to students. Some university policies explicitly state that "accommodations will be phased out if the new assessment fails to document needs at the current time that may have been required in the past"

(McKenzie, 2015, p.6). Using a policy such as this, the student is made vulnerable to subjective readings pertaining to the LDs that have been stable and consistent throughout their adulthood.

Similar findings from McGregor, Langenfeld, van Horne, Oleson, Anson & Jacobson (2016) found that students who self reported their LD diagnosis experienced more bias and less satisfaction at their respective universities. They found the larger size and impersonal nature of the university to be challenging and that the university faculty were inaccessible and communications with the faculty and staff were confusing. Students favoured the community colleges as more nurturing and supportive.

University students with LDs attribute their educational outcomes not only to the university environment itself, but to their own personal strengths and weaknesses and how many familial and social supports are available to them. Within the area of race and ethnicity, the percentages of self-reported LD were noticeably lower for students identifying as Asian or International and noticeably higher for students identifying as American Indian. Socio-economic status (SES) was also a point of variation, with higher percentages of self-reported LD among the lowest and highest SES categories, and values closer to the overall mean for the three middle SES categories. As a group, students who self-reported LD were significantly older than those who reported No Disability (ND). The percentages of self-reported LD did not vary with gender. Interactions between disability status and age become more challenging to older students who self reported.

Koo (2017) found that different attitudes by faculty based on gender, age and academic departments were also in evidence, and Cook, Rumrill, & Tankersly (2008) found that faculty members felt that they could use their academic freedom to decide which accommodations to permit in their courses: a decision not generally made by faculty but by disability services. The

disability services staff at the university are the ones who are trained to make these decisions based on professional reports and then they relay this information to the individual faculty members. Cook, et al (2008), Hong & Himmel (2009), and Koo (2017) found that faculty did not have the knowledge about disability laws that pertained to their respective countries and how these laws were set up to protect students with disabilities. Cook et al (2008), found that faculty members had little understanding of what made a reasonable accommodation “reasonable” as stated in the law. Many faculty members did not understand that students with disabilities did not have to disclose diagnostic information to them to receive accommodations.

Hong & Himmel (2009) found that only one out five faculty said they were familiar with disabilities legislation as they relate to higher education. But the faculty were willing to look up information or talk to someone about the issues with which they were unfamiliar. Nevertheless, it is not the job of faculty to assess or question a student’s diagnosis or accommodations. They are employed by the university or college to teach their courses and they have the freedom to decide the course content and how to present it but not to decide which accommodations are warranted. Positive attitudes of faculty and other staff are essential for students with mental health issues in higher education.

Finally, O’Connor Merrigan (2013) found that students can recover from mental health issues and be successful academically, but faculty members are reluctant to directly approach students who have mental health problems. Faculty and staff felt that these students should work with the Medical Services staff rather than the staff in their own disciplines. Students in this study concurred with this finding and related that they also felt more acceptance and understanding from the Medical Services faculty. In a similar vein, Vidourek, King, Nabors, and Merianos (2014), found that female students who had been involved previously with mental

health services received greater benefits as they had lower stigma-related incidents versus male student with mental health diagnoses. Students who had received mental health services reported more barriers to treatment than students who had not received services, which highlighted the long wait times for treatment that kept students from accessing these services. Vidourek, King, Nabors, & Merianos (2014) found gender differences in that females who had been involved previously with mental health services receive greater benefits towards their time at their universities.

Despite these studies, and the effects on individual Disability Studies departments and services, there are still significant gaps in the system for students with disabilities. My paper will explore the effects of normalizing post secondary institutional practices and social relations on students who have multiple disabilities and complex identities. I will draw on critical disability theory, intersectionality theory and Foucault's ideas concerning power and knowledge, using research on disabled students in educational institutions, and my own personal experiences in three post secondary institutions to demonstrate the real-world effects of these gaps in the bureaucracy. These effects include (1) not taking a student diagnosis seriously, (2) questioning the reality of disability or condition, and (3) outing a person with a disability publicly or shaming them for their differences.

Power/knowledge

Power/knowledge theory has its origins in the work of Michel Foucault, a French philosopher who published many books and papers about power knowledge and how they relate to the efficient running of society. Other social thinkers studied the origin of knowledge and how it related to society and how it could be used by the members of society. Foucault made the assertion that "knowledge can be gained from power; producing it, not preventing it" (Mason,

2018). It is through the process of relations between self and other/s, as enacted through discursive practices including speech and actions, that different kinds of knowledge can be produced. In Foucault's world knowledge and power are equated and written as a non-binary dualism: power/knowledge (Mason, 2018). Foucault wrote that power was "a key concept because it acts as a type of relation between people, a complex form of strategy, with the ability to secretly shape another's behaviour" (Mason, 2018, n.p.).

Foucault demonstrated this theory of power/ knowledge through the concept of the Panopticon, which was an architectural design introduced by Jeremy Bentham in the mid-19th century to be used for prisons, insane asylums, schools, hospitals, and factories (Mason, 2018). During this period in history changes were made to the ways in which prisoners were housed. This was made possible through the ideas of a progressive modern democratic state that needed a different sort of system to regulate its citizens (Mason, 2018).

The Panopticon was a circular structure with a viewing tower in the centre where the guard kept watch over the inmates. The inmates were placed in cells around the perimeter. Using constant surveillance the prisoners could be kept under control. The actions of the observer or the guard were calculated based on the behaviours they observe. As guards observe and surveil the prisoners, they exercise a powerful influence in that prisoners do not know when they are being watched. Because prisoners can be watched at any time, they become vigilant in adhering to prison rules and regulations. They internalize the possibility of the gaze of the panopticon into their every action because of the uncertainty of not knowing whether they are observed or not. This power/knowledge relationship creates the performance of a docile and conforming prisoner population. The power/knowledge relations of the panopticon in prisons

produces an efficient, easy to manage system in which a very small number of guards can do surveillance on a very large number of inmates.

Power/knowledge works as a panopticon, which shapes “any form of activity that aims to shape, guide, or affect the conduct of some person, or persons; furthermore, he [Foucault] proposed that the term be defined, in general, to mean “the conduct of conduct” (Tremain, 2005). Power/knowledge is enacted through the social relations between people who are produced as either normal or not-normal. People with disabilities are produced as deviant or not-normal and this lens is how they can be shaped or guided or expected to act and be seen within the framework of a normalizing society. Power/knowledge works to regulate the acceptable ways that people with disabilities can navigate within the parameters of what and who is normal. If people with disabilities do not conform to acceptable ways that they have been taught there are methods of correction, punishment, or removal from their inclusionary rights of belonging to society.

Critical Disability Theory

Critical Disability Theory is an academic discipline that examines the normalizing meanings and consequences of disability as a social construct. Critical Disability Theory emerged from academic studies and professional education in the Western world starting in the 1970s and its expansion has carried over into the 21st century. Its emergence and importance concern the basic increase in the abilities of people with disabilities to access both civil rights and quality of life.

Impairment is seen as residing within the body and the mind. Impairment is thus a physical condition while disability is a social construct or idea. Some people who have

impairments may not see themselves as disabled but only as having impairments that they have learned to live with and can control through strategies that they have perfected.

There are three main models of disability: the medical model, the social model and the cultural model. The medical model is an illness-based model that individualizes and manages an impairment as being caused by a disease or trauma and the only way it can be resolved is through the provision of medical or therapeutic services by a professional. The impairment is seen as a deviation from the norm and the person who has it has to accept that they will be under the care and guidance of the professionals who are assigned to their care. The medical model is not accepted by many disability rights groups that advocate and assist persons with impairments who are disabled.

The cultural model of disability had its origins from the work started by the “Union of Physically Impaired Against Segregation (UPIAS)” (Snyder & Mitchell, 2006, p.6) from which the social model originated in Britain. The American cultural model of disability adapted many of the original ideas from the British model but used different terminology. For example, British advocates call developmentally impaired individuals learning disabled, while in North America this term is applied to those with ADHD or to those with invisible cognitive impairments. Further, the American approach designates disabilities as “largely, but not purely synonymous with sites of cultural oppression” (Snyder & Mitchell, 2006, p.6), as disabled persons experience physical and social environments and their bodies in a vastly different manner than the non-disabled. The cultural model explores many examples of cultural oppression whether it is caused by medical professionals, educational administrations or other ‘experts’ who weigh in on the lives of impaired individuals.

The cultural model of disability allows members of disability populations to illustrate how they experience life in the communities in which they live through the filter of disability. These lived experiences by persons with disabilities can enable members of mainstream society to understand how people with disabilities make their ways through “some ‘normal’ identity category” (Titchkosky, 2003. p. 66). As normal is a social construct, what is defined as normal is different for every person depending on their experiences, impairments, beliefs, and cultural norms and values. For example, not all people with the same disabling condition see their disability as a problem to be overcome. Titchkosky (2003) asserts that actual lived experiences of those with disabilities is understood through the “maps of disability that culture provides” (Titchkosky, 2003, p.95). The cultural model assists society to better understand that the lives of people with disabilities are not one homogenous whole.

McDermott and Varenne (2003) argue that there will always be people within any culture who could be given the label ‘disabled’. There will always be situations in which one’s abilities do not match cultural or social expectations and renders one disabled in some manner. The dominant culture assumes that their way is the proper way and anyone who deviates from that norm is shunned.

Snyder and Mitchell (2006) put forth the cultural model idea that disability can be viewed as a “critique of the dominant culture” and through this critique it will afford the members of the culture a positive means for understanding those who are disabled. They argue that more a culture understands the lives of those who are placed into an inferior classification the better the members of the dominant society can understand and hopefully change their attitudes about that population.

The social model of disability was developed by British sociologist Michael Oliver from the “Fundamental Principles of Disability” document introduced in Britain in the 1970s. Oliver asserts that there is a fundamental difference between impairment and disability. In fact, he alleged that people with disabilities are not included in mainstream activities and are treated as if they are socially invisible. This spurred social activism by people with disabilities to attempt to participate fully in all spheres of life. Oliver helped to articulate that so-called experts in disability were confusing cause and effect and “confusing disability with physical impairment” when it was actually the social, cultural and physical environment that was the problem (Oliver, 1995, p. 22). Oliver also emphasised that people with impairments had to become their own experts and advocates.

According to Oliver (1995), impairment is a condition that fundamentally impairs a person in some way while disability occurs as a result of social, cultural, or bureaucratic factors or disadvantages inherent in the physical or psychological environment which excludes people with impairments from fully participating. The social model of disability emphasizes that one is not disabled even though one might be impaired and that the two terms are not interchangeable. Oliver (1995) and Shakespeare & Watson (1997) allege that disability as a social state of being is not a medically treatable condition but occurs as a result of larger social and cultural assumptions and beliefs which are not readily fixable such as prejudice, lack of educational and employment opportunities and discrimination in other spheres of life. In fact, Shakespeare & Watson (1997) state that disability issues are civil rights issues.

There are weaknesses associated with the social model of disability such as the idea that impairment defines and delimits their lives; the idea that persons with disabilities are oppressed; the degree to which an impairment can be distinguished from social or cultural barriers; and an

implicit belief that all socially imposed barriers can be resolved. Persons with impairments do not dwell on their impairments all the time. Many have discovered unique ways to get on with their lives and become successfully independent.

The lived experiences of people with disabilities are dependent on how disability is viewed by mainstream societies according to Titchkosky (2003). She argues that societies have cultural maps from which the notion of normalcy is derived and applied, and that these ideas then become unexamined, implicit beliefs that are regarded as cultural norms without reference to the lived reality of those who are thus defined as disabled. The built environment is intended for the able-bodied and is viewed from their perspective. Similarly, Imrie and Kumar (1998) state that environments considered disabling can only be made accessible to all if the political and social will is present to enact change and that the oppressive effect limiting environments has on citizens with impairments requires more than physical adaptations. They require the direct engagement of all citizens and the political will to change long held assumptions.

Thus, critical disability theory and critical disability studies examine the social, the political, the cultural and economic factors that defines what disability is. The theory helps to determine both collective responses and personal responses. It seeks to change views and educate people that disability is a social construct that is too often oppressive to disabled people. Critical disability theory destigmatizes conditions and illnesses, encouraging looking beyond the individualizing tendency of the medical model of disability with its' narrow focus (Meekosa & Shuttelworth, 2009). Critical disability theory simultaneously acknowledges that there is the need for medical research and medical intervention in some cases, and questions the connection between medical practices and stigmatizing disability (Hosking, 2008).

Intersectionality and Double Jeopardy

Intersectionality is a valuable and “complex theoretical framework typically applied to the plight of a marginalized or oppressed group” (Tevis & Griffen, 2014). Intersectionality as a working theory was first introduced by legal scholar Kimberley Crenshaw in 1989. During the period of the 1980s and early 1990s anti-discrimination laws always looked at race and gender separately. Crenshaw wanted to show that the two statuses were closely related and had to be examined together to get the full picture of what was happening to black women in the United States. Crenshaw brought attention to how black women were not heard or silenced and their presence was not seen within the areas of politics, academic and scholarly pursuits. The black feminist theory that Kimberly Crenshaw introduced made people aware that many different “dimensions of race, class, gender and ethnicity intersect to foster privilege and oppression” (Tevis & Griffen, 2014). Dominant society did not understand that black women were rendered invisible in the economic sectors, and through this invisibility their chances of obtaining employment were greatly reduced as each dimension pertaining to their racialized, individual lives intersected with the other dimensions such as age, gender, ethnicity and SES. This invisibility was apparent, for example, within manufacturing plants whose employers preferred to hire black men over black women who were just as able to do the same job but due to their gender status would not be considered employable. White women were privileged to obtain jobs within the secretarial section of offices, but black women were not considered employable to work in secretarial work due to their ethnicity. These examples of systematic injustices produced massive social inequality for black women in the United States. Forms of oppression come together thus creating a system of oppression that reflects the intersection of multiple forms of discrimination.

Patricia Hall Collins, a sociologist, furthered the idea of intersectionality in her discussions on black feminism. She added the idea of interlocking oppression to the original theory of intersectionality. Collins interpreted intersectionality to refer to identities and categories while interlocking oppressions referred to the processes and systems of oppression. Under her expanded theory of intersectionality all aspects of an individual's identity need to be examined as interacting through social relations which thus affect one's privilege and status in society. These components of identity cannot be separated (Cooper, 2015). One must examine all the separate issues that affect an individual before an honest assessment can be made about any situation that is causing the oppression.

Everyone has their own set of identities that makes up who they are. Hulko (2009) introduces the term "social location" to be "the relative amount of privilege and oppression that individuals possess based on specific identity constructs such as race, ethnicity, social class, gender, sexual orientation, age, disability and faith" (p. 48). Upon the enactment of the American Disabilities Act (ADA) in 1990 the status of disability was "added as a protected class to those groups shielded from workplace discrimination by the Civil Rights Act and other federal statutes" (Shaw, Chan, & McMahon, 2012). In Canada the inclusion of disability in Section 15 of the Canadian Charter of Right and Freedoms protects the rights of the disabled from government discrimination in the law and government programmes. The inclusion of disability is a welcome addition to the study of intersectionality.

There are many state and federal laws that make the decision to include discrimination unlawful when it affects any protected class of people but there is no legal way to prove discrimination "involving the unique "flavor" resulting from the confluence of disability and other statuses" (Shaw, Chan & McMahon, 2012 p.83). The reporting of such allegations of

discrimination towards people with disabilities must be individually reported and the investigation process is done on each individual case. Most of the disabled parties that do make charges of discrimination against people with disabilities do so under the “hostile work environments” (Shaw et al, 2012, p. 83) as the harassment has been severe and pervasive in nature. It is troubling that the act of discrimination suffered by people within the disability population requires the use of extreme measures before anything can be done to investigate. Members of the disabled population fall into a “double jeopardy” (Shaw et al, 2012, p. 83). The theory of “double jeopardy” introduces the idea that carrying more than one form of non-normative group identity translates into experiencing greater discrimination than those who have some normative group characteristic. Older women who are disabled and members of different racial backgrounds who experience discrimination within the workforce have a greater chance of being exploited by their employers. With intersectionality theory and the idea of double jeopardy, the study of people with disabilities within the workplace and the reporting of discriminatory practices has exposed another way to examine the unfairness and oppression of normalizing social relations towards those with multiple non-normative group identities.

Operationalization of terms

The thesis of this paper is to examine the “effects of normalizing post secondary institutional practices and social relations on students who have multiple disabilities and complex identities.” It is necessary to define my use of specific words so people understand my exact meaning.

1. *Effects* are the results of institutional, social and cultural relations between faculty and staff and students with disabilities. Specific effects experienced by students with disabilities include:
 - i) Shame

- ii) Embarrassment
 - iii) Reluctance to disclosure
 - iv) Reluctance to get help
 - v) Dropping out or getting worse marks due to obsession
 - vi) Worsening mental health symptoms
 - vii) Feelings of isolation and hopelessness
2. *Normalizing* is the act of making an activity or practice so ubiquitous that people don't question its existence. For example in bureaucracy, oppressive practices can be invisible to both the oppressive and the oppressed because people assume this is just the way things are done.
3. *Post Secondary Institutions* --- Universities, Colleges, or University-Colleges.
4. *Institutional Practices*. In this paper the institutional practices that I am referring to include:
- i) Documentation such as physical or psychological evaluations meant to document and support evidence of an approved disability.
 - ii) Rationale to receive accommodations.
 - iii) Faculty interpretation of the concept of academic freedom.
 - iv) Generalized in-take that assumes a particular kind of student, that is a student without disabilities.
 - v) Lack of knowledge regarding disability resources required to properly allocate classroom resources. This would include the use of whiteboards, computers, TA's, and or disability aids like signers or walkers for visually impaired students. The

technical department needs to set up laptops with Kurzwell and Dragon Naturally Speaking, Braille, and replacement programs and technology.

- vi) Issues around having to wait until the last minute to find out if accommodation services are approved or available. For example, captionists, tutors, or alternate textbook formats.
- vii) Lack of knowledge on who the student is required to disclose to. For example, do professors need to know, if so why? Why do peer mentor/study buddies or note takers need to know?
- viii) Quality of Mental Health services. Does the university have sufficient staff who are trained in Mental Health practices to deal with specific Mental Health modalities? Parents of students with mental health issues need to be able to check out the services that are available on campus.
- ix) Human Rights Office. What kind of record does the school have regarding human rights challenges and abuses in relation to disability?
- x) Safety Issues and Accessibility for Students? Are there excess bushes and foliage that needs to be removed so students can feel safe walking or moving between other buildings on the campus? Are students with wheelchairs, female students or LGBT students free from fear when moving between buildings on the campus? The issue of lighting on the campus grounds and elimination of shadows that would cause threatening situations for students and faculty. The institution should implement the use of arc sodium lights. Parking lots should be well lit and accessible for those students who use wheelchairs. Buildings without elevators or

chairlifts present problems for students with mobility issues and this needs to be addressed before those students choose classes that are taught in those buildings.

- xi) The use of Universal Design in the classroom would include the use of white boards, exams that are offered in different formats, e.g. writing a paper/performing a skit, telling a story or doing a presentation, the use of computers or not for students in classroom setting to take their notes.
 - xii) Issues around disclosure and disability, particularly around mental health and invisible disabilities, such as Learning Disabilities(LD's) and Attention Deficit Disorders(ADD's).
5. *Social Relations* regards all social interaction between students, faculty, and staff.
 6. *Students* – All individuals taking courses at an approved college or university regardless of age, race, gender, sex, SES (Socio-economic status), ethnicity or ability.
 7. *Disabilities*. Within the context of this paper the disabilities that are primarily being discussed are invisible disabilities such as Learning Disabilities (LDs), Attention Deficit Disorders (ADDs), dyscalculia, dysgraphia, and all forms of Mental Health disabilities such as depression, bi-polar, PTSD (Post Traumatic Stress Disorder), Personality Disorders, and Schizophrenia.
 8. *Complex Identities*. By complex identities I mean the intersection of any of the following: culture, ethnicity, age, sex, gender, race, SES (socio-economic status), ability, social class and disability as these may intersect in an individual student.

Direct and Indirect Discrimination

Discrimination experienced by students with disabilities falls into two different categories: direct and indirect. Direct discrimination is “the legal term that applies if you treat

someone less favourably than someone else has been treated (or would be treated) because the person belongs to one of the protected groups” (Cambridge University, 2018, n.p.). Direct discrimination can include bullying by service providers, professors or fellow students; refusal of accommodation by instructors or disability staff; and the use of derogatory language or gestures when interacting with or discussing the student with a disability. It can also include the use of policies that discriminate against one group. For example, the University of Toronto’s mandatory leave of absence policy for people with mental health issues does not take into account that most of the affected people are as responsible and capable enough to have firm control over their situation like anyone else (Banares, 2017, p. 3). For example the university would not ask a mainstream student to take a mandatory leave after a traumatic event such as a death or break-up, so why are students with mental health concerns treated differently in similar situations? These discriminatory acts “discipline students with mental health issues instead of giving them or even informing them of their federal rights” (Baker, 2014, p.4). It also ensures that students will be more reluctant to disclose or ask for assistance in the future (Hong & Himmel, 2009, p.2). It does appear though, that this discriminatory behaviour is not as frequent at graduate levels as during undergraduate work (Hill, 1996, n.p.), perhaps because professors know the students better by the time they become graduate students.

Indirect discrimination is a discriminatory action that is not viewed as discriminatory until someone else notices its impact (Cambridge University, 2018). In indirect discrimination there is no intent to discriminate although the actions do have the impact of discrimination. For example, a university campus that has only stairs and no ramps is not considered a hardship for students who do not have physical disabilities. The university builders are not consciously trying to discriminate. They are not thinking of people with disabilities at all and are assuming that

everyone can manage the stairs. However, representatives of the disabled community of students view it as an issue for mobility challenged people, people delivering goods, those walking with strollers, or people in wheelchairs etc. The lack of ramps or alternate means of access are a serious impediment for inclusion, and the administration should make the necessary adjustments to accommodate all citizens. This is basic universal design and should be the minimum standard that all institutions adhere to. (Finnis, Howell, & Gorrie, 2014, Gorham & Roberts, 2014).

Another example of indirect discrimination could be when a hearing-impaired student is put in a situation where their technology or devices are not able to function optimally, for example a noisy outdoor environment. Not all students have noise-cancelling hearing aids.

Despite human rights laws and internal policies regarding discrimination, many universities and colleges fall short of providing respectful and encouraging environments that meet the needs of the overwhelming majority of their students with disabilities. While they may be unable to meet all their students' disability related needs due to funding or the impracticality of some requests, it should be expected that most widely accepted accommodations be provided with no problem when the student is able to provide verifiable documentation. Indeed, the decent, respectful, and humane thing to do would be to provide all students with the same standard of care regardless of documentation and using a curriculum based on universal design (Harvey, 2008).

Denial of Accommodations

Differing university standards between universities can cause some students severe anxiety and inhibit their ability to ask for help. The student is essentially allowed to ask for help, but since there is no "set in stone" standards of service, accommodations may be denied at one university while being accommodated at another (McKenzie, 2015; Gulli, 2016). This may lead

to shopping for disability-friendly schools and could negatively impact a university's reputation among the disability community. It is a poorly kept secret among disability advocates that some universities are much more accommodating than others (Harvey, 2008).

Law enforces the process of providing accommodations to university and college students with disabilities. In Canada, university and college students with disabilities are protected under provincial laws that cover the right to education. Unfortunately, even with provincial and federal protection under law many students' needs are not accommodated. Two groups of disabled students who are becoming more and more visible on the country's colleges and university campuses include those students who have mental health issues and those who have learning disabilities and ADHD issues. The statistics regarding enrolment of people with mental health challenges in "degree-granting institutions increased by 11 per cent from 1991 to 2001 and another 32 per cent from 2001 to 2011" (Novotney, 2014, p. 2-3). Although many universities are enacting policies and programmes to address this situation, more needs to be done.

Provincially sponsored commissions found an increase in "accommodation of mental health problems and illnesses (including depression, anxiety, schizophrenia, bi-polar disorder) and learning disabilities (including ADHD, dyslexia, and autism) as emerging issues" (Human Rights Commission, 2017). The rapid increase of college and university students flocking to campuses in Canada and the United States is producing a problem in the accommodation process as universities struggle to keep up with the diverse needs of growing numbers of students with learning disabilities or mental health challenges (Baker, 2014; World Health Organization, 2003). Universities need increased staff, more funding, and better trained faculty as well as an increase in diversity and sensitivity training, particularly as regards to mental health issues (Baker, 2014; Lunau, 2012). The World Health Organization (2003) cites figures as high as 8.1

billion in productivity losses and at least 6.3 billion caring for people with mental health challenges. Previously, students with mental health challenges were often expelled from school after having an incident (Tugend, 2017), although this is happening less and less. Still, universities and colleges are struggling to determine where they fit in to this equation and how much responsibility they have to provide mental health accommodations without taking undue responsibility for their own self-care from students. This balancing act to strike the proper equilibrium between paternalistic over-regulation and non-interference is a difficult one for most institutions that advocate for personal responsibility and many institutions are still struggling with getting it right. But due to many well-publicized mental health crises situations that have occurred on American and Canadian colleges and university campuses over the years, the demand to accommodate students with mental health issues is “being approached in more proactive and systematic ways, as universities increasingly appreciate the advantage of prevention over reaction” (Hanlon, 2012).

Denying accommodations to students with disabilities can lead to legal action taken against the school. However, likely due to fear of reprisal, a lack of confidence, or a lack of support or legal assistance, the incidence of students who have taken legal action against their school due to the refusal of accommodations is only 9% (Hill, 1996, n.p.). However, the fact that these students know that they have the right to use the services of a lawyer to defend themselves when they have been refused the accommodations that they are allowed is encouraging in the eyes of Disability Rights Organizations.

Similar to the diverging standards of accommodation at different universities, there is a vast divergence among faculty members concerning their treatment of students with disabilities and the type of disability they are comfortable about acknowledging. Some are more

forthcoming in their willingness to accommodate special requests and are more knowledgeable about students with disabilities. Such instructors are often “more willing to accommodate than part-time faculty” (Hong & Himmel, 2009, p.7). This can be problematic in small institutions with limited funding because many small institutions may employ only part-time or temporary faculty. Further, many students with learning disabilities choose to attend small colleges or universities due to the reduced class sizes and more personalized teaching that often derives from this dynamic (Harvey, 2008). Should a student with a disability sacrifice needed accommodations to achieve the immediacy and more personalized teaching methods they may gain from attending a smaller university? The answer, of course, is no. Faculty members at all universities should be given seminars on the standards of service they are expected to provide to all students with disabilities under human rights laws and then strive to provide them.

Discrimination by faculty is still a pervasive issue despite human rights legislation. Some faculty members do not approve of having students with disabilities in their classes and demonstrate that attitude openly. As recently as January 2018, a professor at the University of Guelph, Ontario, made comments referring to a “student’s aid worker as his “handler”, who he alleged “needed to control “the student”” (Salvian, 2018, CBC, n.p.). This professor publicly questioned whether the student was even enrolled in the class, denounced the student’s discursive practices, and silenced the student. This incident was only taken seriously after complaints were made on social media and to the administration and other department officials. While university representatives postulate that this is an isolated incident, it underscores the fact that students with disabilities are still belittled, bullied, and shamed publicly and that these actions are part of a larger problem. These examples demonstrate the normalizing behaviour that

has been perpetuated in a university culture that teaches that students need to ‘man up’ before they graduate to the real world.

Unfortunately, unlike primary and secondary school instructors, college professors are not trained to teach students with disabilities. This is seen as being within the purview of disability staff, tutors, and other specialized workers who work with students with disabilities. Most instructors feel that they are qualified to teach because they have extensive knowledge of their own areas of specialization, but they are often not skilled concerning the androgogy of education (Harvey, 2008). It should be mandatory that all instructors teaching adults learn the process or androgogy of teaching and what is involved in helping adults to learn effectively, in a manner similar to how primary school teachers learn how to teach children pedagogically.

Several innovative ideas have been suggested and implemented in colleges and universities across the country by concerned students with disabilities who felt that staff did not understand them, or felt that they were not listened to when they sought help. One such timely idea is teaching seminars that highlight individual disabilities and their unique challenges. (Erten, 2011, p.209). These could go a long way to educate faculty, staff and other service providers who work with students with disabilities. With the implementation of such seminars, professors and other staff would be trained to recognize when a student is stressed enough that they need a referral to a counselling program that is available on campus. The recognition of some simple signs by a professor or other individuals who work closely with students could aid in the accessing of services that would prevent a more serious problem from occurring. It would also be beneficial if such seminars were open to other students so they could be of assistance to their fellow students if the need arose.

An innovative idea Furman University in South Carolina put into place includes a grief group in which students who had suffered death or loss had access to counsellors from outside agencies (Tugend, 2017). Similarly, Davidson University in North Carolina put into place “art carts, which volunteers roll around the campus” (Tugend, 2017). Additionally, Novotney (2014) discusses Active Minds’ backpack strategy of “a travelling exhibition of 1,100 donated backpacks that represent the number of college students who die by suicide each year” (p. 7). The backpacks were disseminated over individual campuses in well travelled areas so students and others who walked by them could be impacted by their numbers and psychological significance. The implementation of the backpacks project is bringing awareness that mental health awareness is the responsibility of all individuals from administration, to faculty, staff and peers.

In Canada the UBC Thrive program succeeds in recognizing that “mental health comes from a community and not just from a counsellor’s office” (Hanlon, 2012). The whole university community is responsible to make sure that students with mental health issues are given the utmost care and attention to make sure all their needs and concerns are taken into consideration while studying at UBC. The work of the UBC Vancouver Mental Health and Well-being strategy has been recognized “as a repository of best practices by organizations such as the Ontario Committee on Student Affairs (OCSA) and emulated by several institutions, including Carleton University and the University of Guelph” (Hanlon, 2012). The process used by UBC is both proactive and comprehensive and includes many levels of intervention that provides a template to discuss best practices in many important areas that are included in the program and also outside of the program’s mandate. These include the supporting of all students within the area of

mental health and the “reviewing, revising and developing policies and practices that support student mental health and well-being” (Hanlon, 2012).

Another important point that needs to be stressed is that students with disabilities need to learn to advocate for themselves and to be able to voice their individual limitations to their professors or to other individuals within the college or university departments that they will meet regularly (Field, Sarver, & Shaw, 2003, p. 345; Janiga & Costenbader, 2002, p.468; Kioko & Makoelle, 2014, p.110). Students with disabilities need to learn to be specific about their needs and confident in their ability to get those needs met in a timely and respectful manner. Seminars teaching such skills and stressing the importance of effective advocacy are important to address such concerns. Disability service departments should offer such seminars as a regular part of their service provisions.

It is also helpful and sometimes advisable to have access to a student advocate who can liaise with various faculty and departments when a student feels unable to do so, or an impasse has been reached. Students with disabilities may need a “safe” or private space to continue a private disability or education related conversation, which may be fraught with fear, embarrassment, or shame to the student. This should be readily identifiable to the professor so that an alternative location can be found which is more conducive to a productive conversation not easily overheard by others. Some situations may require the use of an advocate who will be in attendance when the student is conversing with the professor. The advocate should be able to restate the student’s needs to the professor in a way that facilitates a productive conversation. Students with disabilities, like any student who attends college and universities, are entitled to safe and respectful conversations in a respectful and receptive environment that is free of judgement and private to the parties concerned.

Discussion

Documentation and Accommodations

Documentation that is required for students who have disabilities enrolling in universities and colleges needs to include confirmation of disability by a regulated health care professional licensed to diagnose that disability. These professionals can include audiologists, chiropractors, neurologists, ophthalmologists, or physician/specialists and psychologists/psychiatrists. If the student has learning disabilities they are required to also submit a copy of their psycho-educational or neuro-psychological assessment that has been completed within three years before the student begins their undergraduate degree. Students do have the option of choosing to redact information from their psycho-educational assessment or any other reports if the student feels that information is not relevant to their need for accommodation. In the mean time while waiting for the assessment results or for time to make appointments with their health care professionals they may submit any other documentation they have available to support their request for academic accommodations that may include: out of date psych-educational or neuro-psychological assessments, out of date medical documentation or individual educational plans so the request to the accommodation process can be started.

This is a problematic situation for many students with disabilities and especially with students who attend universities that are not in their home provinces. Not every province has the same expectations. It is not a homogenous experience. The amount of information required, the time limit of how recent the testing was done, and who provides the documentation varies from province to province and from country to country.

The cost of obtaining the documentation is also a problem for many students with disabilities. Students who have had the testing and documentation done before entering

university or college had it paid for by the school system. At university, it is up to the student to carry the costs of testing which can be several thousands of dollars. In some provinces, the cost of the documentation can be partially reimbursed. If the student wants to be retested because they had an off day, or they do not think the results are valid, they have to bear this cost themselves.

The need for accommodations should be understood as not about equality but equality of opportunity. The student who asks for accommodations is not getting special treatment. There is always going to be someone who needs more attention, someone who needs an aid to help them get to classes. Through the assistance of the aid, the student with disabilities will be able to make it to the classes and be able to participate with confidence and this will assist them in the obtainment of education which will increase their chances of betterment for their lives including a wider range of job possibilities.

Learning disabilities are life-long and often discovered when the individual is very young, but many people do not find out about their learning disabilities until they are adults and they have gone through their lives not knowing why they had so many problems with learning basic concepts.¹ An increased number of adults entering colleges and universities find themselves with undiagnosed learning disabilities and need to go for testing. Upon receiving the diagnosis, they may feel many emotions ranging from extreme relief to intense embarrassment and fear for their future.

Students who have LDs will often need to have a longer time to complete their schoolwork when compared with those students who do not have LDs. Many students who have LDs take fewer courses per semester and need additional accommodations to be able to keep up

¹ See appendix A for definition of learning disabilities

with the requirements of the course work. They may also need to engage with a learning strategist or tutor to be able to learn their own unique ways to work around their deficits which, may involve the use of adaptive technologies.

Faculty interpretation of the concept of academic freedom

Faculty at the individual colleges and universities protect their right to teach their courses with the materials they see fit to use in whatever manner that is set out by their specified department within the administration of their institution. They have the right to include updated and additional readings or to change teaching components while adhering to the original course design. Professors cannot disregard civil, federal and provincial laws promoting that education is available to all students including those with learning disabilities. Faculty have a responsibility to maintain the precepts and protocols put in place by the individual institutions. They are to encourage open and honest conversations with and between students to enable open and truly different points of view in a positive way. Faculty do not, however, have the freedom to disrespect the person/s they are instructing. Discussions are expected to be carried out in a neutral manner. Professors and staff are not to engage in ad hominem attacks on any student. Faculty cannot argue that they should be able to do anything in their classroom such as attacking a student's beliefs, blatantly ignoring a student's use of alternate pronouns to describe themselves, turn classroom discussions personal, or question the information contained in a student's documentation of their individual disability. The professor's job is to teach the student. The disability office employees are the ones who make the decisions on what accommodations the student can have in each classroom. If any of the above actions do happen they are to be reported as soon as possible by the student or their appointed representative to the Dean of the

department and to the disability office. These types of actions can be dealt with through disciplinary actions deemed by the head of that department.

Faculty need to understand and consider that students with learning disabilities often have trouble with abstract concepts such as those involving distance, time, religious affiliations, philosophical matters, and mathematical or grammar rules and theories. The faculty need to learn that they may need to find alternate ways to describe these concepts to the student who is learning disabled. You cannot just assume that the student has grasped the concept within the classroom setting. The faculty member may need to break down the individual words of the concept so the student will understand what is being said to them. Faculty need to work from the assumption that they don't know anything about the student or their disability and articulate each concept thoroughly for the benefit of the entire class. It is my contention that professors should have to be accredited teaching professionals in the same way teachers who teach young children are accredited. Just because professors know their subject doesn't mean that they can teach it effectively to others. Students should not be treated as guinea pigs. The institutions employing these professors should make it mandatory for all instructors that they need to break down ideas for their students. New professors should be properly trained in the art/skills of teaching before they are put into an academic setting.

Generalized intake

The utilization of a generalized intake is not a good idea for students with disabilities because students with LDs and mental health disabilities need help selecting courses, getting financial aid, their course texts, and navigating the bureaucracy. The fast tracking of registration through disability services would enable students with disabilities to be able to get into the classes that they need, or those who take programs that involve staying with a specific group of

students to stay with their cohort. Getting textbooks in advance eliminates confusion, as does obtaining parking and student ID cards.

If students can tour the campus and see where the classrooms are, they would be able to ascertain the best possible route. If mobility issues were a concern prior knowledge of the classroom location could also effect a change in the course that the student had originally registered for. It would also be a chance for wheelchair users or other mobility challenged students to plan their route to get to their classrooms in a safe and efficient manner as possible. There would also be the chance to locate the disability washrooms throughout the campus.

Another program that has been set up by some universities and has been found to be quite successful is the introduction, of students with learning disabilities within the last few semesters of grade 12, to the nearest university campus and attending the university for several days during that semester. Through early visits to the university on a regular basis, these students are given the chance to ease into the surroundings of their university campus of choice.

Issues around disclosure and disability

The issue of the disclosure of the details and the nature of each individual student is one that is fraught with uneven policies within the different schools in each province or country. There is no set policy as to who should assume the responsibility to let individual professors know of the student's unique and individualized disabilities. As most students who attend college or university settings are classified as adults, the responsibility should be on the person with the disability. They should have an adequate understanding of what their disability is and how it affects their ability to handle the work-load and other important functions within the classroom setting. Unfortunately, most students with disabilities, especially those with learning disabilities whether they are young and just out of a traditional high school program or even adults who have

been out of the educational system for many years, do not have a complete understanding of their disabilities.

Some disability offices will look after the preliminary details for student interactions by notifying the individual professors about the student's accommodations and any other pertinent information they feel the professor should know. Students need to understand that at each university this will not always be the case and they need to learn to acquire some form of advocating along with learning how to navigate the different sources of assistance available to them.

Disclosure details and who should have them should be up to the student to determine and how much information they want to provide. The student should not have to disclose pertinent details about their individual disability to all faculty members. If the student's disability does not affect their involvement within a certain subject then the student should employ partial disclosure.

Mental Health issues

Students who have mental health issues such as depression, bi-polar, anxiety disorders, OCD (obsessive-compulsive disorder), PTSD (post-traumatic stress disorder, schizophrenia and brain injuries, have unique challenges at university because they are often overwhelmed by the rules, regulations, and expectations. The CMHA notes that this can lead to depression and that "Depression is a mental illness that affects a person's mood—the way a person feels. Mood impacts the way people think about themselves, relate to others, and interact with the world around them" (CMHA information pamphlet, 2014, n.p.). The signs of depression may include feelings of sadness, worthlessness, hopelessness, guilt, anxiety much of the time and less often

can include feelings of irritability, anger, loss of interest in things they used to enjoy and withdrawal from others.

Students who enter university and college who have pre-existing mental health challenges such as depression, bi-polar, schizophrenia and the assorted mood disorders, can prepare themselves before they enter the university and college environments with careful consultation from the disability offices within their designated university or college setting. They could also consult with the Canadian Mental Health Association, with people dedicated to assist students with mental health challenges, before making a final decision to attend a particular university. Another good place to get information about the facilities and service provided for students with disabilities including those with Mental Health disabilities is the National Educational Association for Disabled Students, which has its main office at the Carleton University in Ottawa.

The counselling services available at university campuses have been stretched to the maximum with students who have pre-existing mental health challenges before they start their education. Due to their limited resources, counselling services on campuses find they cannot adequately service all the students who try to access their offices when they need assistance for mental health matters. It is a well-known fact that many major mental health illnesses begin in the late teen and early twenties which is when many students start to attend colleges and universities (Kessler, Amminger, Aguilar-Gaxiola, Alonso, Lee, & Usun, 2007). Additionally, Cornell psychologist Janis Whitlock “found that 7.5 per cent of students who started university with no history of mental illness developed some symptoms. About five per cent who did have a previous history of mental illness saw symptoms increase while at university” (Lunau, 2012, n.p.). The possible reasons why many of the symptoms got worse as students entered university

could include the need to be the best student in their class, the stress of a new environment, fear of shame or embarrassment if their condition is made public, worry over marks and academic performance and the ever-present pull of social media outlets that students of today's generation cannot be without for any length of time.

Some universities have found innovative ways to combat the lack of available qualified personnel to help their students with their mental health needs. The campus at King's College in Halifax, Nova Scotia has begun to use a student run mental health program. Students who have mental health challenges, started a Mental Health Awareness collective and have made posters that display the words "I am not my mental illness" (Lunau, 2012, n.p.). Using these posters the student organizer of the collective hopes that more students with mental health issues will come forward and be able to connect with their fellow students. Although some students will not want to be involved in such personal engagements with their fellow students due to their desire for privacy, the advertising campaign can and does help to lower the stigmatization of mental health issues within a college or university campus. The messaging is that it is possible to have a mental illness and be able to attend college or university in an environment that is safe and accommodating to your individual needs.

Other innovative programs have emerged in universities through university administrators who have given faculty and staff instructions on how to recognize warning signs that could indicate a student could be in a crisis. At Carleton University in Ottawa "undergraduates who receive less than a 60 per cent average are paired with upper-year mentors in their first year" (Lunau, 2012, n.p.). These are not normally situations that university personnel would be involved with, but it is a start. Every new idea should be evaluated and if it makes a difference in the mental health of students it will be a real, positive step in the right

direction for the influx of students who are developing mental health challenges during their first years of college and university life.

Problems around the testing for accommodations

There is an assumption that students with disabilities need to prove they have a learning deficit to receive accommodations. This belief is rooted in the idea that people with disabilities must prove that they are sick enough or disabled enough, so they are sent for professional evaluations. The persons administering the tests and the person who is being tested usually meet over a period of many days to go through the battery of tests. The person who is administering the tests has limited exposure to the person who is being tested and usually is unknown to the person who is being tested. The person who is being tested can have a fear of testing and they know that this person who is testing them has the potential to decide their future, whether they get the accommodations they require to help them get through the university courses that they want to take, or even if they are going to be able to attend the university of their choice.

The chances of a person with mental health challenges who is manic-depressive having a manic-depressive episode while doing the testing can make or break that person's chances for admittance to their university classes and this episode will impact the outcome of the testing. Exhaustion, anxiety over classes, having an assignment or an exam, or sensitivity to Seasonal Affective Disorder, can have a bad effect on the outcome of the testing. If they do have a bad test and must be re-tested, the immense worry about having to be re-tested and the worry about paying additional fees to cover the testing can all derail positive outcomes.

There can be a paradox involved with the person who is taking the tests and it is that the person wants to do as well as they can because they don't want to be seen as being impaired however, the worse you do on the tests the more accommodations you will receive. There are

also some students with disabilities who purposely try to do worse to ensure they do get accommodations. People who have taken the tests often realize this and use it to ensure positive outcomes. No one should have to feel they need to prove they are disabled enough.

Students with Learning Disabilities and Attention Deficit Disorders who are planning to attend post secondary institutions should begin to make their plans as early as they can so that their high school's guidance counsellors and other pertinent support staff can assist them with the multitude of paper work that is involved. As learning disabilities are a life long condition, individuals with learning disabilities learn early that they need to learn to adjust and acquire 'acceptable behaviours' and ways to conduct themselves. When a student decides they want to advance to post secondary education they need to understand that things that were previously considered responsibilities of their parents or their special educational assistants have now transferred onto them and they need learn to cope with these responsibilities. Some examples of these responsibilities could include: being able to express their strengths and weaknesses to disability staff and faculty, they need to understand the differences between the delivery of their classes from the traditional high school classroom setting where a teacher will regularly take attendance, the teacher will regularly check to make sure they have done their homework assignments and the teacher will lecture from the contents within their textbooks and will also utilize the blackboards and worksheets within the classroom setting versus at the college or university level where professors rarely take attendance and seldom check the homework or monitor student daily work. Professors lecture non-stop and rarely teach from the textbooks. University course work also requires library research and expectations that students integrate information from a variety of sources (Field, Sarver, & Shaw, 2003).

Other areas that students have to learn to manage when arriving at the college or university is freedom: while they are still in high school their freedom is mostly structured and limits are set by parents, teachers and other adults. While they are within the high school buildings there is a high sense of security. Once these students arrive at the college or university they will find that they must manage their own time and personal freedom, which is one of the most challenging problems that college students face. College and university campuses are usually very large and security may be a great concern (Field et al, 2003).

The acquisition of a few important skills such as the student having a complete understanding of their strengths and weaknesses, the best strategies that have helped them in the past to cope in classroom situations, and some simple self advocacy skills are crucial (Janiga & Costenbader, 2002). The acknowledgement that students with learning disabilities should learn to advocate for themselves is a great idea in theory, but many students with learning disabilities do NOT have the skill and do NOT know how to advocate. They have an extreme fear of saying the wrong thing, especially answering questions in a public setting such as a classroom. If they say the wrong thing they are afraid they will be penalized by their persistent questioning of the professor for clarification of things they do not understand, even if they have gone to the professor's office for an explanation on a specific topic several times. Students do not want to appear to be fools in front of their classmates, so they often refuse to speak up at all.

Moreover, the difficulty for some students with learning disabilities and mental health challenges to utilize self-advocacy skills is that these students may think in the moment and they don't realize that there may be consequences and it is these consequences that they do not understand that are going to be held against them. For example, they may lack understanding that taking part in extra-curricular activities held on campus that may involve drinking on an evening

before an important exam takes place will likely have negative consequences because many fail to take timing into account. They think they will plenty of time to study before class. The thought that they can do what they want at that time does not compute into the writing of their exam the next day. They are only interested in taking part in the outside activities. The exam is totally forgotten. They lack the organizational capacity to recognize this problem.

It is also difficult for students with learning disabilities to be an advocate for themselves if that is where their deficit lies. If they can't understand or conceptualize what they need to ask for, there is not going to a positive outcome. There needs to be an understanding in the disability offices of this important fact and the student should not be rushed into explaining themselves, and help needs to be provided based on individual evaluation and diagnosis.

If everyone used Universal Design throughout the system, from the designing of courses as well as teaching the courses it would reduce the problems of all students. The use of the Kurzweil system for example, which utilizes features such as text to speech and speech to text, could benefit all students whether they had disabilities or not and would ensure equality of opportunity.

Similarly, Universal Designed textbooks are beneficial in their implementation for all students as the layout includes bold headings, subtitles, side bars with important information, and illustrations that would assist students who need a visual clue towards the understanding of the terms or subject that is being described in the reading. The inclusion of little boxes with important terminology for students to recap at the end of the chapter. The inclusion of a conclusion or summary could be used as a review for the students when preparing for examinations. Such features would put all students on an equal footing and reduce the chance that a student with a disability would stand out from their fellow students. Additionally, teachers

should be instructing in such ways that provide many options for the exhibiting of the student's knowledge. This can be accomplished through the variety of different forms of examinations that might include short exams, matching items, fill in the blanks, multiple choice, the choice of an oral exam and/or a combination of the various choices.

When assigning presentation work that is part of the course requirements, teachers should offer the choice of alternate assignment structures; for example doing a skit, using a cartoon to illustrate the topic, to be able to perform a play, or to work at the assignment through the use of group work. Instructors could offer students multiple choices to showcase what they are good at doing and how and the best way they can to understand the work required for the assignment.

Conclusion

In conclusion, I reiterate that in a society of normalization, all educational institutions are sites of normalization. In post secondary education, students with learning disabilities and mental health issues, are expected to conform to the social norms of 'student'. This means that too often, the challenges of being a student with learning disabilities and mental health disabilities is an experience of frustrating obstacles and barriers to successful learning.

The bureaucracy of student services and the ubiquity of standardized (and thus accepted) mainstream practices regulate disabled students in ways that are oppressive. The bureaucracy of disability services requires huge effort in terms of time and energy for appointments, assessments, and the filling out of paper work. Additionally, staff in disability services are often poorly trained and not very knowledgeable about disabilities. Getting accommodations often depends on a student's own advocacy, time, and being lucky enough to get knowledgeable and helpful disability service staff.

Learning materials and pedagogy are designed for what constitutes a normal student. Professors and teachers are poorly trained in understanding the pedagogical and learning needs of students with disabilities. Recognition that students with learning disabilities and mental health issues require different kinds of support is lacking in most higher education institutions. This paper was written as a small first step to accomplishing positive change for students with mental health issues as well learning disabled students.

Appendix A

A Learning Disability(LD) is a neurologically-based, specific Impairment in information processing in the presence of at *least* average cognitive ability, which results in unexpected academic under-achievement, or academic achievement that is maintained only by unusually high levels of effort and support. It affects the acquisition, organization, retention, understanding or use of verbal or non-verbal information which in turn affects performance in reading, writing or math, and in some cases, social and organizational skills.

There are different types of LD, depending on the nature and the impact of the information processing impairment(s), in areas of reading (often referred to as dyslexia), written expression, or non-verbal ability. A learning disability does not disappear after childhood. Instead its impact will vary at different life stages as a function of changing environmental demands (Paul Mellon Centre, 2018).

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