ABSTRACT

OPPRESSION: PERCEPTION OF DISABILITY ON A COLLEGE CAMPUS

People with disabilities in the U.S. comprise the largest minority group (Paul, 2000) with a greater disability prevalence among minority groups (National Council on Disability, 1993). Much of the research on disability attitudes is focused on the perspectives from non-disabled individuals, rather than persons with disabilities. This qualitative study used open-ended survey questions to learn how disability was understood and perceived on a public university campus in California. A survey was developed and distributed online, and over 400 responses were submitted. A subset of questions and responses from those who identified as having a disability were analyzed using methods consistent with grounded theory. Additionally, the researcher analyzed his own lived experience as a Latino man with a disability within the same conceptual categories that emerged from survey data analysis. Findings indicated an array of conceptual categories, mostly linked to internal and external oppression. Many of the responses were rooted in a medical, deficit paradigm. Its potential impact on the respondents’ sense of self is critically discussed. Although individuals arrive at post-secondary institutions with unique histories that have shaped their perceptions, implications from this research testify of the need for higher institutions to more effectively address the manner in which disability discourse is being brought into the classroom setting and social life on campus.

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OPPRESSION: PERCEPTION OF DISABILITY ON A COLLEGE CAMPUS

by

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CHAPTER 1: INTRODUCTION

Over the last 150 years, people with disabilities\(^1\) (PWD) experienced injustice from the social policies meant to be beneficial (Pfeiffer, 1993). These individuals, as a result of public ignorance, were subject to detrimental living conditions. As Longmore (1987) detailed, before the modern era, disability in western societies had been understood to be rooted in religious/supernatural causes. Starting in the 18\(^{th}\) century, the perspective of disability was medically based as disability was believed to be a biological deficiency within the individual. This resulted in professional intervention on behalf of persons with disabilities in an attempt to correct such deficiency. The idea was to normalize PWDs’ behavior in a way deemed appropriate and acceptable by society. Professionals deemed PWD as incompetent, threatening, and incapable of self-leading their own lives, and so were provided unending supervision. In the 19\(^{th}\) century, the first disability social policy (Pfeiffer, 1993) labeled those individuals with little, if any, educational attainment as “feeble-minded.” Pfeiffer described how early attempts to assist PWD were policies developed to correct this problem of the feeble-minded people. Towards the end of the 19\(^{th}\) century, the practice of institutionalization began, which served to segregate and isolate PWD. What this did was further dehumanize their lives.

At that time, disability was associated with immorality with both disability and immorality seen as the cause of genetic defect (Parmenter, 2001; Switzer, 2003). According to Ramey (2007), PWD were perceived as unfit and a waste of

\(^{1}\) Disability is such a complex construct with really no unified definition and concept of what it represents. Different models on disability will be presented in the paper. Such imprecision is troublesome, particularly given the degree to which people with disabilities have been impacted and continue to be.
mankind, notions influenced by philosophies such as Social Darwinism. This led to the extermination of the feeble-minded in the form of forced sterilization (Fernald, 1912; O’Brien, 2001; Switzer, 2003) and eugenics (Berns, 1953). First legally adopted in Virginia in 1927, sterilization became a law in 32 other states (Smith, 1985) with sterilization continuing into the early 1970s (Burgdorf & Burgdorf, 1977). Under these practices, PWDs were abolished from marrying, procreating, and migrating to the U.S. (Ramey, 2007). These people lived an uncertain present and future until the rise of the disability movements and laws.

**Movements**

Via legal and political avenues as well as through education, the Disability Rights Movement (DRM) (1960s to 1970s) aimed to eradicate older views on disability with a newer lens of understanding disability (Scotch, 1989). This new lens held that the negative societal attitudes and stigma pose much greater obstacles to inclusion and participation than the disability. The notion behind the DRM is one where PWD represent a minority status as a consequence of the injustice and discrimination, which has put them in a poor social and economic standing (Scotch & Schriner, 1997). As such, this movement sought the legal, civil, and human rights for the disability community (Scotch, 1989). The degree of oppression and marginalization prevalent in the disability community deprived many people of life opportunities.

Such socio-political understanding empowered PWD to battle the discrimination experienced at both overt and covert levels (Batavia & Schriner, 2001) in an effort to refute and eliminate the outcast and dependency status that has been intimately part of the lives of PWD (Scotch, 1989). According to Charlton (2000), the DRM centered on integration, independence, control,
empowerment, human rights, and self-help. This liberation movement focused heavily on the role that dependency plays in the lives of PWD. The pity, poverty, degradation, powerlessness, and institutionalization experienced by individuals with disabilities have much to do with the oppression, power, and ideologies of the dominant group. Charlton noted that the DRM denounces the paternalistic view that society holds toward PWD. Such view imprisons individuals from being autonomous, situating them in a stage of dependency.

The first group of people in the DRM was comprised of persons with and without disabilities (Shapiro, 1993), leading to the formation of various self-advocacy groups and organizations as a way to confront disability-related concerns. The organizations created at local, state, and national levels educated the public about certain disabilities and advocated for the rights of PWD and the provision of services (Pfeiffer, 1993). More humane care treatment, an unrestrictive educational environment, and prohibition of forced sterilization were some of the pressing issues (Longmore, 1987). However, the self-advocacy groups and organizations consisted mostly of individuals without disabilities (professionals and parents of children with disabilities). As Pfeiffer (1993) indicated, given the lack of representation of PWD in these groups, a second group of people emerged from the DRM. This second group, which greatly consisted of PWD, led organizations in their quest for civil rights and social change. This new cohort represented empowered and determined PWD in the fight for justice as they began forming coalitions with other civil rights groups.

At the time of its inception, other civil rights movements had been active and successful, which served as powerful influential models in the rise and direction of the DRM (Scotch, 1989). These other movements, as Scotch explained, provided a sense of support, competition, and a political and ideological
orientation to the more young and inexperienced DRM. The power of the protests around social and identity positions behind the women’s, black civil rights, student, and Vietnam War movements made the birth and growth of the DRM more possible. Before 1975, the DRM had been a loosely and disconnected group that solidified when different political and advocate figures with disabilities came together with a common ground (Scotch, 1989). Towards the end of the decade, the DRM was considered a social movement characterized by a specific structure and ideological framework with its own affirmed beliefs and values about the issues confronted by PWD. It developed national and local organizations that led to more direct contact and influence at the federal level. Another movement that was intimately close to the DRM was the Independent Living Movement (ILM).

The ILM represented a political/independent model led by PWD that came about in the 1960s as a response to the social practices that limited the rights of PWD and their control over their lives (Rubin & Roessler, 2008). The notion behind the ILM was that disability resulted as a complex interaction among the impairment, the limitations imposed by the impairment, and the limitations imposed by the physical, economic, sensory, and attitudinal environments in which the person navigates (Batavia, 1993). This view focused on dispelling myths and removing environmental barriers to adapt the environment to the particular needs of PWD (Batavia & Schriner, 2001). Its philosophy and theoretical model was developed by DeJong in the 1970s (McDonald & Oxford, 2005). Accordingly, the idea was not to fix PWD but to fix society as it is society’s inabilities and negative attitudes that create a broken society.

The ILM emphasized independence, autonomy, and full participation in all of the decisions that may affect the lives of these individuals; thus, challenging the societal and cultural expectations and beliefs held toward this group of people.
Scotch (1989) explained ILM as symbolizing the active pursuit of PWD to integrate into society, become active participants in the different domains of life, and become the creators of their own destiny. The ILM embraced and benefited from the philosophies of other social movements such as consumerism, self-help, demedicalization, and deinstitutionalization (McDonald & Oxford, 2005). It centered on the acquisition of services needed in order for the disability community to lead a self-sufficient and productive life (Pfeiffer, 1993). The notion of independence as a form of living available to anyone and everyone appeared more tangible than ever before.

Ed Roberts is considered the founding father of the independent living movement (McDonald & Oxford, 2005). In his writings, Scotch (1989) provided an account of the history of Ed Roberts. Accordingly, Roberts established the first Center for Independent Living (CIL) in the United States. This inspired the beginnings of the DRM in the U.S. (McCarthy, 2003). Having acquired polio, he was among the first with significant complex needs to attend a university (Berkeley). In his struggle to have the university accommodate his needs, Roberts stayed with other peers with disabilities at a university health facility due to housing inaccessibility. Together they formed an on-campus peer support group opened to other students with disabilities (SWD) with the goal of making the university a more accessible personal, social, academic, and housing environment. They believed that PWD themselves know what is best for their needs and ought to have more say in directing their integration toward independence and way from dependency. As the school enrollment of PWD increased, Roberts and his peers created the Berkeley CIL. Roberts also took part in the free speech and antiwar movements (McCarthy, 2003) and helped form the World Institute on Disability (McDonald & Oxford, 2005). Towards the end of the 1980s, approximately 300
CILs had been implemented across the U.S (Scotch, 1989). A great force behind this was the Rehabilitation Act of 1973 and 1978 that mandated the establishment of CILS. Mainstreamed life for PWD appeared closer than ever before.

The Independent Living and Disability Rights Movements opened doors to accessibility and equality. The ILM showed that having a disability is no impediment to the desire and achievement of seeking an accomplished, independent life. As Scotch (1989) pointed out, this movement created awareness and sensitivity and avenues for political action. In their personal connection to the DRM, highly accomplished leaders with disabilities shared immense gratitude for increased accessibility and the acknowledgment and respect in allowing their thoughts and feelings to be voiced (McCarthy, 2003). Nonetheless, it was a real challenge for PWD to come together as one mainly because (a) persons with disabilities had been segregated and isolated from society and from one another, (b) people’s perceptions of PWD as incapable to actively partake in society life, and (c) the absence of PWD representing a common social group (Ramey, 2007). It was not easy to go against a majority crowd.

Moreover, Pfeiffer (1993) affirmed how surprised the general public was about PWD and their protesting for civil rights. It was a reaction rooted in (a) society’s beliefs of the inability of individuals with disabilities to collectively advocate and politicize, (b) the presumption that these people were pleased with living off public assistance, and (c) the false notion that professionals could take care of them. This movement, despite the many barriers, reached the national political level and represented the disability community in the policymaking (Pfeiffer, 1993). This movement most noticeably resulted in what is known as disability policy, a policy that envelops (a) a definition of disability, (b) individuals who meet the stipulations of this definition, (c) the model/theory use in
the examination of disability policy, (d) public policies that have been established, and (e) funding sources. The impact of these movements is reflected in the establishment of disability legislation to grant the right and access for the disabled community to live in a more accessible environment.

Disability Legislation

Legally speaking, there exist more than 50 definitions of disability (Pfeiffer, 1993). The principal one is found in the Rehabilitation Act 1974 amendment and defines an individual with a disability as someone who has a physical or mental impairment that substantially limits that person in one or more major life activities, or has a record of such a physical or mental impairment, or is regarded as having such a physical or mental impairment. (Feldblum, 1991, pp. 83-84)

Thus, individuals who meet the above definition of disability are protected under the law from discriminatory behavior in employment, housing, health care, and education.

The Rehabilitation Act of 1973 called for anti discrimination and reasonable accommodations measurements along with access to transportation and information (Ramey, 2007). This act protects PWD from unequal treatment under the following sections: (a) section 501 pertains to the affirmative action in federal hiring, (b) section 502 addresses environmental accessibility barriers, (c) section 503 deals with affirmative action by federal contract recipients, and (d) section 504 relates to equal opportunities and the prohibition of discrimination and exclusion based on disability from participating in federal programs, benefits, privileges, and services (e.g., colleges and hospitals) (Rubin & Roessler, 2008). Section 504 is particularly crucial as it acknowledges the notion that negative,
social barriers are the consequences of the degrading position that PWD hold in society (Noe, 1997). It established the first federal prohibition of discrimination in the workplace based on disability, borrowing language from the Civil Rights Act of 1964 and Education Amendments of 1972 (Scotch, 1984):

No qualified individual with a disability in the U.S. shall be excluded from, denied the benefit of, or be subjected to discrimination under any program or activity that receives federal financial assistance or is conducted by any agency of the executive branch of the U.S. Postal service. (Public Law, 93-112, The Rehabilitation Act of 1973)

These stipulations intended to equalize the ground for PWD in the workforce so that people with and without disabilities would have similar opportunities to attain and maintain a job.

The act and its later amendments address five important issues: (a) service provision to those people with significant disabilities, (b) consumer involvement and empowerment, (c) emphasis on the evaluation of rehabilitation services, (d) research enhancement, and (e) persons with disabilities and their civil rights (Rubin & Roessler, 2008). This act served to authorize programs as a means to expand rehabilitation services within the disability community. The focal point of this legislation is to place PWD at the heart of the services being provided in order for them to have more control over their lives. A more powerful law was yet to come.

The Americans with Disabilities Act (ADA) of 1990 is the most striking disability policy in history implemented as a civil rights law against discriminatory behavior toward PWD (Batavia & Schriner, 2001). It was intended to protect against the continued discrimination faced by PWD at both institutional and individual levels (Rubin & Roessler, 2008). This act further prohibited
discrimination in the work setting while requiring public accommodations; reasonable accommodations to be made without an undue hardship impact on the agency (Public Law, 101-336, The Americans with Disabilities Act of 1990). The accommodations are not to create any kind of unfair treatment but to facilitate inclusion and integration (Ramey, 2007). Furthermore, this legislation served to eradicate obstacles and reduce discrimination in the workforce by making non-federally funded programs in both public and private agencies accessible (Ramey, 2007). This is imperative in the struggle to enforce equal opportunity in the workforce for PWD.

The ADA contains five important titles: (a) Title I (prohibition of discrimination in employment practices) attempts to eliminate employment barriers for those PWD who are qualified for a given job; (b) Title II (Non-discrimination on the basis of disability in state and local government services) deals with equal opportunity access to public entities and transportation barriers; (c) Title III (Non-discrimination in public accommodations and commercial facilities) stresses equal involvement in the services and privileges of public entities or private entities open to the public; (d) Title IV (Increased Access to Telecommunications) ensures equal access to telephone communications services; and (e) Title V (Miscellaneous Provisions) includes such provisions as prohibiting Congress from discriminating practices in the hiring on the basis of disability (Rubin & Roessler, 2008). This major law aimed to increase employment for PWD, which in turn would reduce their state of dependency on the government (Baldwin & Johnson, 2000). As is evident, the ADA sought to make accessible essential areas for the attainment and maintenance of a fruitful life.

Disability legislation implementation was not without great opposition. Ramey (2007) shared how opposition to the enactment of the Rehab Act and ADA
centered on the belief that the issue of disability is an individual problem and not a government/state one (Ramey, 2007). From this perspective, the government should not be accountable and obligated to assist PWD. Instead they should be responsible for their own lives. Moreover, many felt that the business industry is no place for the government to take action with the argument that there already exist enough regulations and rules governing businesses. It would only bring economic struggles to companies, specifically small businesses in the form of accommodations, accessibility, and lawsuits). Those who opposed argue that business is a free enterprise without the need for government intervention, an intervention that is costly to the larger society at the expense of supporting an undersized portion of individuals (Popovich, Scherbaum, Scherbaum, & Polinko, 2003). However, Davis’s work (as cited in Ramey, 2007) indicated the assertion that $300 billion annually is the accrued cost of preventing many PWD from functioning and producing in mainstream society. This is a more realistic economic and social cost in incapacitating people who are equally capable of functioning and production.

Batavia and Schriner (2001) explained how laws such as the ADA are by themselves insufficient to solve the social issues and tribulations. Laws require an extraordinary amount of time to change social reform and are limited in accomplishing perceived goals. In addition, these authors claimed that the language and intention embodied in the ADA do not adequately address social problems such as health insurance, employment, and personal care. Those employers who are not complying with the law will simply find ways to cheat the law and not hire PWD. It will be difficult to enforce employers to follow something that they themselves do not believe. Furthermore, an orientation from a civil rights perspective alone can backfire if the legislation is thought to be
implemented or used inappropriately or unfairly. Ultimately, as a leader with a
disability shared in an interview, rights at the end are really a privilege that is
attainable only through a workable relationship (McCarthy, 2003). It makes sense
to say that functional relation, meaning healthy and functional intrapersonal
relationships, is a key to a friendly and welcoming environment.

**Progression in Its Awakening Stages**

The disparities that exist between able-bodied people and PWD is still
remarkably huge, which is reflected in the poverty level and deprivation of
accessible life domains (Charlton, 2000; Louis Harris and Associates, 1998).
Given society’s current budget economy and its negative impact on accessing
housing, employment, education, and medical care, one wonders if this gap has
increased rather than decreased in some aspects for PWD. This may not be too far
from reality as the efforts of disability related legislation have fallen short and
negative social attitudes toward the disability community continue to predominate
(Corrigan, 2004; Olkin, 1999). Laws may establish a certain social structure, but
they do not give people the opportunity to self-reflect and self-direct. Laws set
order and regulation, literally enforcing individuals to follow something that they
may or may not agree with in the first place. Legislation may enforce behavior but
it may not necessarily change people’s minds and hearts. Informal interactions
among individuals have been shown to have negative repercussions when the
interactions are held within an environment perceived as bias and lacking equal
grounds (Smart, 2001; Yuker, 1988). These types of interactions may only foster
a social order filled with friction and animosity among individuals, among groups
of people. In these situations, co-existing and interacting with other individuals
and groups of people (e.g., PWD) who are perceived and regarded as “not one of us” is troublesome.

Legislation and socio/political movements have improved the services and treatment of PWD. These events revealed many of the lived experiences of persons with disabilities. It is important to understand the functions of responding to disability from an oppressive lens in keeping PWD in a marginalized state of living. Fortunately, the traditional and dominant construction of disability and its social and political implications have been challenged, presenting disability as being culturally produced and socially constructed (Oliver, 1990). This is a pivotal stepping stone into rethinking and re-conceptualizing disability. But in a practical sense, one cannot escape the realization that progression is still in its awakening. It is a continuing battle. If we look closer at the inner lives of people, of community life, and of society functioning, one cannot ignore a more subtle reality—the disability community today continues to experience subtle and profound inequality and oppression. A few statistical figures in specific domains of life will suffice.

In 2008, despite the increasing population rate of SWD, the postsecondary enrollment rate for SWD was 11% (Scott, 2009). Higher education enrollment for SWD is at an alarming low rate while their attendance to two-year community colleges is higher than that of students without disabilities (Scott, 2009). Results from the 2008 American Community Survey showed that approximately 42.4% of non-institutionalized persons with disabilities ages 21-64 with a BA degree or higher in the U.S. were unemployed (Cornell University, ILR School, 2010). In 2009, the employment rate for PWD constituted 19.2% in comparison to 64.5% of the employment rate for persons without disability (U.S. Department of Labor, 2010). In comparison to people without disabilities, PWD were found five times
more likely to experience involuntary unemployment (Turner & Turner, 2004). In addition, PWD were shown to be more likely to work part-time (32% vs. 19%). It is evident from these statistical figures that the advancement of PWD into community life is not what it appears to be from the surface.

In spite of various efforts and a disabilities studies approach dedicated to the study of disability and disability policy (DeJong, 1983), the disability community is still an oppressed and underrepresented minority in our society. Much of society’s reaction toward disability has been based upon people external to the personal experience of disability; this representation is seen perpetuated through the media (Thomas, 2001) and among professionals and persons without disabilities from the different traditional fields of studying and understanding disability (Kiger & Hey, 1985). Oliver (1990) delineated how most of disability theories are attached to a personal tragedy framework. From this framework, disability is presented as a tragedy whereby people perceive PWD as victims of some tragic life circumstances. Too often religious or magical explanations are attached to this tragedy notion. Consequently, policies are created to recompense PWD for their misfortunes that only reinforce the personal tragedy theory of disability. Such understanding permeates human social interaction and policymaking. Oliver further stated that the scarce history on disability and the discourse that takes place is usually within a medical context and without the direct voices and experiences of PWD. It is no surprise that many PWD are continued to be seen from a personal tragedy perspective in which they are perceived as victims of their disability.

This opens the door for stigma. This in turn can lead to pity, devaluation, and disempowerment as these individuals are to be taken care at the expense of neglecting their needs and aspirations. Worse yet, such perception can be
internalized by PWD and turn into self-stigma (e.g., internalizing the belief that one is worthless and incapable of producing). It is a form of stigma that is challenging to pin-point and break down (Ritsher, Otilingam, & Grajales, 2003; Ritsher & Phelan, 2004). Perception can potentially create barriers at individual and institutional levels that make it almost impossible for PWD to connect with society. A closer examination of people’s perception on disability can provide a more in-depth understanding of the person’s own personal experiences and how they view themselves and those around them.

Present Research

The research question “How do California State University, Fresno respondents with disabilities perceive disability?” attempts to undertake such essential perspective. Data from an open-ended survey distributed online to Fresno State students were utilized in examining this question. Chapter 2 provides an overview of disability and PWD within educational and work settings, and provides a background of the most prominent disability models and disability-related perceptions. Chapter 3 presents the methodology used in analyzing the survey data, including the structure of the survey, the theoretical approach, and the analytic tools used by the researcher. Chapter 4 discusses the analysis and its impact on the lives of the respondents. In addition, the author has integrated some of his own experiences with disability in relation to the data analysis. Finally, Chapter 5 is a discussion of the implications of the findings of this study.
CHAPTER 2: LITERATURE REVIEW

McGuire’s work (as cited in Paul, 2000) explained that PWD in the U.S. comprises the largest minority group. In 2006, there were 41,260,000 PWD in the U.S. between the ages of 5 to 65+ of which 4,283,000 lived in California (Murdock, Mesenbourg, Johnson, & Hall, 2009). Disability does not discriminate against any group impacting people from different backgrounds—age, gender, ethnicity, education, income. However, disability is not equally prevalent. Disability is more prominent in minority groups than in the general U.S. population (Cartwright, 2001; Kundu & Dutta, 1995; Kundu, Dutta, & Walker, 1997). This is highly correlated with poverty, unemployment, and poor health among minority groups such as Hispanics, African Americans, and Asian Americans (National Council on Disability, 1993). Environmental factors appear to contribute substantially to the rise of disability related-experiences among disadvantaged groups.

Disability as a construct has produced critical theoretical and practical implications for PWD. What follows in this chapter is a presentation of the educational and employment status of PWD, the different models of disability, attitudinal research and its value, defining attitude, attitudes toward disability, and attitudes in postsecondary settings. The brief overview of the literature presented here serves as the framework for the present survey research and how the findings translate into what is already known about the perception of disability and its implications on the lives of SWD. This study provides the basis for investigating the perception of SWD on disability at Fresno State.
**Education and Employment Status**

It was common for many PWD not to have access to education before the 1970s (Paul, 2000). Similarly, employment opportunities for this group of people were limited. However, ever since the implementation of laws protecting the rights of PWD, the participation of these individuals in the community (e.g., work and education) has increased, which has opened the door for a better quality of life (Kurth & Mellard, 2006; Paul, 2000). Legislative efforts, nonetheless, have been insufficient in producing substantial changes. The staggering education and employment statistics within the disability community paint a daunting reality of the inaccessibility to education and employment that PWD currently face.

In 2008, despite the increasing population rate of SWD, the postsecondary enrollment rate for SWD was 11% (Scott, 2009). It is worth noting that out of this 11%, whites represented 67%. This suggests that the enrollment rate for those SWD from minority backgrounds is much lower. One can postulate that SWD from different ethnic backgrounds are faced with extra challenges in pursuing a higher education. In 2008, 12.3% of PWD ages 21-64 in non-institutional settings living in the U.S. attained a BA degree or higher, compared with 30.6% people without disabilities ages 21-64 in non-institutional settings living in the U.S. (Cornell University, ILR School, 2010). Although access to higher education for SWD has risen significantly since the 1970s, such increases become worrisome when compared to the higher education rate for students without disabilities.

According to the United States Government Accountability Office, SWD enroll in a 2-year college at a higher rate while enrollment in a 4-year college occurs at a lower rate than students without disabilities (Scott, 2009). This may be attributed to financial stressors, lower expectations, higher academic demands, or to the fact that k-12 transition programs are often housed on 2-year colleges. The
Government Accountability Office also reported enrollment of SWD by disability type: (a) 24%-mental, emotional, or psychiatric condition or depression, (b) 19%-Attention Deficit Disorder, (c) 15%-physical disabilities-orthopedic or mobility impairment, and (d) learning disability, hearing impairment, health impairment/problem, blindness/ visual impairment, brain injury, speech/language impairment, and developmental disability. The low higher education rate for PWD has huge implications on their occupational life given the positive correlation that exists between education and work.

Work is an essential aspect of human life that renders a great deal of meaning and satisfaction. It has been shown that for PWD, work increases inclusion, integration, self-esteem, independence, productivity, and overall life satisfaction (Schur, 2002). In 2009, the employment rate for PWD constituted 19.2% in comparison to 64.5% of the employment rate for persons without disability (U.S. Department of Labor, 2010). In addition, PWD were shown to be more likely to work part-time (32% vs. 19%). In 2008, the poverty rate for PWD ages 21-64 in non-institutional settings living in U.S. constituted 25.3% in comparison to 9.6% of the poverty rate for persons without disabilities ages 21-64 in non-institutional settings living in U.S. (Cornell University, ILR School, 2010). Being unemployed, living under poverty, and unable to get health services can have devastating health and emotional consequences for an individual with a disability. The indirect message that this group of people are receiving is that they are unproductive citizens-unable to earn money and be independent. Unfortunately, to a certain extent the destiny of PWD depends on the perception of disability because such perception will either facilitate or impede an individual’s life experience.
Disability Models

The different models of disability presented below provide how disability has been perceived and understood. It is critical to understand that the medical, economic, and moral models are voiced by non-disability community members, professionals, and religious figures who come with ideologies that disregard the voices of PWD. It is ironic how people can expect to deal effectively with an experience as delicate as disability without taking into consideration those individuals directly affected by the disability. The social and minority models, on the other hand, represent the voices of the disability community, positioning PWD at the center of the issue. This allows PWD the freedom to take ownership of their disability and of their lives in the hopes of finding their place in society and a more promising destiny.

Moral Model

This historical view on disability is one of shame and guilt as disability has been understood to be the cause of past/present sins (Chan, Cardoso, & Chronister, 2009). During the Greek and Roman Eras, certain philosophies governed how PWD were perceived and treated. In early Greece, these individuals were seen from a divine or demonic point of view and they were thought to be punished by the divine or possessed by demons (Rubin & Roessler, 2008). Any person who demonstrated any kind of deviance—appearance, thought, or behavior—was associated with a supernatural cause (Rubin & Roessler, 2008). Similarly, during the Middle Ages disability was understood from a religious, supernatural ideology where PWD were thought to be the result of God’s punishment or demonic possession (Rubin & Roessler, 2008). Demonic possession was generally attributed to people with mental illness while God’s punishment was generally attributed to people with physical conditions. People with mental retardation were
perceived as a blessing from God or as the divinely chosen ones to pay for the sins of the world. From a biological standpoint, born differently meant that the person was somehow immoral. Human wholeness, in a biological sense, was and still is considered a good, valuable, and moral quality to possess (Bickenbach, 1993). These persons were thought of as being weak, immature, and damaged (Nichtern, 1974). PWD were regarded as broken: broken bodies, broken minds, and broken souls needing some sort of intervention to be cured, otherwise they were outcast and condemned.

Such disturbing views on disability resulted in deadly implications for PWD. Many of these individuals were annihilated (Nichtern, 1974), and many other children were killed as the practice of infanticide was common (Rubin & Roessler, 2008). Exorcism was also a common practice as a result of the historical negative attitudes. People feared and persecuted PWD (e.g., witch hunting/burning) (Safilios-Rothschild, 1970). People placed persons with various disabilities in sanitariums while placing others in more inhumane treatment such as starvation and death (Deutsch, 1967; Sand, 1952). Individuals with mental retardation, on the other hand, were treated with more humanity; people provided them with shelter, protection, and training (Kanner, 1964). Clearly, PWD overall were seen as detestable and intolerable burdens. They suffered suppression and exclusion from participating in societal roles (Chou, Chan, & Tsang, 2004). Framing an understanding of disability from a moral perspective is related to humiliation, disgrace, and indignity to the family, community, and society. PWD were hidden and ostracized. Some of these possession/punishment ideologies can still be seen today such as in the case of society’s reaction toward AIDS-God’s way of punishing these people for their sinful behaviors (Arokiasamy, Rubin, & Roessler, 2008, chapter 5). It can be difficult to break off a chain of ideologies
that has long served a purpose for the majority of people and the ways society has and continues to function.

**Economic Model**

The economic approach to disability is one in which physical attributes are perceived assets necessary for the production of work (Hahn, 1993). Disability has a negative connotation of unemployability as disability is perceived as imposing limitations on one’s ability to work. This is exemplified in certain government benefits and the perceived inability to attain “substantial gainful activity” (Hahn, 1993). Much of the unemployment status of PWD is attributed to their incapability of producing at a level equal to the wages associated with the given position (Rubin & Roessler, 2008). The threat to the economic well-being comes from the perception that PWD pose as a potential welfare drain on the national economy and as a potential economic liability to other employers (Rubin & Roessler, 2008). Such threat is unfounded, leading ultimately to unnecessary costs.

Forming this economic view on disability has huge economic costs not only to PWD themselves but also to society as a whole. Downsizing the economic value of PWD automatically opens the door for the institutionalization of these individuals, costing society millions of dollars (Rubin & Roessler, 2008). These persons are capable of producing economic output if only they are provided with the opportunity and supports needed to launch them to the workforce. This view on economic value jeopardizes people’s sense of self and worth. It is logical that individuals, perceived as able to produce economic value, are thought of as resourceful and valuable assets to society; those individuals, perceived as unable to provide economic value are seen as a burden to the economic growth. As
Oliver (1997) pointed out, the oppression that PWD experience is the direct consequence of the economic and social structures of capitalism. A report by the United Nations demonstrated the consequences of responding to disability from this economic perspective:

These people [PWD] frequently live in deplorable conditions, owing to the presence of physical and social barriers which prevent their integration and full participation in the community. As a result, millions of disabled people throughout the world are segregated and deprived of virtually all their rights, and lead a wretched, marginal life. (Despouy, 1991, p. 1)

Medical Model

Intrinsic to the medical profession and based on medicine, biology, and pathology, disability is perceived as being biologically inferior, defective, and deviant to that of the “normal” population (McCarthy, 1993; Smart & Smart, 2006). Thus, the problem is within the individual and, as such, the individual needs to be “fixed” and “cured.” When “cured” is not achieved, the person with the disability will always be seen as pathological and disabled. Such is often the case because disability, seen as physical and intellectual dysfunctions, will necessitate medical interventions throughout an individual’s life (Brisenden, 1986). From this view, PWD are perceived as weak, pathetic, and in need of sympathy and care (Brisenden, 1986). This disablement model is paternalistic and the individual with a disability is at the mercy of the physicians who are thought of as being the experts and the ones in control (Smart, 2001, 2004). This power differential extends inequality beyond the hospital settings onto larger spectrums.

Placing absolute responsibility on the individual takes away any responsibility on society to provide PWD with civil rights (Arokiasamy et al.,
By automatic default, PWD are assigned to a devalued group and subject to medicalization, objectification and dehumanization, and individualization (Smart & Smart, 2006). Negative labels depersonalize the individual. This allows others to perceive them as non-human, robbing their uniqueness and putting them in a state of passivity and uselessness (Brisenden, 1986). PWD, in contrast to people without disabilities, are treated as powerless and suffering individuals in need of charity and pity. They are seen as unable to function, form a life of their own, or live up to the standards and norms of the larger society. This results in oppression; PWD become excluded from all social spheres of life (Brisenden, 1986). The ultimate repercussion is when the individual with the disability internalizes this degrading and harmful ideology, taking over his/her sense of self.

**Functional/Environmental Model**

From this perspective, disability is defined and measured by a person’s level of functioning (Nagi, 1965; Smart, 2001). Much emphasis is given to what an individual can and cannot taking into consideration the influence of external environmental factors. This model can be seen as a disablement model in the sense that it focuses on the pathology, impairment, and functional limitations of the individual when defining disability as social/societal consequences of functional limitations (Nagi, 1965). However, other writings address the functional model as more directly constituting an interactive model much like the environmental model (Thomason, Burton, & Hyatt, 1998). From this perspective, functional limitations are considered within an environmental context and not just within the pathology alone. These two models are addressed together because both of them take into account the disability and its interaction with functions and
environment. Thus, the biology of the person is not perceived as the sole cause for the disability. Recognition is given to the fact that a person’s environment can cause or augment disabilities (Higgins, 1992). Both environmental and biological/organic factors are considered when defining disability. This allows for the possibility of responding to disability in a more compassionate manner.

Responding to disability within this framework can reduce to a certain degree the dehumanization and devaluation that PWD experience (Smart & Smart, 2006). Acknowledging the pivotal role that the environment has on an individual’s disability and functioning challenges the notion that the problem resides within the individual. Shifting the problem/solution from the individual to an environment-functional relation hopefully instills consciousness for the government, citizens, communities, professionals, and families to take measures to provide more effective services to the disability community. It is necessary to keep in mind how the interaction of a person with a disability with his/her environment can greatly determine whether he/she has a disability (Smart & Smart, 2006). For instance, a person who uses a wheelchair may function well under a certain context (e.g., secretary) in which case he/she will not be labeled as having a disability. That same person may not function well under another context (e.g., athlete) in which case he/she will be labeled as having a disability. This alters significantly the person’s identity. Individuals with different disabilities can experience different degrees of prejudice and discrimination depending on their own unique disability and environment.

Social Model

The social model relates to when in time, by whom, and under what context disability is defined and its consequences (Shakespeare, 1998). Disability is
situational, meaning disability can come to represent different phenomena depending on when in time, by whom, and under what context disability is defined. For instance, in the Greek Era, disability was seen pervasively as a religious matter greatly influenced by its era. People’s ideologies form the basis of disability and other social constructs. This model distinguishes between impairment, a biological characteristic/physical limitation, and disability, a social exclusion (UPIAS, 1976). Social exclusion is a social construct formed by a social organization that places social activity limitations over the impairment. In this sense, disability is not the actually physical impairment but the social exclusion that many PWD experience. It is this exclusion that puts these individuals at a social and economic disadvantage, excluding them from participating in societal activities. This is often the case because PWD live in a physical and monetary world that is inaccessible to them (Finkelstein, 1994). Inaccessibility and disability are closely intertwined.

History shows how PWD have been subject to oppression and annihilation when defined as a menace, burden, or vulnerable human being (Scull, 1982; Wolfensberger, 1993). Clearly the purpose of defining individuals in these ways is to exclude them from functioning in society. PWD are compared against norm standards (e.g., physical and intellectual). It is this that makes them appear unwanted human beings in the eyes of a society that assumes PWD want to be “normal,” creating more prejudices against the disability community (Morris, 1991). People’s set of beliefs and values of disability influence the expectations of and social interactions with PWD. The way disability is framed has further detrimental impact in the lives of PWD as it negatively affects a person’s social standing (e.g., poor education, employment, and economic well-being) (Equality Studies Centre, 1994). This low social standing reduces further the life
opportunities of these individuals. The identities of individuals with disabilities can potentially become obscured and distorted.

**Minority Model**

The minority model approaches disability from a politically-based minority group perspective (Kleinfield, 1979; Hahn, 1997; Smart & Smart, 2006). PWD are seen as constituents of a minority group, a group that has experienced the oppression that other ethnic minority groups have experienced at the hands of the dominant group. In this case, the dominant group is a society comprised mostly of people without disabilities. This disability framework affirms that categorizing people has done more harm than good: (a) adding labels that define the person’s identity, (b) preventing PWD from becoming a solid group, (c) preventing the public from seeing disability as a societal problem, and (d) allowing the creation of stigma toward the disability community (Smart & Smart, 2006). From this perspective, persons with disabilities are solely responsible for providing meaning to disability and taking ownership of their lives. This model addresses three critical aspects of disability: (a) PWD ought to define disability; (b) PWD ought to defy professionals from defining disability and determining their life outcomes and quality of life; and (c) PWD ought to voice their role (Smart & Smart, 2006). The disability community is seen as a powerful group of people with the ability to create change at the individual and societal level.

The Minority Model rejects the disabled role, pathology, and deviance that have for so long been part of the lives of many PWD. They assert that nobody has the right to take over their fate. Historically, individuals with disabilities had been expected to accept rules and norms of those without disabilities, otherwise relegated to social exclusion and inadequate services (Smart & Smart, 2006). Past
views on disability have robbed PWD of their identity and individuality, portraying them as dependent, passive, and incapable human beings. This model empowers the disability community to unite and make political change in order to battle the oppression and discrimination that is so pervasive. The disability community, in their quest for a quality of life and civil rights, has taken an active role in self-definition, self-determination, elimination of prejudice and discrimination, and refusal of medical diagnoses and labels. These individuals have gained more control as they have begun to give a voice to their societal experiences that bound PWD.

**IFC Model**

The International Classification of Functioning, Disability, and Health (IFC) is an enablement and biopsychosocial model that provides a comprehensive framework of disability (Chan et al., 2009). As such, it incorporates concepts from other models of disability like the medical, functional, and social models. This model encompasses components, which are thought to be interconnected in eliciting the experience of disablement in a person’s life: body functions and structure, activities and participation, and severity of disability and environmental factors (Chan et al., 2009). Disability and functioning are perceived as the result of the dynamic interaction among the individual’s health and his/her personal and environmental factors (WHO, 2001). This framework of disability brought forward (a) person-first positive language, (b) personal and environmental factors as contextual factors, (c) environment’s potential influence on function and activity ultimately impacting a person’s societal participation and quality of life, and (d) full participation in society as the definitive goal in rehabilitation (Chan et al., 2009). These outcomes render a more realistic and positive prospective for the
disability community. Disability, in this sense, is being approached from a social and global standpoint. An important note is that rehabilitation is meant to “normalize” the lives of these individuals.

The IFC model has become popular internationally within the rehabilitation profession, allowing for better understanding of chronic illness and disability across cultures (Chan et al., 2009). It provides a professional universal language and a broad conceptualization of disability where professionals can communicate and collaborate with one another more effectively. This model focuses on a health continuum, which is essential given the different and unique disabilities and environments that PWD experience. In addition, it posits full participation as the ultimate goal for PWD. However, it is necessary to distinguish between activities and participation when relying on this model (Chan et al., 2009). Such distinction facilities the process when providing services to individuals with disabilities.

Some models such as the social and minority models complement one another as both hold the view that external situations—social or political—have severe implications in defining and constricting disability. Other models such as the medical and minority models clash against one another: while the medical model medicalizes disability the minority model politicizes the experience of disability. Still, other models like the ICF attempt to arrive at a more inclusive perspective on disability by integrating different components of other models into one comprehensive model of disability. Each model described above provides its own framework on how to respond to disability. This places distinct values on PWD. Though the social and minority models render a strong consensus on understanding disability, the medical model continues to dominate. As we will see later in this paper, the manner in which Fresno State SWD responded to disability reflects the ideology of some of these models.
Attitudinal Research

Most of the attitudinal research conducted on disability has revolved around measurement tools in assessing attitudes toward PWD, personal and demographic associations of attitudes toward PWD, and attitudinal change strategies toward PWD (Grand, Bernier, & Strohmer, 1982). Of these three areas, attitudinal assessment has received the most attention within the research arena, mainly in the form of direct measurements (Chan et. al, 2009). Most of the direct measurement tools follow various survey formats. It has been contested that with direct measurements, respondents are aware of what is being asked of them and, thus, may respond in a desirable way (Ajzen, 2002; Livneh & Antonak, 1994). Though recently there has been a shift toward the development and use of indirect measurements in assessing attitudes (Livneh & Antonak, 1994), indirect measurements do not assess the contextual factors that provide a more enriching understanding of the individual’s phenomenological world.

Most tools for measuring attitudes are quantitative based. Quantitative research has been the principal method of examining the attitudes employers have towards PWD (Ehrhart, 1994). These are primarily standards-based and composed of closed-ended questions. Quantitative designs allow the researcher to infer causality and generalizability, something that is valuable within the empirical world. However, sometimes this type of rigorous and structured research can hinder the phenomenon under study. It is critical to not just categorize participants into labels for purposes of the study but to contextualize participants and their lives in order to capture a fuller understanding of the phenomenon under investigation. In studying attitudes toward PWD, closed-ended surveys result in the elimination of contextual variables, variables that play a critical role in
understanding the person with a disability and their internal and external environment.

A less rigid and less biased approach to survey instruments would be the development and utilization of an open-ended questionnaire and inclusion of participants/communities in the development of the survey. This would allow participants, for example, to provide more relevant input about the survey items (e.g., omitting and adding items) and on the content of the research (Eckhardt & Anastas, 2007). Every research is embedded with a degree of bias because researchers, as people, all bring their own particular perspective. It is also more important to transcend beyond numerical data for people and their phenomenology represent more than numbers and figures.

Action and qualitative research takes into consideration the perspectives of the participants and includes them in all the phases of the research process; research findings lend more relevant and meaning to the group under study with the ultimate effect of empowering the targeted population (Whyte, 1991). Methods such as focus groups and in-depth interviews can render thorough acquisition of information and provide an opportunity to acknowledge various perspectives (Brotherson & Goldstein, 1992; Morgan, 1998). Allowing participants to voice their opinions, concerns, and feelings helps address biases that may be part of the structured surveys as a result of the researcher’s expectations and prejudices (Bertrand, Brown, & Ward, 1992). Researchers need to be cautious about the research design being implemented when conducting research on PWD. This is especially true when invisibility, overgeneralization, insensitivity, dichotomism, and double standards are biases that have been noted with participants from marginalized groups (Eckhardt & Anastas, 2007).
Researchers need to be cognizant of these factors when addressing phenomena linked with minority groups.

**The Value of Attitudinal Research**

Attitudinal research is essential because attitude is part of everyday life. Human beings are social beings, needing one another in order to survive and lead productive lives. The attitudes people hold can lead to different outcomes ranging from love to hatred, from discrimination to tolerance, and from empathy or apathy. Thus, life functions and activities—work, school, family, and socialization—depend greatly on the attitudes embedded in the minds and hearts of individuals. As such, people need to identify and understand the attitudes that exist and how they influence the lives of individuals, communities, and societies at large. Given the different, contradictory models of disability that have impacted people’s way of thinking, feeling, and behaving about disability, it is imperative to examine the effects of these models on people’s attitudes toward PWD. It becomes critical to address how the attitudes of PWD are being affected and influenced by society’s attitudes. This deserves much needed attention as the media portrays PWD as victims, villains, victors, and heroes, instilling in people feelings of pity, sympathy, fear, or admiration (Gerbner, Gross, Morgan, & Signnorielli, 1994; Wang, 1992, 1998). Attitudinal measurements can assist in uncovering how PWD are reacting and responding to past and current attitudes (Chan et al., 2009). Knowing this is fundamental in educating and exposing society to relate to PWD in less oppressive terms.

**Defining Attitudes**

Attitudes represent a person’s inclination in responding favorably or unfavorably toward an attitudinal target (in this case PWD) (Vilchinsky, Werner,
A more comprehensive, multidimensional definition of attitudes is an evaluative statement, which can be covert or overt encompassing cognitive, affective, and behavioral elements (Eagly & Chaiken, 2007; Olson & Zanna, 1993). The cognitive element entails a person’s concept (ideas, thoughts, perceptions, beliefs, opinions) of the attitudinal target. The affective element entails a person’s emotions and feelings (negative or positive) of the attitudinal target (Antonak & Livneh, 1988). The behavioral element entails a person’s outward, actual behavior toward the attitudinal object (Cook, 1992). Identifying attitudes in this multifaceted way allows for a more accurate and enriching understanding of the person and their worldview.

Implicit and Explicit Attitudes

It is known that human beings assess their environments for functional and survival reasons. One is forced to judge an object as bad or good and make decisions accordingly. Implicit attitudes, according to Wilson, Lindsey, and Schooler (2000), are memory stored evaluations that have no known basis, are automatic, and have an implicit impact on the way people respond to stimuli. Hofmann, Gschwendner, and Schmitt (2005) described implicit attitudes as a linked network of concepts that are activated automatically without much cognitive effort. In this view, when a concept in the network gets activated it further activates other associated concepts that ultimately influence a person’s attitudinal response. Thus, these attitudes are thought to exist outside of consciousness, making it very difficult to control one’s preferences (Vilchinsky et al., 2010). Explicit attitudes, on the other hand, are thought to take more of a propositional format where the formation of evaluations are readily available and consciously made (Hofmann et al., 2005). These attitudes are more recently
acquired, exerting conscious control (Vilchinsky et al., 2010). In this view, it makes sense that implicit attitudes may be more overpowering and resistant to change than explicit attitudes.

In the literature, different models and theories of attitudes exist that explain the implicit/explicit attitudes phenomenon. The more traditional views posit that explicit attitudes can override and replace implicit attitudes while current views assert that explicit attitudes can override but not replace implicit attitudes (Wilson et al., 2000). Some researchers perceive attitudes to be stable and enduring states, strong habits stored in memory (Allport, 1935; Sherif & Cantril, 1947) while others believe that attitudes fluctuate and are context-dependent (Anderson, 1974; Tesser, 1978). Wilson et al. (2000) proposed a comprehensive approach whereby attitudes are both stable and context-dependent and both implicit and explicit attitudes coexist. People’s evaluations about objects/people are activated automatically and, if enough information is accessible within the context, may influence and override the more implicit attitudes. Thus, the attitude that people endorse depends on information available and the mental ability to retrieve their explicit attitudes and use that information to override their implicit attitudes.

Stereotypical Attitudes Toward Disability and its Impact on PWD

In many societies, beauty and physical appearance, independence and self-sufficiency, and work and productivity are prominent values equated with an individual’s worth (Rubin & Roessler, 2008). An individual who is born with a disability or who acquires the disability later on in life is thought of as no longer possessing such values. The following statement about the stereotype of PWD provides a good description of the kind of attitudes that unfortunately permeate throughout the world:
…they are helpless, ignorant, cannot learn, are confused, are ugly, embarrassing, unable to do things, have a low quality of life, are poor, unemployed, cannot keep a job, want to be with their own kind, are incontinent, are in constant pain, often drool, have no social graces, are pitiful, tragic, a social burden, in need of charity and welfare, are sexless, sick, and broken and need to be fixed. (Pfeiffer, 2002, p. 10)

The implications that these stereotypes have on the lives of these individuals are devastating, ultimately affecting how societies function in relation to PWD. PWD are marginalized, isolated, and victimized as a consequence of the negative attitudes and stereotypes toward disability (American Psychological Association, 1998). This social oppression deprives PWD of a life of opportunity, equality, and fulfillment. The study below shows a glimpse of the extent of the stereotypes held towards disability and the disservice that the medical profession can pose in serving persons with disabilities.

In studying the meaning medical students associate with disability, Byron, Cockshott, and Ramkalawan (2005) found that participants associated the word “disability” with wheelchair, handicap, impairment, difficulty, prejudice, and stigma with wheelchair being the most frequently word cited. These words were primarily linked with depersonalized or negative words (e.g., aids, wheelchair, needing help, dependence, immobility, inadequate, suffering, deficit, and unlucky). Medical students communicated through their use of language a sense of patronization, disempowerment, and fearfulness towards PWD. This study reflects how disability and PWD are generally negatively perceived by the larger society—victim, pity, suffering, and disempowerment.

The findings have pronounced repercussions on the provision of services to individuals with disabilities. Presuming that medical students possess such
distorted and dehumanized attitudes toward disability, it is frightening to think of the potential harm to which patients with disabilities are exposed. Much of the fate of these individuals and their rehabilitation is placed in the hands of medical professionals. It may very well be another obstacle added to the many challenges PWD face in their quest for more effective services. This is an ethical dilemma that needs to be addressed at an institutional level.

**Mediating Factors in Perception of Disability**

Tervo (2004) investigated, among other things, the impact that the variables of gender and disability exposure had on attitudes toward PWD. Using the Attitude Toward Disabled Persons scale (ATDP), Scale of Attitudes Toward Disabled Persons (SATDP), and the Rehabilitation Situations Inventory, 338 university students from different disciplines were surveyed. Results indicated that participants’ attitudes were more negative than the normative scores in the SATDP. Gender in this study did not have an influence on participants’ attitudes toward disability. Disability exposure had an impact on attitudes as those participants who had been exposed to disability scored higher positive attitudes than those participants who had not been exposed to disability. Nursing students showed the least positive attitudes, which the authors purport may be due to negative or unpleasant encounters in rehabilitation settings. Nurses play a central role in the rehabilitation process. Holding negative attitudes toward patients with disabilities can severely impact the manner in which nurses treat PWD. For instance, it has been reported by PWD that the principal barrier to getting health care access was staff’s insensitive attitudes and behaviors (Carter & Markham 2001). Negative attitudes can create an environment of animosity, affecting negatively the provision of services to PWD.
Wang, Thomas, Chan, and Cheing (2003) examined the attitudes and preferences of Taiwanese and American female college students in special education training programs towards PWD. A hypothetical scenario was presented to 89 Taiwanese and 83 Americans in which participants engaged in activities with PWD differing in disability types, severity of disability, age, gender, and education. Results showed that the Taiwanese students preferred a female age 35 with a physical disability, mild level of severity, and college graduate level whereas the American students preferred a female age 25 with a developmental disability, mild level of severity, and college graduate level. These results may reflect differences in cultural values about disability. It is worrisome to imagine the kind of treatment and interaction toward PWD who do not “fit” this preferential mentality. Participants’ biases and discriminatory behavior toward certain disabilities and other demographic characteristics possess important implications when providing services to clients from different disability backgrounds.

In another cross-cultural study, Chen, Brodwin, Cardoso, and Chan (2002) explored the attitudes of American, Taiwanese, and Singaporean college students toward PWD within the general context and specific social context of dating and marriage. Participants, compromised of 212 Taiwanese, 115 Singaporeans, and 186 Americans, filled out the Attitudes Toward Disabled Persons Scale and the Attitudes Towards Dating and Marriage Scale using a Likert-type scale. Findings indicated that female participants and American college students held more positive views in both the general context and specific social context. Previous exposure to PWD had a significant effect on general attitudes but not on specific attitudes of dating/marriage. It is suggested that previous contact and interaction with PWD does not influence people’s attitudes with respect to PWD leading
social and intimate relationships. People may not be ready to accept PWD as social and sexual beings. Participants’ attitudes towards dating and marrying PWD appear to correspond with the degree of westernization.

Vilchinsky et al. (2010) studied the effects of observers’ gender and attitudinal target’s gender on attitudes toward people with physical disabilities who are wheelchair users. Exactly 404 able-bodied Israelis (majority college students) were presented with a hypothetical social scenario involving a casual interaction between a person without a disability and a person on a wheelchair. A Multidimensional Attitudes Scale Toward Persons With Disabilities was administered to the participants. Results indicated that the person with a physical disability in a wheelchair was perceived by participants more positively and as more approachable than the person without a disability. It was also noticed that participants’ level of interpersonal stress was lowered toward the person with a disability than toward the person without a disability. However, further analysis showed that participants also held negative emotions toward the person with a disability. This situation of implicit and explicit attitudes toward disability has been shown in other studies (Kurita & Kusumi, 2009).

The authors suggest that participants’ negative and positive attitudes toward people with a physical disability using a wheelchair can be explained in terms of the explicit and implicit attitude phenomenon. At first glance, participants’ explicit attitudes revealed a positive evaluation. However, further multidimensional analysis indicated that participants harbored negative, implicit attitudes. There is a certain level of arousal when socializing with someone from the opposite gender during a first meeting (Hirokawa, Yamada, Dohi, & Miyata, 2001). Participants’ lower interpersonal stress and anxiety level toward a person with a physical disability may be indicative of participants’ perception of PWD as
non-potential dating/sexual partner. This perception of PWD as non-sexual beings has been shown in the literature (Gordon, Chariboga-Tantillo, Feldman, & Perrone, 2004; Miller & Marini, 2004; Sakellariou, 2006). It is disappointing that still today people hold these kinds of attitudes toward human differences.

PWD and disability advocates perceive employers’ and co-workers’ negative attitudes to be one of the major impediments to augmenting the employment rate for PWD (Chima, 1998; Kennedy & Olney, 2001). In comparison to people without disabilities, PWD were found five times more likely to experience involuntary unemployment (Turner & Turner, 2004). Though disability legislation has created awareness and removed some of the architectural barriers that the disability community faces in the workforce, there has not been a significant increase in employment and economic status for PWD since the passage of the ADA (Kennedy & Olney, 2001). There still remain attitudinal barriers that need to be changed even with the established laws that prohibit oppressive behavior. Inequality continues to be perpetrated in the workforce.

In a literature review of employers’ attitudes toward workers with disabilities, Unger (2002) identified disability of employee/applicant, previous experience with workers with disabilities, size of employer, and sector of business/industry as potential factors influencing employers’ attitudes. Schur (2002) suggested that PWD miss fewer days of work and produce at a job performance level equal to or higher than that of people without disabilities. But the reality is that the attitudes and concerns that employers hold against PWD (productivity, absenteeism, turnover, interpersonal interaction with co-workers, and fears of costs about injuries or accommodations), though inaccurate, are common in the workforce. This is especially unfortunate because many of the employers’ responses/reactions occur in the absence of any direct contact with
workers with disabilities. Employers are not allowing these workers to prove themselves. Employers’ preconceived notions about PWD can create serious difficulties, setting workers with disabilities up for failure.

The above findings paint a realistically striking picture of the manner in which PWD are perceived and treated within the medical, social, and occupational settings, suggesting an extremely disabling society. On the surface, it appears as though PWD have been accepted and included into society. But under this surface, persons with disabilities are still unwanted and excluded. Engrained negative attitudes persist on a very subtle level. The disability community confronts an institutionalized and individualized system that ceases to acknowledge this subtle reality. Individuals with disabilities and their need for economic, physical, and emotional well-being continues to be disregarded or minimized and ignored.

**Attitudes in Postsecondary Settings**

Zhan et al. (2010) suggested that faculty, staff, and administrators are not fully familiarized with the legal responsibilities in providing the most appropriate and effective services to students with disabilities. The authors also noted that faculty lacked experience about SWD and their ability to succeed. In fact, it was shown that faculty feel the accommodation of the needs of SWD (e.g. testing/graduation accommodations) to be unfair to students without disabilities (Vasek, 2005). In comparison to the professional fields of science, engineering, commerce, and industry, faculty within the professional fields of education, liberal arts, and architecture hold less negative attitudes toward SWD (Rao, 2002). Within the different disability types, faculty are more understanding and accepting of visible disabilities than they are of invisible disabilities (Gitlow, 2001), making
it less likely to accommodate students with emotional disabilities (Wolman, McCrink, Rodriguez, & Harris-Looby, 2004). Since emotional disabilities are difficult to identify and categorize, it is possible that professors may be more apprehensive in assisting people with these disabilities. What some of these findings imply is that accessibility is far from being a reality. One cannot help but wonder whether accommodating SWD is a genuine act or a forced act to comply with the law.

Based on the results of a 2002-2003 project about problems PWD face in accessing higher education, Iarskaia-Smirnova and Romanov (2006) arrived at this conclusion: many physical barriers still exist today in SWD accessing schools and integrating into the school environment once in it (e.g. layout structure of buildings, classrooms, furniture, equipment, cafeterias, libraries, and restrooms). This can be a manifestation of attitudinal barriers, budget deficits, or simply lack of attention and concern. Clearly the needs of PWD are not being fully addressed, something that can be attributed in part to the pervasive social negative attitudes manifested at societal and institutional level (Iarskaia-Smirnova & Romanov, 2006). As we will see shortly, what SWD have to say regarding accessibility provides a louder voice of the challenges some of these students face on a daily basis.

Denny and Carson (1994) surveyed 41 SWD about their perception toward their college atmosphere including the view that students, faculty, and staff have towards them. Results indicated that approximately one-fourth of the respondents reported a sense of support from the university while one-half of the respondents reported no negative reactions from the university toward their disability. Respondents did express on-campus physical barriers to be a challenge in participating in activities and, thus, integrating socially with others. A more recent
study found that 25% of the time participants rated tape recorders, alternate testing location, taped texts and notes, mental health counseling services, and note takers as ineffective (Kurth & Mellard, 2006). Additional critical concerns dealt with a sense of not belonging (e.g., feeling unaccepted, excluded, and different), not having access to academic information (e.g., professors lacking knowledge about and unwilling to providing accommodations), lacking supports for independence (e.g., inaccessible transportation, housing, and restrooms), and labeling and discrimination (e.g., pervasive stigma and ignorance about the different disabilities). There are attitudinal barriers in SWD receiving adequate treatment and services. These students’ concerns ought to be a primary priority in the education system if education is to be equal.

Dowrick, Anderson, Heyer, and Acosta (2005) identified 10 different universities where SWD were recruited to participate in focus groups in an attempt to gain an understanding of these students’ experiences in higher education. Participants voiced concerns with the disability service providers being understaffed and their inability to 1) provide individualized services, 2) to meet the needs of every student, and 3) to recruit and outreach SWD. Participants indicated the inaccessibility of internships and other work-related programs due to stereotypes and discrimination. Similarly, faculty’s unwillingness to accommodate students’ needs and lack of knowledge/awareness of the needs and rights of PWD was indicated. This insensitivity obliviousness of faculty and peers/students about the needs of SWD and the impact of negative attitudes (e.g., stigma that comes with disclosing one’s disability and poor expectations of PWD) present major barriers to the attainment of education and work.

As is evident from the above qualitative study, focus group is a research method that provides rich information about each participant’s individuality and
disability experience. It is important to keep in mind that accommodations themselves are not ineffective. It is critical to individualize accommodations in order to best fit the accommodation with the context and functional needs of the individual. Similarly, it is necessary to note how an accommodation, though complying with the law, may affect a student’s life and his/her functional needs, immediate and long-term costs, and benefits in relation to participating in campus life activities. Involving the student in the process of accommodations will benefit everyone and ultimately instill empowerment in SWD. But in essence, these students are still not empowered.

The postsecondary studies referenced above add a voice to the struggles and injustice that many PWD face in higher education settings. SWD face challenges from physical/structural barriers to attitudinal barriers both at the micro and macro levels. For those few who are able to make it through college and attain their degree, one can only imagine the price they have to endure. This is rather hard to take given that college life is a pivotal aspect of an individual’s life. It is in college that students have the opportunity to develop their sense of self in relation to school, work, and socialization. Depriving SWD of this opportunity significantly impacts their present and future life choices.

Access to full participation for PWD is questioned, challenged, or denied. A SWD, wanting to pursue a higher education, may be deemed as not being realistic as if he/she were inherently incapable of learning and attaining a degree. A worker with a disability, looking for work, may be denied the chance to prove himself/herself because of the belief that he/she is not capable of producing. A person with a disability, searching for a place to live (e.g., apartment), might be denied access because the owner may perceive him/her as posing a concern to the rest of the tenants. A person with a disability going out on a date might be thought
of as being awkward and pitiful as if mating is something reserved for able-bodied people only. An individual with a disability getting married and bearing children may be seen as being insane for how is he/she going to sustain a family and care for the children. Other recreational life activities (e.g., going to the gym, dancing, singing, and swimming) may be social norms not acceptable for PWD to engage in. It is easier for the general public to make themselves belief that PWD are content with themselves, what they got, and their state of dependency.
CHAPTER 3: METHOD

Chapter 1 provided a background glance of the disability history detailing some of the fundamental disability laws and movements. Chapter 2 focused on the literature review examining prominent disability models and the contexts of the experiences within which PWD have lived and continue living. This chapter presents information about the survey and the methodological process that was used in the analysis of the survey data. Information includes the participants, survey site, survey content and administration, data analysis, and role of the researcher. An understanding of the methods and analytic processes is pertinent in capturing the richness of the analysis presented in chapter 4.

Participants

Participants were recruited via a large public university (Fresno State) in the Central Valley of California. Approximately 418 participants participated in the survey, 64 respondents self-identified as having a disability. The majority of the 64 respondents were Caucasian (42%) followed by Hispanic (23%), other/multiracial (11%), and Native American/Alaska Native (2%). The majority of respondents (67%) were female and the rest (33%) were male. In terms of education level, 55% were undergraduates, 44% were graduates, and 2% were prospective students. More specifically, 20% indicated 1\textsuperscript{st}-year student status while 19% indicated 3\textsuperscript{rd}-year student status followed by 17% (2\textsuperscript{nd} year), 14% (5\textsuperscript{th} year), 9% (4\textsuperscript{th} and 6\textsuperscript{th} year), 6% (7\textsuperscript{th} year), 3% (10\textsuperscript{th} year), and 2% (8\textsuperscript{th} year).

The Survey Site

Data from the campus web site (http://www.csufresno.edu/ucomm/fastfacts/) show that approximately 22,000 thousand students are enrolled at
Fresno State. This campus was founded in 1911 as Fresno State Normal School and became a teacher’s college in 1921. Since 1949, Fresno State has also offered advanced degrees. The campus houses a variety of students from different ethnic backgrounds with the highest number being Hispanics (36.1%) followed by Caucasian (32.6%), Asian (14.8%), Other/Unknown (9.0%), African-American (5.0%), International Students (1.9%), and American Indian (0.6%). Fresno State is situated within California’s Central Valley. According to Danenberg, Jepsen, and Cerdan (2002), the Central Valley has grown rapidly (6 million residents) compromising 17% of the state’s entire inhabitants. This growth has been most noticeable among Hispanics and Asians, but overall housing a widely diversified group of people. Despite its enriching agriculture and farming economy, the Central Valley faces critical challenges given its alarming poverty. This reality is reflected on poor student socioeconomic status, test scores, and college preparation/attendance. The present and future educational and employment goals for people in this part of the region are being hampered by the region’s living conditions. As can be seen, this part of the state lacks solid work and school preparation that prevents the interchanging and growth of ideas.

**The Survey Content and Administration**

The original purpose of this research was to develop an online disability survey to capture the disability atmosphere at the Fresno State campus—the presence of disability and its impact on student life. An open-ended and closed-ended survey questionnaire was initially developed to re-establish a defunct disability group on campus, bring disability awareness and visibility to campus, provide voice to disability-related discrimination and disability perception, and to provide opportunities for further research. Participants received an electronic
email, stating the purpose of the survey, confidentiality protections, estimated time completion, and the survey link. Flyers were also distributed on campus and posted on several buildings on how to complete the survey. Approximately four of the seven departments on campus sent out emails through their particular list-serves as a means to get as many participants as possible. Participants completed the instrument via Survey Gizmo.

The open-ended questions pertained to disability perception, disability-related discrimination, on-campus participation, ASD, and peer mentoring (see Appendix A for the full survey and Appendix B for the identification code of each response for the research question being addressed). The following are the eight open-ended questions asked in the survey: (a) what is your perception of disability, (b) what is your perception of how students without disabilities view students with disabilities on campus, (c) if you know of someone who has personally experienced discrimination because of disability please describe your experience of this person being discriminated against, (d) what is your experience with discrimination against students with disabilities on CSU Fresno campus, (e) if you participate in on-campus activities what activities do you participate in, (f) if you are a past ASD member, describe your positive experience, (g) if you are a past ASD member, please describe what can be done to make ASD a more effective organization on campus, and (h) what is the most important function do you think a peer mentoring group could serve. The analysis presented in chapter IV specifically addresses the survey question that deals with the perception of disability from those 64 respondents self-identified as having a disability. This will allow an enriching exploration of disability as experienced by PWD themselves.
Pertaining to the 64 respondents identified as having a disability, when asked about disability services on campus, a surprisingly 53% reported no utilization of the Services for Students with Disabilities. A little over half (61%) of the respondents were unaware of the existence of the disability club on campus with 80% indicating no interest in the organization. The reasons provided for the lack of participation were (a) lack of time (73%), (b) lack of recruitment (43%), (c) indifference about the club/embarrassment (12%), (d) lack of unity and direction the club (8%), and (e) the club is only an organization for people with disabilities (2%). In addition, when asked about peer support, 63% said that they had experienced a situation on campus where it would have been helpful to have peer support. Furthermore, when inquired about on-campus activities, 69% indicated no participation on on-campus activities due to: (a) time (76%), (b) work (37%), (c) school (35%), (d) lack of social network (33%), (e) anxiety (26%), (f) depression (20%), (g) lack of social skills (15%), (h) fear/low self-esteem (13%), (i) inaccessibility (11%), (j) discrimination/prejudice/shame (7%), and (k) oppression (2%).

Data Analysis

Data analysis consistent with a grounded theory approach was used. The analytic categories and concept development gradually evolved from the data. This analysis relied on an iterative process of coding and movement between codes and data. It met the premises of credibility, dependability, and trustworthiness, which are the indicators of rigor and transparency in qualitative research (Charmaz, 2006; Glesne, 2006; Strauss & Corbin, 1990).

Each category had its own decision rule or definition that emerged based on the data, which aided in the coding of the responses into designated categories.
Table 1 provides a depiction of the analysis progression. Looking at this table, a decision rule was identified for each of the 10 coding categories listed in level I (see Appendix C for description of decision rules). The decision rules guided the iterative process, a process consisting of examining the data multiple times. Engaging in rounds of this iterative process resulted in the different levels of analysis noted in the table with each level of analysis approximating at a more transparent analysis of the data. Throughout the progression of the analysis, some coding categories collapsed into one category or were extinct while new ones emerged. With the new emerging coding categories, new decision rules were developed to guide the re-examination process of the data analysis. Level IV provides the outcome of the analysis progression.

As can be seen from Table 1, some coding categories remained consistent across the four levels of analysis (e.g., “Impairment”). Others, however, such as “Gift” shifted into “Special” throughout data analysis. Other coding categories, such as “Unequal learning access,” were dropped and at other times collapsed. “Challenge” and “Difference” developed into the concept “Deviance;” conversely, the category of “Attitudinal Barriers” developed into two concepts—“External Attitudes” and “Internalized Attitudes.”

Table 2 illustrates the developed categories with their corresponding definitions and data samples.

Figure 1 is a visual representation of the group of coding categories that reflect the existence of oppression (external or internalized). The black portion of the pie chart entails the responses and the concepts indicative of some form of oppression. Thus, all of the categories except for “Description” and “Natural Characteristic” are linked with oppression. This sheds light into respondents’ understanding of disability, an understanding that is not promising.
Table 1

*Development of Coding Categories into Concepts*

<table>
<thead>
<tr>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
<th>Level IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impairment</td>
<td>Impairment</td>
<td>Impairment</td>
<td>Impairment</td>
</tr>
<tr>
<td>Obstacle</td>
<td>Obstacle</td>
<td>Barrier</td>
<td>Obstacle</td>
</tr>
<tr>
<td>Gift</td>
<td>Gift</td>
<td>Special</td>
<td>Special</td>
</tr>
<tr>
<td>Needing Special Requests</td>
<td>Deleted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unequal Learning Access</td>
<td>Unequal Learning Access</td>
<td>External Attitudes</td>
<td>External Attitudes</td>
</tr>
<tr>
<td>Characteristic of Person, Characteristic of life/culture/society</td>
<td>Characteristic of Person, Characteristic of life/culture/society</td>
<td>Natural Characteristic</td>
<td>Natural Characteristic</td>
</tr>
<tr>
<td>Challenge</td>
<td>Challenge</td>
<td>Deviance</td>
<td>Deviance</td>
</tr>
<tr>
<td>Difference</td>
<td>Difference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitudinal Barriers</td>
<td>Attitudinal Barriers</td>
<td>External Attitudes</td>
<td>External Attitudes</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td>Different Themes</td>
<td>Different Themes</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Decision rule/Definition</td>
<td>Data sample</td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td>An illustration of a person’s disability and/or an example of what constitutes as a disability.</td>
<td><em>I have a traumatic [sic] brain injury.</em></td>
<td></td>
</tr>
<tr>
<td>Natural Characteristic</td>
<td>A natural aspect and variation of human life and does not solely define a person’s identity and/or abilities.</td>
<td><em>It allows people to learn differently, and creates diversity in the way people learn, live, and function.</em></td>
<td></td>
</tr>
<tr>
<td>Special</td>
<td>Deriving a distinctive meaning of uniqueness and strength or alluding to something mystical.</td>
<td><em>In fact, those with disabilities have the unique perspective and experience to help others with a variety of challenges in their lives.</em></td>
<td></td>
</tr>
<tr>
<td>Deviance</td>
<td>Departing in some form from the established norms/expectations within a given society.</td>
<td><em>It takes more time in our learning process to understand material that may be said in class.</em></td>
<td></td>
</tr>
<tr>
<td>Impairment</td>
<td>A condition within an individual that interferes with and/or alters life activity functioning.</td>
<td><em>A condition that limits one’s ability to participate in one or more common life activities.</em></td>
<td></td>
</tr>
<tr>
<td>Obstacle</td>
<td>A situation an individual is confronted with thought of as something to overcome and conquer.</td>
<td><em>That its something to overcome not an excuse for not trying.</em></td>
<td></td>
</tr>
<tr>
<td>External Attitudes</td>
<td>Exterior (societal) attitudes that impede understanding, acceptance, and/or inclusion of disability.</td>
<td><em>My perception of disability is no being able to focus on school work or lectures because the way that the materials are presented to me is the not the way that i learn most effectively.</em></td>
<td></td>
</tr>
<tr>
<td>Internalized Attitudes</td>
<td>Interior (personal) attitudes that have become ingrained and personalized into an individual’s inner worldview.</td>
<td><em>A condition or attribute [sic] a person has that could keep them from participating in society if they aren’t [sic] provided with tools or modifications for their [sic] needs.</em></td>
<td></td>
</tr>
</tbody>
</table>
Role of the Researcher

My role as a researcher has been impacted and influenced by my involvement with ASD and my identification with the disability community, serving as my primary ways of relating to the data.

My involvement with ASD was not steady. During my undergraduate years was when I first attended the meetings. I was rather distant and apprehensive. Later I became vice-president of the organization for a semester. Unfortunately, these experiences had not been all that pleasant for a couple of reasons. I was simply not comfortable with my own disability and being further associated with a disability group did not help ease my discomfort. The second
reason was that ASD lacked unity, foundation, and a sense of direction. It was anxiety-provoking to watch a group of people, my own people, struggle to have a place on campus. Then during my graduate years, I took presidency of the organization. This was a scary, yet, wonderful experience. It was scary to take charge of something that needed much work and effort; I was not sure I had the leadership skills and mentality to get ASD to a better place. This was especially so when disability had not been a strong topic on campus life, a topic that many people would rather avoid. At the end, it was fulfilling to lead and bring a group of people together with common experiences. My participation opened the door for growth and an opportunity to be part of something bigger.

Identifying as a person with a disability, as a student with a disability was the primary lens that guided my research work. I went throughout most of my school years at Fresno State feeling invisible and excluded in the classroom, in the cafeteria, and in the events held on campus. My school activity consisted mostly of going to class and heading back home. I did not fit anywhere or so I felt. It hurt deeply to see my limited life reflected by my other peers with disabilities. I ached seeing some of them alone disconnected from both SWD and students without disabilities. It was distinctively sad to see that there was not any acknowledgment, any bond among SWD. We all had a common experience, yet it felt as if that common experience only pushed us more apart from each other instead of uniting us. I found it more shocking once I dived into the survey getting pulled in deep into the inner experiences of these students with disabilities. In analyzing the data gathered from the survey, I felt conflicted and unease.

I found myself detached from the respondents. It felt, in looking at the data, as if I were wearing an “objective” lens, an outside lens that appeared or perhaps wanted to have no personal connection with the content of the responses.
I had even thought that the data I was analyzing was from those respondents who self-identified as not having a disability. However, I soon came to the realization that the responses were in fact from those individuals who self-identified as having a disability. Feelings of shock and confusion settled in as I realized that the responses were in fact from the respondents with disabilities. I could not help but to feel much empathy and sadness toward myself and the respondents and, at the same time, anger at the way PWD have been victims of an indifferent society. Reflecting on my experience, I wonder if I may have detached from the data because the voices and perceptions of some of the respondents relived some of my own, deep internal struggles, thoughts, and feelings surrounding my disability.

Considering how intimate I became with my own research and the voices of these respondents, I decided to incorporate my own experiences in relation to the contextual analysis. At a personal level, this was a moment to take back the dignity as a person and as a person with a disability that was taken from me at a very young age. This process helped re-shape my understanding of myself and my peers and the concept of disability. Via my work as a researcher, I ventured into a journey of self-determining and self-redefining.

The information above more or less situates the methodological context within which the analysis was derived. Noticing some of the participants’ characteristics, the site where the survey was conducted, the make-up of the survey, the analytic tools, and the researcher’s biases and lenses allow the reader a more transparent understanding of the writing. This qualitative research led by a grounded theory orientation rendered an opportunity to voice the unvoiced. It brought these respondents into light from the dark and silent hole in which they co-existed. This is particularly important here in the Central Valley given its level of conservativeness and thinking. Uncovering the perceptions of SWD in relation
to their disability opens the door for dialogue and challenges that will hopefully stimulate further thinking.
CHAPTER 4: EXISTENTIAL CRISIS AND THE BATTLING FOR A SPACE IN THE UNIVERSE

Introduction

This analysis addressed the following research question: What is the perception of CSU Fresno students about disability? The analysis here used a grounded theory approach that allowed for the identification of themes within the data. Subsequently, from the theme progression a number of conceptual categories emerged that illuminated the ways in which respondents perceived disability. These conceptual categories include: (a) External Attitudes, (b) Internalized Attitudes, (c) Deviance, (d) Impairment, (e) Obstacle, (f) Special, (g) Natural Characteristic, (h) and Description. These perceptions, reflected upon the above categories, are multifaceted and quite complex to identify given the unique life experiences of each individual. The majority of these concepts are linked to internal and external oppression, suggesting the presence of an oppressive disability perceptual lens. Thus, disability perception and oppression in this analysis appear to be intimately connected.

The analysis is presented by embedding some of the author’s own personal disability-related experiences with those of the respondents. The context of the respondents’ responses resonates with the author’s own context around disability. Identifying at a personal level with the conceptual categories helped the author situate himself more globally within and around the disability community. This aided the author in the process of coming to terms with his disability, putting into perspective what it means to have a disability. In a unique way, this analysis allowed author a space to depersonalized his disability and integrate a healthier disability identity. Doing so added a subjective, but much needed voice,
remaining cautious, open, and transparent about the author’s voice as a researcher and as a person with a disability when analyzing the data.

In analyzing and interpreting the data, it is critical to establish the influence perceptions have on one’s thinking, feeling, and behaving. Perceptions direct people’s daily living interactions much the same way a steering wheel directs the wheels of the cars. They heighten the human senses at both conscious and unconscious levels. They are formed over a lifetime, open to change, and non-static. If gone unchallenged, one’s perceptual reality can often come to represent the only and correct reality. The disability perceptions that these respondents bring into campus life are an accumulation of all their perceptual experiences built throughout their lives. The disability atmosphere at Fresno State campus will either challenge or reinforce the respondents’ established perceptions. The kind of perceptions held by the majority—students, professors, and staff—about disability play a determining factor in what is to become of these respondents’ disability perceptions. The power in change lies at the hands of those around us. The key is whether institutions, agencies, and communities will break off the chain and build a new perceptual chain or continue feeding the old one. This has broader implications and meanings on the human race and what it means to love and stay connected with one another.

The Need and Power of Remaining Connected to One’s Surroundings

The writings of Fromm (1956) on the art of loving describe the human need to love and be loved. According to Fromm, the minute the individual is conscious of his entity and individuality, he becomes aware of his own existence and the existence of the rest of the world. He becomes cognizant of his past, future, and the vulnerabilities of life and death. These feelings of his separateness from
mother, from other men, from nature, and from the universe leave the individual with an existential crisis. He becomes imprisoned in his existential anxiety, aloneness, and human disconnectedness:

Being separate means being cut off, without any capacity to use my human powers. Hence to be separate means to be helpless, unable to grasp the world—things and people—actively; it means that the world can invade me without my ability to react. Thus, separateness is the source of intense anxiety. Beyond that, it arouses shame and the feeling of guilt. (Fromm, 1956, p. 8)

Battling for a space in the universe becomes the primary focus of life. The need to intimately connect with another human being, to fuse with the world becomes such a human survival that we desperately seek the union of love to get rid of the feelings of helplessness, aloneness, and anxiety. An inability to break through the separation brings shame and guilt. Fromm speaks of (a) motherly love, (b) brotherly love, (c) romantic love, (d) self love, and (e) love of God as the different forms of love that will elicit a comforting space in the universe.

When one thinks about love one thinks or should think about a person’s totality. In order to be able to love and be loved completely and unconditionally, one needs to accept oneself and others in their entirety and not just a piece of himself. One cannot actively love when certain quality(ies) of the person is (are) being denied, rejected, and even despised. In this analysis of SWD and their perceptions of disability, a critical concern is how they may be experiencing self love and brotherly love. Placing disability at the heart of human life experience and love as the connection to human life, students’ perception of disability may be hampering or facilitating the act of loving and the existential crisis and battling for a space in the universe.
Disowning, oppressing, detaching or any other means of separating from one’s and others’ disability presents an inability to totally and genuinely love oneself and others. Rejecting a part of a person’s lived experiences, a central part of a person’s identity as is disability, is to reject the existence and make-up of the person. Without an existence, without recognition of one’s total being, the attainment of love is impossible. And without love, the person is condemned to a life of anxiety, aloneness, and disconnectedness. On the other hand, embracing disability as part of the person’s wholeness, as part of our human nature, opens the door to self/brotherly love. The capacity to recognize, accept, love, and integrate disability into life overshadows the experience of living disconnected from everyone and everything. The analysis here captures what seems to be a reality not too promising for these respondents. Their responses potentially reveal a state of existential crisis.

Physical and Social Spaces

The reality is that PWD live in an inaccessible world. A world that is generally detached from and external to the lives of many individuals with disabilities. A world in which there is only one correct reality, one desirable way of living, which everyone must take on if they want to be accepted and praised by the larger society. The disability community faces daily impediments from freely interacting and accessing many of the available goods, services, privileges, and people. As Peat (1997) explained, barriers embedded in the physical environment make it difficult for PWD to get around and socially relate. This deprives them of the rights, privileges, and opportunities that everyone else enjoys. People’s attitudes, more so than the physical environment, can become major obstacles to PWD living and integrating fully into society (Peat, 1997). There lies an external
separation between the disability world and the non-disability world, a notion many of the respondents identified with. The physical and social spaces dictate the degree of external separation present.

Physical Spaces

*Physical spaces* within the context of this paper refer to the physical structure of the environment and the physical opportunities that make the environment equally accessible to navigate. Mankind lives in an environment built for and by individuals without disabilities: high counters and constricted spaces within the restrooms, restaurants, hotels, movie theatres, bars, banks, voting booths, and universities; the endless stairs; the weight of doors; and the complex technology give testimony to many of the physical barriers built by mankind. *Physical spaces* prevent PWD from enjoying recreational/leisure time and fitness centers (U.S. Access Board, 2011). Some of the challenges that have been shown to negatively impact PWD in navigating their surroundings include inaccessible parking, traveling, ramps, and other infrastructures (Meyers, Anderson, Miller, Shipp, & Hoenig, 2002). One can argue that even when a certain physical structure meets the “ADA” guidelines it can still present accessibility issues. Many of the guidelines may still not be universally designed to meet the accessibility needs of every person with a disability, including those of people with temporary disabilities. These kinds of *physical spaces* are seen played out in the present analysis as some of the respondents make reference to these spaces in their understanding of disability.

Physical spaces mediating respondents’ perceptions of disability. This external separation that is perpetuated through the *physical spaces* can be evident in the following response: “My perception of disability is not being able to focus
on school work or lectures because the way that the materials are presented to me is the [sic] not the way that i learn most effectively” (ID# 62636744). This student may have specific learning needs that are not being met by his/her environment (e.g., lack of alternative formats), hampering this individual’s capacity to learn and function. The manner in which educators present information can negatively impacts a student’s learning experience as is the case with the above respondent. Doing so limits significantly his/her opportunities to grow both personally (e.g., feeling inadequate not being able to perform) and professionally (e.g., not being as prepared to enter the workforce). This puts an ultimate block to PWD reaching self-actualization.

These physical spaces can also be illustrated by the limited opportunities that certain people face: “I think a disabled person should have the same opportunities as a non-disabled person” (ID# 62816208). This respondent in using the word “should” implies the assertion that PWD are not getting the same life opportunities as people without disabilities. This is the case when one acknowledges the fact that we live in a society in which social/recreational, school, and work sites are not fully accessible. And instead of changing the environment to make it accessible to the person, it is the person that is being changed to fit the environment as it is: “Recognition by the federal government that certain citizens due to a physical and/or mental limitation require intervention on the disabled behalf” (ID# 62953025). This student provides an indication that interventions within the person are being made as a means to treating inaccessibility issues as if these problems were more characteristic of the disabled rather than the physical spaces. Living in a physical world that is meant to be accessible only to the majority of the population establishes invincible walls that separate PWD from interacting fully and equally with the rest of world.
Physical spaces resonate with author’s personal experience with disability. As a disabled Hispanic male, I grew up in physical spaces—my home, community, and society—that were inaccessible and quite frankly deplorable. I was born and raised in an immigrant, non-educated, Catholic family with eight siblings (three of us with the same medical condition), in a small town in Mexico. There were no health, education, and economic resources. During my first 12 years in Mexico, I did not receive the appropriate medical care that my health condition needed. I had no assistive devices (e.g. wheelchair) that would allow me some mobility, freedom, and independence. Dragging myself around the house became my means of mobility. My family hardly ever allowed me outside the house—only every so often to go to church or grandparents’ house. I was not permitted to attend school. My home became my world and most of my human contact was inside the home. I was isolated and outcast. It gave me first-hand experience of the deepest forms of external separation and oppression.

Everything in my home was practically out of my reach, which forced me to depend on others for most of my little activities (e.g. showering, dressing, eating, etc.). Everything was high and heavy for me to grasp. Within my community, every building appeared even more inaccessible (e.g. school, church, neighbor’s house). Once I obtained a wheelchair and began school, the environment was relatively inaccessible. The physical spaces of the classroom served as another barrier in the separation between me and the other students. Everything from classrooms to restrooms, cafeteria, water fountains, basketball/volleyball courts, and concrete were not designed for my use. It was incredibly painful to have to sit within the classroom at a corner in my own distinctive desk away from the rest of the students. It felt as if I did not belong there. I eventually feared venturing outside of my home because I did not want to experience the humiliation of people
watching me unsuccessfully navigate my surroundings. Even more damaging to my being was the surrounding social spaces that governed my life.

**Social Spaces**

*Social spaces* define the attitudes (feeling, thinking, and behaving) and perceptions that people bring into social interactions as key elements in the accessibility of human relations. Individuals are shaped by their families, peers, cultures, institutions, and society at large and socialized into specific ways of relating to oneself and to others. How open and accepting an individual is toward PWD determines the degree of accessibility in their interaction. One can argue that social relatedness around PWD has the potential to be largely based on an unequal, top to bottom conversation by which PWD are seen as the helpless and people without disabilities as the empowered ones (Hahn, 1983, 1985; Oliver, 1990). It is often the mentality that PWD, as a result of their disability, cannot function and produce on their own. People without disabilities then come to the rescue. They believe they know what is best for PWD, ignoring how the individual with a disability may be left feeling and thinking upon such intrusion and violation. This type of helper-helpee relationship is prominent in the fields of rehabilitation, medical sociology, and special education; these fields address disability as an internal deficient, passive, and powerless problem in need of outside interventions (Pfeiffer & Novak-Krajewski, 1983). This top/bottom relationship also mirrors the ways the general public relates to PWD.

Out in the day-to-day living, many social situations speak loudly to the inaccessibility within human relations between PWD and people without disabilities. It can be contested that members from the disability community tend to be the last resort when it comes to hiring and the first ones to leave when it
comes to dismissing employees. The underlying relationship here is a top to bottom one, transmitting a sense that the person with a disability is not as equally productive and reliable employee as the employee without a disability. When it comes to overall participation, people’s perceptions and attitudes toward accessibility and disability determine PWD’s physical activity involvement (Rimmer, Riley, Wang, Rauworth, & Jurkowski, 2004). Widely held perceptions towards PWD, such as PWD not interested in general social activities, automatically place them at the bottom of the social latter. Social spaces are surrounded by a belief system that negates PWD the opportunity to interact on an equal human-to-human level. The stigma—prejudices, stereotypes, and discriminatory behaviors—puts them at a disadvantage. These social spaces are applied to the present analysis in relation to the ways respondents perceive disability.

Social spaces mediating respondents’ perception of disability. The social spaces attached to this notion of external separation are portrayed in responses such as “Everyone should be treated equal. A lot of tims [sic] a disability isn’t a barrier but society’s attitudes are” (ID# 62931202) and “In fact, I feel that the people who are insensitive and ignorant to disabilities are the one with the problem” (ID# 63546225). These two persons give witness to the degree that society plays in the making of disability. The first one clearly states how society’s attitudes become the real barriers to equality. The second response goes on to imply that people’s insensitivity and ignorance, not PWD, are the ones in need of the interventions. It is difficult to live and function under such social spaces within a society that at large has these engrained, often unconscious,
attitudes toward PWD. Not taking part of friendly and fruitful social interactions leaves PWD feeling unvalued, uncared for, disrespected, and unaccepted.

It is almost impossible to successfully engage in social dialogue when certain members of a group (in this case PWD) are not perceived as having the same value as other groups (in this case people without disabilities). Genuine social relatedness (free of imposition, control, and stigma) cannot exist when there is an inability to embrace all people of all different shapes and forms as equally deserving, as equally human. “Needing adjustments in order to “fit” (live fully) within a very narrowly defined society designed for and by white males” (ID# 65695942) describes the closed mindedness and tunnel vision that society adheres by. “How different people react to seeing disabilities is frustrating” (ID# 62839228) puts a desperate voice to the experience of living with a disability in a society where disability is frowned upon. It is still a struggle even in places where social acceptance is more pronounced as the following respondent pin-points:

We have much to offer the world if only the world would become more accepting of those that are differently abled. I especially am surprised how much discrimination I’ve experienced here in California which is supposed to be a progressive state! (ID# 62813714.)

Not feeling accepted and embraced by the world may naturally leave respondents like this one feeling unappreciated, excluded, and lonely. This person goes on to suggest that social spaces, even when appearing accessible on the surface, are not so open and welcoming underneath. The effects of living in these social spaces are numerous and costly, touching every aspect of one’s life. One such aspect is academics.

Other responses speak to the oppressive, inaccessible world in academic settings: “I have mixed feelings about being disabled. Mostly I find it frustrating
and I don’t think many of the DSPS accommodations go far enough to be fully helpful. Being disabled is a disadvantage in academic settings, even with accommodations” (ID# 63384582). This student appears to be questioning DSP services and the academic setting the student finds himself/herself in. Even when accommodations themselves are meeting the needs of students with disabilities, they are not as effective in the long run if the accommodations are not received warmly and openly by fellow students and faculty. In the accommodation process, many people from different walks of life are involved, which makes this process dynamic and complex. Everyone involved needs to be on the same page, otherwise accommodations will proof inefficient. It can be possible that, even with accommodations, there may still be no level ground for this student to study at an equal basis as the rest of the students. Perhaps this is because the social spaces in which these accommodations are provided are masked by processes, by policies that ignore the real needs of respondents like this one. In this case, it is natural for this student to feel frustrated and perhaps disappointed and confused, not knowing why he/she cannot seem to function in school. This may leave the student questioning whether his/her disability or/and the services are at fault. In other cases, sometimes self-disclosing one’s disability in order to receive accommodations can do more harm than good.

One respondent commented on his/her experience with self-disclosure: “Learning disability, it takes me longer to comprehend things compared to other students, but I don’t like letting people and professors know because they look at me like I’m stupid” (ID# 64180217). People are social beings easily influenced by others, particularly by those in power and authority. This student may feel belittled and devalued as a consequence of professors’ perceived sense of superiority and righteousness. From what this respondent stated, people’s
reactions may lead the person to live his/her disability in secrecy as if it were something to be kept away from everyone around. This results in potential shame and anxiety for the person with a disability. No one can successfully navigate through the social world when others are oppressive in their thoughts, feelings, and words. PWD cannot socially survive in the presence of social inequality.

Social spaces resonate with author’s personal experience with disability. Growing up, I was unable to socially function within my surroundings and my social life withered. I grew up in a family, culture, and society that were extremely ignorant of disability or of anything that appeared unfamiliar. Everyone around was highly judgmental. I felt pity, rejection, emotional/mental neglect, anger, disgust, disappointment, and ambivalence from my family. Such attitudes and feelings were mirrored within my community—a community that rejected and pitied me, a community that felt repulsed and humiliated by my mere presence. The experience of these social spaces left me voiceless, mindless, and heartless.

In the Mexican culture, people attach religious, mystical explanations to the “unnatural,” to the unknown; I still remember witchdoctors approaching my parents believing wholeheartedly that they could “cure” me, as if something evil or divine had taken over me. Similarly, the physical body symbolizes personhood/manhood and ability to carry a family—something that I clearly did not possess. There is a paternalistic view of disability in which people perceived as “sick” are meant to be children forever and to be taken care of until death. Then to see the societal values of beauty and physical appearance, independence and self-sufficiency, and work and productivity represent a person’s sense of worth, pushed me further six feet underground. All in all, my disability within these
social spaces symbolized pathology, unwholiness, and sinfulness. It trapped me in a perpetuated ideology that imprisoned my life needs, wants, and desires.

Recalling my beginning school years, I had some teachers who treated me with pity and curiosity assured I was not going to get far in life. After immigrating to California at age 12, I was mainstreamed into regular school. I went all the way to high school without any special education assistance. The schools I attended in the U.S. lacked resources and adequate education in meeting the needs of PWD. The only DSP assistance I requested throughout my college years was an accessible desk. I am sure I could have benefited from assistance one way or another, but I was used to doing things on my own without any outside help. I also wanted to show myself and everyone else that I was quite capable of achieving things in life just like anybody else. And, I did not want to be stigmatized further by becoming associated with the disability office. I did not spend much time in the disability office other than to use the computers. When I first visited the DSP office I felt uncomfortable. The atmosphere was one of apologetic and superiority as if they were “gods” providing special services to “the poor students who cannot do it on their own.”

Experiencing Disability Through an External Lens

The disability community is an oppressed group much like other minority groups. An intriguing phenomenon is how some oppressed individuals make the external oppression an internal one. Internalized oppression occurs when an oppressed group, subject to the oppressor’s power, authority, and value, internalizes the oppressor’s worldview (Poupart, 2003; Reiser & Mason, 1990). Such worldview becomes their own reality and truth, desiring to be like the oppressed group. This takes over the original identity and culture of the oppressed
The transformation oppresses every independent thought, feeling, and behavior of the oppressed members while embracing the oppressor’s toxic ideology. An understanding of PWD’s lived, intimate disability experience is largely distorted and dictated by an external reality detached and indifferent to their lives. Such separation from one’s inner reality and experience serves as a wall to reaching self connectedness and self-love. Below is an analysis of the current data that, as indicated by the responses, exemplifies the notion of *experiencing disability through an external lens*. Significant number of respondents’ frame of reference toward disability entailed a sense of internalized oppression.

**Respondents and Internalized Oppression**

One respondent’s response vividly shows internalized oppression and its impact on the person’s well-being and self-love:

I associate pain, embarrassment, and guilt with my disability. My middle finger and ring finger on my right hand suffered distal avulsions. The tips were crushed off. It is painfully difficult to perform activities related to work, school and personal interests. I am embarrassed by my right hand and hide it so that people do not see my fingers. This causes me anxiety. I also feel guilty because many people have much greater disabilities and I feel as though I should not feel disabled. (ID# 62819398)

The above statement provides a distinctive picture to the degree this student’s self image and reality have been influenced by society’s reaction to disability. There is little self-love when the respondent feels deeply ashamed, guilty, and physically and emotionally in pain about a part of her/his body and the perceived damage it has inflicted upon her/his life. This person, on the one hand, also feels she/he
should not feel disabled because she/he senses that other people have greater disabilities with more complex needs. On the other hand, she/he cannot help to feel disabled because in the minds of other people she/he is disabled (even though she/he may not feel as one). This student, in comparing herself/himself to other disabilities, may have oppressed her/his own disability, minimizing it, yet, feeling inexplicably severely affected by it. To have one’s emotions and thoughts be governed by outside forces as is evident with this respondent is to be stripped of opportunities, of freedom to self-govern one’s life.

For some PWD, disability can feel as something that holds them down one way or another. This can further be echoed in these voices: “Something you want to do and have trouble doing…” (ID# 62691837) and “learning to deal with limitations” (ID# 63310037). Behind these words lie a sense of frustration and a lack of freedom and empowerment. When the former example speaks of “want” and “trouble doing,” there is a subtle feeling of internal conflict of wanting to do and achieve things, and, yet, feeling held back. There is the internalized belief that his/her disability may be the impediment to and the cause of her/his troubles. The latter individual makes similar references when she/he equalizes disability with limitations. Furthermore, this respondent transmits a feeling of imposition upon being faced with no other choice but to settle and live within the perceived limitations. It is apparent that these two students understand their disability as posing limitations, hardships, and displeasures.

This internalized oppression and separation is reinstated in a different light: “Disability is frustrating for the individual with the disability, especially when it comes to daily life” (ID# 62839228). This student’s emphasis towards the end of the statement speaks to the constant struggle of what may be like to live with a disability in a person who feels the heaviness of carrying the disability every step
of his/her life. It may be unreal not to feel this way given what it must be for this respondent to live day by day in a state of frustration. It may only be real to feel a degree of aloneness and detachment without much physical and mental energy left at the end of the day. “A condition or atrobut [sic] a person has that could keep them from participating in society if they arent [sic] provided with tools or modifications for thier [sic] needs” (ID# 62828686) again shows a sense of personifying the problem. This student has internalized disability to mean something that needs to be accommodated in order to integrate into society. It is a challenging pathway for students like these ones to walk through, feeling alienated from oneself and from a world that is difficult to navigate in.

Author’s Internalized Oppression

My years were governed by everything and everyone around me. I was in complete disconnectedness, aloneness, and darkness for most of my life. It was existentially painful to see and feel the world revolving while I remained motionless and detached from everyone else. I felt unprotected, unloved, and abandoned by a family, community, culture, and society who regarded me as not part of the human race. I was stripped away of my freedom, responsibility, independence, autonomy, and empowerment to decide what was to become of my life. I came to learn to be obedient, passive, child-like, and complacent. I had no voice—I could not voice the pain, anger, disappointment, confusion, and loneliness that slowly consumed me. I felt the ultimate rejection—I felt not a human being but just another creature out in the wilderness, deserving nothing more than food and shelter just to keep breathing. A waste of mankind. My innocence, my self-love, my hopes, and my dreams all had been shattered, leaving me wounded, empty, and senseless. I had become my own oppressor—I passionately hated
myself as much as I hated the universe, as much as I hated God. My experience and understanding of disability occurred through the lens of other people.

Here in the U.S. but more so in Mexico, navigating through my surroundings felt like a maze, clueless about where to start and where to end. At times, all I could see in front of me was a blank wall. All this negative energy building inside of me was directed at myself. At a very young age, I developed intense frustration and alienation toward my disability. At that time, I blamed all of my misery to the way I was born—deformed and crippled. I had come to believe that my physical condition was the wall that kept me from human life. I was frustrated because I did not know why I had been cursed, what I could possibly have done to deserve this punishment. Later on in my life, my frustration shifted more towards society. After coming to terms that my disability was not the problem but society’s intolerance and non-acceptance, I detested the world in which I lived. I could not comprehend people’s lack of love, respect, and compassion to fellow men. Then I found myself shifting frustration towards myself and my lack of self-love. I could not make sense why I could not accept, why I could not love myself no matter how hard I tried. In my heart I felt unholy, incomplete as a human being and as a man. In my mind, I knew I was just as human as anyone can be. It is frustrating to feel on the verge of self-transcendence only to get sucked back into the black hole. It is a vicious cycle of experiencing disability between my own lens and those of the external world.

Disability As the Ultimate Categorical Marker

We live in a world where endless things define people and separate them from one another. Categorizing puts a distinction, a marker on an individual’s being (e.g., blue eyes/brown eyes, popularity, money, and expensive foods, cars,
houses, clothes, and shoes). One can posit the social construct of disability as potentially the ultimate categorical marker that members of society have placed among people for it not only defines the person but it also defines social order. It is an ideological construction with a core of beliefs that guide social practices (e.g., work processes and medical interventions) (Oliver, 1990). As Oliver put it, “the disabled individual is an ideological construction related to the core ideology of individualism and the peripheral ideologies related to medicalisation and normality” (1990, p. 58). Furthermore, it is a separation that puts people at opposite poles with PWD positioned at the lower end of human worth.

Classifying PWD has had potential negative consequences on the lives of these individuals (e.g., disempowerment) (Szymanski & Trueba, 1994). Such a construct has created an invisible wall to the attainment of human-to-human interaction. More alarming is that many PWD come to believe that such categorical marker exists. It further creates a broken society embedded in a sense of aloneness and disconnectedness, particularly for those individuals seen as the disabled, broken ones. This vividly experience of human separateness is seen in those who understand disability from a place of deviance and a sense of loss. Disability as the ultimate categorical marker is examined and applied within the context of this analysis.

Respondents’ Communication of
Deviance Surrounding Disability

For instance, “Its [sic] not at all its something that in our mind or just the way we learn is differrnt [sic] from other students. It takes more time in our learning process to understand material that may be said in class” (ID# 62670276) is a response that on the surface may appear as common sense—we all learn differently. But the fact that this individual uses pronoun words such as “our” and
“we” suggests a more subtle message of our way is wrong and their way is right. Feeling different from the way most other normal students process information can open the door for students with disabilities to believe they are deficient or retarded. Such reality is also evident when a respondent states disability as “Someone who struggles physically or mentally compared to another person” (ID# 62797719). What really is profound in these types of responses is that the respondents are relying on a comparison as a means to measure themselves. This usually is belittling since the comparison is made to an accepted, idealized norm. This perception of disability puts an automatic, disabling marker between these students and the rest of the students. Human differences are blindly perceived as deviations from what is thought of as the right and absolute way of thinking, feeling, and relating.

In the eyes of society, straying away from expected norms and values is not something to admire or rejoice about. This phenomenon is depicted more clearly in statements such as “I feel disability i something that keeps someone from being able to do certain things the same way the average person does them” (ID# 62765404) and “That a person processes information differently than most others and it takes longer for them to complete a task” (ID# 62651321). These individuals are once again comparing themselves to a desirable, glorified measure and standard established by society. They may possibly view disability as possessing deviant and incompetent innate qualities. The first respondent describes disability using words and phrases that portray a degree of aloneness (“I” ness), deprivation, and distinctiveness. This categorical marker can create an atmosphere of friction and imbalance when one’s “disabled way of life” is different from that of family, friends, community, and society.
The second respondent makes the same comparison against the standard population only in this case he/she does not self-include in the comparison. Although the research question was posed in the third person, it is interesting how this respondent shifts from “person” to “them” in his/her response. It is as if this respondent detaches himself/herself from his/her own perception of disability. It is possible that the student acknowledges the deviance but refuses to be part of it. If this is so, this student with a disability is an outsider to the experience of disability as are people without disabilities. This only separates himself/herself further from PWD and people without disabilities, creating further waves of disconnectedness. It is intriguing how one can manage (or so come to believe) to separate oneself from the very thing one is part of as it seems the case with this respondent. This is analogous to a fishpond. A fish may swim in the same pond as the other fish but may not necessarily self-identified as belonging to that particular pond. But this may put the fish’s life in jeopardy if the water in the pond is not suitable for the fish’s swimming. Worse yet, there might not be another pond the fish can swim in and claim as his/hers. Perhaps this is a coping survival mechanism in order to push through this negative categorical marker that has been forced upon PWD. At the end, individuals with disabilities who view this life experience as departing from societal norms may only feel more stigmatized and dissatisfied. They come to believe that their way of life is inappropriate, not as functional and productive, and lacking qualities deemed more valuable. “Unable to do things other student can” (ID# 62636730) characterizes this idea more explicitly. This shows how this person relates disability as preventing him/her from engaging in activities that others are capable of engaging.
Author’s Sense of Deviance

At many points in my life, I felt my disability keeping me away from “normal” daily activities that most everyone around me enjoyed. Anger, resentment, and sadness overshadowed my days. My body was the definitive categorical marker that separated me from the rest of the “normal” human bodies. In school (U.S.), I would come across a few other students with similar physical bodies as mine, which only added to my shame and stigmatization. It further reminded me of my pitiful and lonely world. This was so because I had intensely internalized and personified the accepted norm of being. I became a victim of the categorical marker. Anything differing from what was perceived as desirable (e.g., medical devices, physical appearance) I rejected. It allowed me to take on the victim role and be passive about my perceived unfortunate situation. Being in a wheelchair, I rolled while everyone else walked. I watched sports while others actually played. I remained seated while others danced and jumped. I starved for companionship while others self-indulged. I day-dreamed while everyone around me achieved. I looked down while everyone looked up. I ached while others laughed. All these experiences defined me. My way of life belonged on the other side of the wall with the rest of my kind.

Respondents’ Communication of Loss Surrounding Disability

Other respondents explain disability more explicitly as a problem within the individual: “My perception of a disability is any ailment that hinders an individual in completing their daily routines and activities” (ID# 62636394). From this lens, disability symbolizes an “ailment” that “hinders” daily functioning. This ailment is intrinsic to the individual with a disability, inferring that the problem resides within the person’s mind and body. Something in the mind and/or body is thought
to have gone wrong that have impacted its functioning. What is interested is how this respondent, like other PWD, attributes this physical/mental ailment as the root cause for the person’s non-functioning. But what is disregarded here is that the immediate inaccessible physical and social environment, not the ailment itself, is what mitigates such inability to function. It is as if this somehow contaminated every aspect of the person’s life. This perception resonates with other respondents who perceive disability as “Not being able to perform as a consequence of physical or mental illness” (ID# 63784076) and “A condition that limits one’s ability to participate in one or more common life activities (ID# 63872302). Such understanding of self in relation to their disability is one of defectiveness and pathology—something must be inherently wrong with them.

An understanding of disability as a loss is pervasive. One respondent feels that disability is “Some condition that creates a disadvantage in some regard in some area of life” (ID# 62630990). This student addresses disability as directly responsible for creating a disadvantage one way or another. Another respondent sees it as “Anything that might hinder a person’s ability to function, associate with others, or alters perception in everyday activities/life” (ID# 63248612). This student attaches a social inability and distorted life perception to disability. Both of these students have this view of disability as being the perpetrator of this presumed loss, which has placed them at a disadvantage. A loss believed to affect a person’s senses and reality. In this sense, disability can be seen as a loss of the mind and/or body that has put them in a distant, immobile state of living.

Author’s Sense of Loss

For many years I could not make sense of my life; it all seemed so fragmented and disturbing. Back in Mexico, I could not even peek through the
front doors. The minute I peeked, people in the block would respond to me as if something monstrous had been unleashed from its cage. Even in college there was a time when a student coming my way made a detour to avoid crossing my pathway. I came to believe as the only truth that because of my physical formation and development I was not expected to lead a “normal” life. I was not meant to self-actualize. A great loss I had suffered. My body was alive but nonfunctional, and it felt dead as if I had been born into an old-aged body. That perceived physical loss came with many other losses, which left me in a state of chronic depression for a long time. I was an incomplete being. In the eyes of those around me, I was not capable of leading the loving, self-sufficient, productive, and fulfilling live that comes with getting an education, working, dating, marrying, forming a family, and the enjoyment of the many other gifts of life. Society’s impressions of disability have been the ultimate human marker that categorized and boxed me in as something distinctively separate from mankind.

Relating Oppressively to Oneself and One’s Group

Sometimes the once oppressed people become the oppressors, a transformation that usually takes place at an unconscious level. This phenomenon is known as the pedagogy of the oppressed. Freire (1970) presented the consequences of oppression in the lives of the oppressed ones. When oppressed individuals become empowered, they themselves behave oppressively because that is exactly what they were taught. Memmi (1991) discussed the concept of 'emulation of the oppressor' in which the oppressed person gains power and then seeks to use that power in ways much like the oppressor. Until it is broken, this emulation of the oppressor is a vicious and seductive cycle.
A similar transformation is when an individual, leading a self-disconnected\(^1\) life, unconsciously projects that same inner disconnectedness onto others of the same group. This projection can be understandable as a way to feel part of something bigger and decrease that sense of inner aloneness. However, such projection can lead to serious repercussions, one of them being oppression towards one’s group members (or at the very least insensitivity and lack of understanding). This often creates deeper tension and disconnection within the group as a whole, creating an endless cycle of disconnectedness. Thus, the reaction of a person with a disability toward other PWD will depend significantly on the person’s personal stance with disability. Some respondents’ attribution to disability as obstacle and special may capture this notion of the oppressed as the oppressors. Those who understand disability from an overcoming/conquering perspective are potentially left with mixed feelings about themselves and their group members.

**Respondents and the Act of Overcoming**

“That its [sic] something to overcome, not an excuse for not trying” (ID# 62834978) is a respondent who may be responding to disability from a place of internal battle. Given the boldness of such statement, one can argue for the presence of a battle between the disability and the individual. But such battle is impossible because to separate oneself from disability is to separate the stars from the moon. If it is one, it is a battle with oneself and that includes the disability. However, it may be a losing battle if winning the battle means defeating the disability for how can one defeat something that is intimately anchored to one’s

\(^1\) Self-disconnected in this context is used to indicate when an individual finds himself/herself disconnected, internally and externally, from oneself, others, and the universe.
being. This respondent has the mentality that disability represents an obstacle that needs to be overcome, something worth trying for and not give up instead. Let’s pause and think how persons like this respondent may be feeling about themselves and their group members. Given the importance of belonging to a group and establishing that identity and cohesiveness within a group, it is worth noting how these respondents are dealing with their state of trying to find (or not fitting in with) their own cohort.

When one thinks of overcoming, there is a sense of tension and friction for the thing that needs to be overcome. There is a perceived obstacle that blocks the reaching of the desirable goal. When the obstacle is unconquered, one is left feeling defeated, powerless, and defenseless. “That it can sometimes be overcome but sometimes all you can do is try to work around it instead of conquering it” (ID# 62850996) is from a respondent who may be feeling defeated in his/her unsuccessful attempts to conquer his/her disability. More often than not, this is bound to happen if disability is in somehow, some way, perceived to be a thing that must be eradicated. But this thing that is to be eradicated is in itself a startling because it has now come to form part of the person’s reality. Thus, to extract one’s disability would be like extracting an internal organ essential to one’s living. On the other hand, it is a struggle to live with something, to be attached to something thought of as a threat to the person’s well-being. Respondents like the one above leave the impression that they refuse to allow disability to be a part of their selves and are trying to separate themselves from it as much as possible. In this context, the notion of self acceptance and self-love may be difficult to cultivate. This may make it challenging for these individuals to relate to their group in an empathetic, liberating, and empowering manner. Even when conquered, disability may still present a source of oppression within the group.
When that so called obstacle is overcome, it leaves the person feeling victorious. This is implied with this respondent’s notion of disability: “I think a true disability needs to be accommodated but there is also something to be said for those of us who are able to overcome these problems without any special requests” (ID# 62827149). The first part of the statement sort of gives way to the idea that a true disability (or better say, a person with complex needs) is expected to be accommodated and be dependent upon accommodations. The rest of the statement provides the belief that disability can be challenged and managed in such a way that special requests are not needed. Again, it is difficult and impossible to overcome something that is deeply connected to the person’s experience. At the end, this may only create more friction for the person to fully embrace himself/herself and feel more congruent and holy. It further separates the individual from everything and everyone. A good relationship with those group members thought of as having real, unconquerable disabilities can be questionable.

Author’s Detachment from Self and Others

For a long time, I had no solid relationship with myself and with those around me, particularly disabled individuals. I lived a life absent of congruence, transparence, and genuineness. Up until a few years ago, I did not identify with the disability community. All of my friends were abled-bodied individuals and rarely, if ever, related with my disabled group members. Deep inside, I did not wish to be associated in any way with other PWD. In them I saw myself reflected, and I did not want to be reminded of my disability. I felt they would only bring more pity, shame, and disgrace to my existence. I did not want to be seen as one of them because, unlike them or so I thought, I did have feelings and dreams. I oppressively related to my group members, devaluing and dehumanizing their
sense of being: they were not fully people with human needs, wants, and desires. There was only pity in my heart for them. My projection onto others was a reflection of my own being, of my lack of self-love and brotherly love. I felt as if I had no consideration for the well-being of others and myself. At the end, I did not belong anywhere. I was a lost soul.

So many times tears streamed down my face wishing my disability would be gone, wishing that somehow I could overcome it and be limitless. But I knew that would only be possible if I was reborn, which was totally out of the question (though in my mind that became a fantasy). Perhaps if I did not relate to my group in any way, I would be treated as not one of them. And when I related to my disabled peers, I thought I was better than them. Throughout most of my education, I refused to rely on accommodations because I wanted to prove myself and everyone that I was like the rest of the “normal,” non-disabled student. It was my thought or hope that this would be a sign of overcoming my disability and limitations. But I still felt and was treated as a disabled student despite my academic achievements. This was devastating. There came a point in my life when I finally realized that I was never going to overcome my disability. I was meant to live with this intoxicating reality. I was stuck with my disabled peers.

From Overcoming to Idolization

It is possible to go to opposite extremes where over-idolization may also open the door to disconnectedness and oppression. On the surface, idolization, as with the following respondent, may at first glance represent self confidence and love:

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2 Idolization is used to show the high degree of admiration, emphasis, and distinctive qualities attributed to disability, which may or may not be true.
I believe that the word disability should not exist; I have not met one person with disability that does not demonstrate an above average ability, to those without a physical or non-physical disability. Persons with disabilities have a perception and talent above and beyond the others have. E.g. persistence is one of my one abilities that I have not seen with many that are not disabled. It is because of my disabilities that I persist; as a result I have obtained things beyond my dreams. (ID# 62678466)

Placing too much value and veneration on something or someone can raise questions as to whether that proclaimed value and veneration is in actuality genuine. Even if it is genuine, such response can elicit stereotypical beliefs that confirm society’s oppressive notions (e.g., that PWD are distinctively different and special from everyone else). This individual speaks of himself/herself and the rest of the disability community as possessing qualities far and beyond the reach of anybody else. Such understanding can have the potential of becoming somewhat mystical (mysterious, undefined, or supernatural) in the sense that these claimed unique qualities are said to be found for the most part in PWD. The notion of mystical can be seen in some light in other responses, which may put a separation between PWD and others.

Though a seemingly bit more realistic but still somewhat within the mystical lens is this person’s perspective on disability of “In fact, those with disabilities have the unique perspective and experience to help others with a variety of challenges in their lives” (ID# 62813714). It is valid to say that disability, being the foundational experience of human life, provides a unique experience that adds to the enrichment of our being and human differences. But again, this can also be said of any other groups such as the black community or LGBT community. What is intriguing is this respondent’s understanding that the
experience of disability gives PWD “the unique perspective” to assist others in their lives. This may convey the message that a person’s disability circumstances provide PWD with special perceptions/experiences to help those less fortunate. “Not a big deal, and it can make you stronger in the end” (ID# 62935090) is a respondent who contradicts himself/herself because usually experiences that make an individual stronger in the end are considered a big deal. Whatever the case may be, this respondent is claiming disability as a source of strength, which may or may not be a mystical notion, depending on how far this person goes with his/her attribution. There is room for individuals such as these respondents to have a difficult time relating non-oppressively to other peers with disabilities.

Author’s Turmoil With the Divine

Growing up, I came to believe wholeheartedly that disability was a punishment, a curse from God for the wrongdoing my ancestors had caused in a past “life.” Though I have grown out this mentality, sometimes, when my physical and mental pain gets too unbearable, I go back to this divine/demonic feeling. This is an oppressive relationship cycle I cannot seem to fully escape. Even my accomplishments I tend to discredit. In spite of my many achievements, I do not hold myself in high regard for how far I have traveled in such short time. My achievements and academic standing defy many of the statistics for Latino, male, disabled, immigrants. I cut myself short just like I do with my disabled peers. I used to relate to my group in such a way that I felt they had no potentiality to achieve things in life. My belief was that they could not engage fully in school, work, socialization, and recreational activities. What for, I thought, they are not able to and probably are not interested. But unlike them, I did desire to learn, get a career, establish relationships, and enjoy leisure time. It hurts deeply but the
reality was that I have been extremely oppressive not only to myself but to my disability community.

A Natural and Integral Part of Human Life

It is in human connectedness, as Fromm (1956) claimed, where one finds wholeness, union, peace, congruence, and purpose within oneself and within the universe. It is the answer to man’s internal turmoil of aloneness, vulnerability, and anxiety. This connectedness may be easy to verbalize but difficult to actualize. The ingredient to reaching this ultimate level of humanness is love. Not the kind of deceptive love that is known in western societies, not the kind that is portrayed in the media. Love, as Fromm described it, symbolizes care, responsibility, respect, and knowledge. This kind of love cannot be felt without embracing one another in totality and in-depthness. To love is to reach deep inside a person’s soul to truly come to appreciate his/her essence. Disability is deeply connected and foundational to a person’s inner essence. Thus, human connectedness, inner essence, and disability are all intertwined, and one cannot exist and be embraced without the other two. Disability, in this triangle formation, is seen as a natural and integral part of human life, transcending beyond all other human variation and experience. It is a natural course of life and foundational to an individual’s experiential being and a society’s way of life. The following responses demonstrate how these individuals perceive disability as a natural characteristic, embracing it as part of them and as part of mankind.

Respondents’ Indication of Disability

As a Way of Being

“It is a condition, a way of life, a culture, it differs for different people. For me it is a group I became a part of as I grew older” (ID# 62782223) is an
individual who perceives disability as being innately part of human nature and, thus, part of the human experience. Disability in this case is not being oppressed but accepted. This student understands disability as an experience that takes on a life of its own as it unfolds into a state of being, which is echoed in the phrase “...a way of life, a culture...” It is a culture that brings people of all walks of life together forming a force of life that enriches the meaning of what it means to be human. The respondent acknowledges the identification with this larger group while at the same time letting it be a part of the person’s persona. It is a fundamental piece of the person’s life. “That [disability] is far more common than many people would like to believe” (ID# 62850996) reiterates the notion that disability permeates through society, becoming part of many people’s realities.

Though the experience of disability may differ for different people, disability does not differentiate among disability type or ethnicity group or any other human category. It represents the foundation and transcendence of all human differences and experiences. Whether mild or complex, intellectual or physical, disability touches the lives of everyone. This notion is portrayed in the statement “I think everyone has a disability. Some of us have it more prevalent than others” (ID# 62637248). This other response, “I Believe everyone in some way has a disability. It is just part of our society and people should be more accepting of different people,” (ID# 62972493) identifies disability within a continuum embedded in the larger context of society. It is an experience that everyone most likely will experience differently at some point in their lifespan. As such, disability is a natural and essential piece of the life puzzle.
Author’s Stage of Development from the Unnatural to the Natural

For a long time, disability was not at all a piece of my life puzzle. My life experiences left scars and wounds too painful and deep to mend. Life with a disability did not make sense. It could never be a natural aspect of human life. Something as bad and threatening as disability could not be part of nature. As I entered the journey of healing, of accepting my disability as part of an entity, I came in touch with my inner essence. This allowed me the experiencing of myself and the world in a transparent and congruent lens. I am no longer defined solely by my disability though it plays a central role in my persona. As I embrace myself in my totality, I am finding that inner/outer peace and connectedness that fills my heart with joy and humanity. I have come to find love, comfort, and identity within the disability community. I am blending in with the world in such ways that every new experience, every instance of being transforms me into something bigger than myself. I am in a place of growth and transformation where the life puzzle without disability does not make sense. Disability is a more natural and integral part of human life than I had ever imagined it to be.

Respondents and a Basis for Diversity and Growth

The experience of disability shapes not only the person with the disability but also everyone around: “It allows people to learn differently, and creates diversity in the way people learn, live, and function” (ID# 62914471). This respondent frames disability as life tools to living in an open, diversified, and liberating environment. Disability is an experience that enriches the lives of both persons with and without disabilities, expanding their worldview and their capacity to accept and live within differences. It does not define a person, which is communicated in the following student’s understanding about disability: “It is
something some people have, but it doesn’t define who they are or what kind of
person they are” (ID# 63546225). Disability in this view is not regarded as a
marker but more of a characteristic. This characteristic can help to integrate lives.

Disability does not always stop people from self-actualizing. “I think
having a disability does not stop a person from living a full and successful life”
(ID# 62816208) captures the notion that having a disability is not a reason to an
end of a fruitful life. On the contrary, it is a tool of appreciation and continuation.
“I perceive my total deafness as just other native language through the use of sign
language” (ID# 63325446) is a statement that goes on to demonstrate an
appreciation for diversity. This speaks to the role that disability takes on as a
natural and integral part of human life. Just like being deaf provides a different
way of sensing and interacting with the world, so does every other disability.
Such natural characteristic of defining disability opens the door for multiple
realities and ways of experiencing the world.

Author’s Transcendence

My disability represented my total reality and only way of experiencing the
world. It was not until much later that I embraced other ways of relating to the
world. My present reality is the blend of my old and new reality. My realities
shaped and marked the person that I am now. I cannot escape or suppress my old
reality, even if I wanted to because it formed part of my development as a human
being. I cannot deny part of myself. This does not mean that I view myself and
others through my old lens, though it does happen from time to time. I choose to
see life primarily through the lenses of my new reality, which has been formed by
me and my choices and not by those around me. Many doors have I opened and
many more remain to be open that will shed light into what is to become of me.
It has been through my disability that I have discovered the uniqueness and complexity that lies within the human being. It is a priceless feeling to witness the outcome of the blending of my own uniqueness with the uniqueness of mankind. It is in this blending where the ultimate creation and appreciation of diversity lies. Disability is to humanity as trees are to forest. Much like disability, a tree is not identical to another tree. Every tree is different in form, shade, scent, color, and strength. But it is still a tree. It is still part of the forest. Its essence and purpose is still intact. PWD are still part of the human race. Disability does not make a person less or more of a human. I am still part of the human creation.
CHAPTER 5: DISCUSSION

Based on the historical and present experiences that PWD have faced collectively and individually, some of these individuals have become and/or are at risk of becoming oppressors of their own lives. The examination of Fresno State SWD and their perception of disability revealed an understanding of disability mostly linked to oppression. A majority of the respondents communicated a sense of anger, rejection, shame, anxiety, and heroicness in their perception of disability. A real and practical concern is how these representations of disability play out on campus life. Given that campus life is a microcosm of the larger, societal life, it is crucial to note the ways in which these respondents’ lived experiences could be amplified and influenced by the manner in which disability-related issues are or are not addressed on campus. Honest and confrontational dialogue will allow room for the exchange and learning of different realities to create the changes conducive to a campus community of genuine equality and inclusivity for PWD.

Implications for Support Services and Students With Disabilities

Institutionally, it is essential to examine the contexts within which academic and social support services are being provided to SWD. Given that a significant portion of SWD seek support from Services for Students with Disabilities at Fresno State, it is necessary to ask if, and how, their policies and procedures may in some way or another be enforcing the perceptions held by these students. The types of questions asked in the process of finding SWD eligible for the services (e.g., What are the major life activities imposed upon by disability? and What is the disability’s functional impact on academics?) may present unforeseen and subtle challenges. The manner in which counselors and staff relate
to SWD can be conducive to an environment that hampers rather than promotes SWD’s learning development. Such questions are often based in a deficit paradigm, portraying disability as the problem or as having limitations instead of regarding the person as a whole. Working within a medicalized paradigm is a disservice. This is not providing SWD the empowerment, freedom, and opportunity to allow them to identify with and develop a disability identity that is healthy and positive. Under a deficit framework there is no room to allow SWD to redefine themselves as an individual with a disability within political and social contexts.

When accommodations are provided or perceived as a means to compensate for what a SWD cannot do, they can be detrimental to the student’s self image as they reinforce the belief that PWD are defective and incomplete. There needs to be a reframing of the concept of accommodations. It can be said that in the process of accommodating PWD, one is really accommodating people’s lack of awareness, sensitivity, knowledge, skills, and experience about the disability experience. When the needs of SWD are addressed from the limits imposed by the disability (and not by external, societal factors such as constrains contained in classrooms and instructional practices), the kinds of messages that DSPs offices transmit limit diversity, dialogue, and growth. Such is the case as some of the participants responded to accommodations as means to compensate, deal with, and “overcome” their disability. This is particularly worrisome because once SWD enter the disability office, their fate in succeeding or failing is partially determined by the disability office and the kinds of support and services provided.
Implications for Disability and Classroom Climate

Equally important is how disability is addressed within the classroom setting. The classroom environment represents a microcosm of society, where individuals influence and are influenced by one another. True inclusivity and equality may be questionable when SWD in classrooms are (a) given their own designated desk, (b) do not have a desk available in the classroom, (c) placed in a corner of the classroom separated from everyone else, or (d) disregarded in terms of learning style and ability when information is being presented. Negative reactions from professors and students towards students with perceived differences and visible disabilities may create an unfriendly environment. This jeopardizes these students’ capacity to learn and feel part of the classroom and overall school environment.

Like the DSPs, professors have power and responsibility to influence attitudes in and out of the classroom setting. There is the need for professors to speak up and confront the silence that penetrates and reinforces the stigma and misperceptions that are automatically associated when attaching the word “disability” to a student. For this to happen, professors themselves need to engage in a self-examination process to externalize and confront their own ingrained attitudes towards disability. This, in addition to getting educated about disability and experiencing PWD, enables them to utilize their power and influence to instill further positive change in students and other professors.

In the classroom setting, professors can facilitate an accessible and acceptable learning environment by establishing a closer and more direct relationship with SWD and the disability office. This may mean professors setting up meetings outside the classroom with SWD, as well as with the disability office counselors to discuss and address issues that may surface, including issues with
adequate accommodations or accessibility within the physical or social spaces. This may mean having an understanding of those SWD who may benefit more from individualized supports such as alternative formats or re-adjustment of in-class activity and participation so that the student who may be blind, deaf, or autistic can equally partake and not feel discriminated or singled out. Similarly, this may mean having an understanding of those students with less complex needs who may benefit more from general supports such as note takers and extra time on tests. It also adds justice if professors remain alert to and address offensive or oppressive disability-related dialogue or comments said in class.

Social Life on Campus and SWD

Campus social life is another area that deserves equal attention. The disability organization, ASD, on the Fresno State campus is currently inactive. This leaves the SWD and their allies groupless with no space to proclaim their membership to a disability group. Even when this group has been active on campus in the past, it lacks the unity, representation, pride, and philosophy to adequately address social and political concerns surrounding SWD. Without a group representation, there is an inability for these students to voice their concerns, embrace an identity, feel part of a culture, and feel empowered to just be and bring in change. A strong group formation is unrealistic, particularly challenging when SWD, themselves, have this negative view of disability. There is no inner and exterior liberation when oppression resides within PWD at both unconscious and conscious levels. ASD’s past, present, and future remains within the shadows. It is yet to imprint its mark on Fresno State.

More often than not, Fresno State does not promote and communicate accessibility when promoting and holding social events such as campus trips,
casino night, speakers, etc. This is problematic for those SWD who are interested but may be uncomfortable or intimidated inquiring about accessibility issues for a certain event or presume that the event is not accessible to them. More than anything, channeling accessibility is a sign of respect and inclusivity in inviting SWD or any other group to be part of the social life on campus. If these students do not feel welcomed, encouraged, or accepted to partake in the bonding and socialization with the larger group, higher institutions are not doing justice in ensuring the promotion of equal integration and participation.

At the Fresno State food court, for instance, there are poles placed to form a visible line where people can walk through as they make their orders. A disability signage is placed on the side where wheelchair users can have equal access. This is similar to the entrance at the Fresno State cafeteria in which a long narrow, steep ramp with bars built on the sides was created as the pathway entrance for SWD, specifically wheelchair users. One can argue these instances are reflective of the notion of separate but equal. These structural accommodations, while accessible to SWD, create a separation between able-bodied and non-able-bodied students. It signals out those in wheelchairs by making them go through a different pathway. Such situations only reinforce negative notions and misconceptions about SWD. Higher institutions ought to be more sensitive about structural changes and its impact on the interaction and relationship within SWD and between SWD and students without disabilities.

**Conclusion**

Social constructs are intimately embedded in human functioning. These constructs in some ways dictate social life and social order. They serve as lenses through which people feel, think, and behave towards things and people. These
constructs are constructed by humans. They are false, unreal human-made creations to justify and explain the way society functions or ought to function. However, they become real, tangible, and unquestionable in the lives of individuals. Disability as a social construct has produced and continues to produce enumerable and irreparable consequences for PWD. The manner in which society has turned disability into something real and genetically inferior and defective has separated PWD from the human race. Society’s numerous creations of disability definitions, often contradicting one another, have allowed people to respond differently to disability and PWD. This naturally has the potential to leave PWD confused about their identities, their sense of self, and their sense of place. The distinctive responses in this analysis testify to how some PWD have taken on different disability identities. These identities may possibly put them in an inconsistent, unidentifiable, and vulnerable place individually and collectively.

It is an urgent matter that the study of disability be viewed from a multifaceted and multi-complex perspective. Disability is a natural human experience that needs to be studied across the different academic disciplines. Such human experience as is disability is what truly makes up the very thing we call life. In this light, it does not make sense to even use the term “disability” because it alone categorizes and boxes in the experiencing of disability. But the study of disability from this perspective is faced with profound challenges by those individuals and institutions that are blinded by a single reality.

There is huge dread when one’s reality and way of being is confronted and questioned by other realities, by other ways of relating to the environments. It is this dread that can blind people to living a life with an open heart, an open mind. Fear can potentially make people feel weak, small, and insignificant as is the case with the participants in this study and their responses to disability as representing a
loss or an obstacle. It can potentially make people behave destructively, which is seen lividly in our history and the institutionalization practices that numerous PWD have suffered and continue to suffer in various parts of the world. Fear is also the realization of the human organism to self-actualize and transcend beyond the unimaginable much like respondents’ understanding of themselves as being a natural part of life and capable of reaching their potential. One has the power to decide from what angle to approach fear for that will greatly determine the kind of fate one places on disability.

The analysis presented here is but one interpretation of the respondents’ perception and understanding of disability. This interpretation is a reality that is as real as the oxygen we breathe. Its impact can no longer be hidden, ignored, or minimized by those who are not directly affected. A simple accommodation or service provision is not enough to create authentic, permanent change. We may be fooling ourselves. Changing one’s perceptual lenses is not as simple as changing the lenses in a pair of glasses. Perceptions represent layers and layers of lived experiences with each experience having a unique and dynamic effect on the ways we interact with the world. This change requires concerted and conscious efforts at individual and systemic/institutional levels. Higher education is meant to be empowering, enriching, and transforming. It is the stepping stone into making productive, active, and loving oriented individuals. As Fromm (1956) said, “While we teach knowledge, we are losing that teaching which is the most important one for human development: the teaching which can only be given by the simple presence of a mature, loving person” (p. 108). Why not pursue the presence of a mature and real loving campus environment for the sake of the present and future generations.
REFERENCES
REFERENCES


APPENDIX A: ON-LINE SURVEY DOCUMENT
1. Ethnicity
   a. Asian/Pacific Islander 
   b. Black/African-American 
   c. Caucasian 
   d. Hispanic 
   e. Native American/Alaska Native 
   f. Other/Multi-Racial 
   g. Decline to Respond

2. Gender 
   a. Male 
   b. Female 
   c. Other 

3. Do you have a disability? 
   a. Yes 
   b. No 

4. What is your school level? 
   a. Prospective student 
   b. Undergraduate student 
   c. Graduate student 

5. Number of years as a student at CSU Fresno? 
   a. 1 to 100 (select a number) 

6. Do you use services for Students with Disabilities? 
   a. Yes 
   b. No 

7. If you have not personally experienced discrimination because of disability do you know of someone how has? 
   a. Yes 
   b. No 

8. If answered YES to the above question &, briefly describe your experience of this person being discriminated against. 

9. Do you participate in on-campus activities? 
   a. Yes 
   b. No 

10. If answered NO to question 9, what prevents you from participating in on-campus activities? (check all that apply)
a. Oppression  
b. School  
c. Depression  
d. Time  
e. Fear  
f. Lack of social network  
g. Lack of social skills  
h. Discrimination  
i. Low Self-Esteem  
j. Work  
k. Anxiety  
l. Inaccessibility  
m. Shame  
n. Prejudice

11. If answered YES to question 9, what are some on-campus activities do you participate in?

12. What is your perception of disability?

13. What is your perception of how students without disabilities view students with disabilities on campus:

14. What is your experience with discrimination against students with disabilities on CSU Fresno campus?

15. Have you heard of Advocates for Students with Disabilities (ASD)?
   a. Yes  
   b. No

16. Have you considered joining ASD before?
   a. Yes  
   b. No

17. If answered NO to question 16, check all that apply:
   a. Lack of time  
   b. Indifference about the club  
   c. Lack or recruitment  
   d. Embarrassment  
   e. Lack of unity/foundation/direction in the club  
   f. ASD is a club only for people with disabilities

18. If you are a past ASD member, describe your positive experience.
19. If you are a past ASD member, please describe what can be done to make ASD a more effective organization on campus?

20. What do you believe the function of ASD is? (Please rate each statement by highlighting the number of stars that correspond with your opinion of the statement)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use peer mentoring groups to provide a safe environment for the development of individual identity and group identity</td>
<td>★★★★☆</td>
<td>★★★★☆</td>
<td>★★★★</td>
<td>★★★☆☆☆</td>
</tr>
<tr>
<td>Participate in on-campus related events (i.e. Vintage Days, etc.)</td>
<td>★★★☆☆</td>
<td>★★★☆☆</td>
<td>★★★★</td>
<td>★★★☆☆☆</td>
</tr>
<tr>
<td>Provide social/academic/professional networking</td>
<td>★★★☆☆</td>
<td>★★★☆☆</td>
<td>★★★★</td>
<td>★★★☆☆☆</td>
</tr>
<tr>
<td>Encourage social/academic inclusion</td>
<td>★★★☆☆</td>
<td>★★★☆☆</td>
<td>★★★★</td>
<td>★★★☆☆☆</td>
</tr>
<tr>
<td>Advocate for the rights of CSU Fresno students with disabilities</td>
<td>★★★☆☆</td>
<td>★★★☆☆</td>
<td>★★★★</td>
<td>★★★☆☆☆</td>
</tr>
<tr>
<td>Empower students to bring awareness and visibility to issues that students with disabilities experience on-campus</td>
<td>★★★☆☆</td>
<td>★★★☆☆</td>
<td>★★★★</td>
<td>★★★☆☆☆</td>
</tr>
<tr>
<td>Promote disability awareness</td>
<td>★★★☆☆</td>
<td>★★★☆☆</td>
<td>★★★★</td>
<td>★★★☆☆☆</td>
</tr>
</tbody>
</table>

21. What is the most important function do you think a peer mentoring group could serve?

22. On campus, have you ever experienced a situation when it would have been helpful to have peer support?
   a. Yes
   b. No

23. Would you participate in peer mentoring group at ASD meetings?
   a. Yes
   b. No

Thank you for your participation. Please feel free to make any additional comments:
APPENDIX B: WHAT IS YOUR PERCEPTION OF DISABILITY: RESPONSES’ CODING INFORMATION
Some condition that creates a disadvantage in some regard in some area of life

I think everyone has a disability. Some of us have it more prevalent than others.

My perception of disability is no being able to focus on school work or lectures because the way that the materials are presented to me is not the way that I learn most effectively.

Unable to do things other students can.

My perception of a disability is any ailment that hinders an individual in completing their daily routines and activities.

That is forms a condition or reality for the person who has it that, with the appropriate accommodations, a person with a disability can reach whatever level of personal achievement they can, assuming they are given the opportunity.

That a person processes information differently than most others and it takes longer for them to complete a task something that holds someone back, but doesn't define them as a person, it's just a part of who they are.

My idea of a learning disability is not what other people may think it is as in laziness. It's not at all something that in our mind or just the way we learn is different from other students. It takes more time in our learning process to understand material that may be said in class.

Physical/mental condition

I believe that the word disability should not exist; I have not met one person with disability that does not demonstrate an above average ability, to those without a physical or non-physical disability. Persons with disabilities have a perception and talent above and beyond the others have. E.g. persistence is one of my one abilities that I have not seen with many that are not disabled. It is because of my disabilities that I persist; as a result I have obtained things beyond my dreams.

Something that interferes with day activities.
Something you want to do and have trouble doing...

I would consider things like physical, mental, emotional, and even psychological disorders as a disability.

I feel disability is something that keeps someone from being able to do certain things the same way the average person does them. I do not think people with disabilities are unable to do things.

I don't really understand this question... It is a condition, a way of life, a culture, it differs for different people. For me it is a group I became a part of as I grew older.

Someone who struggles physically or mentally compared to another person.

I see disability as a challenge, and a gift wrapped up in a big fat red bow. There different of disability and I know many don't look at it as a gift, but more as a burden, and I understand that. I think people with disabilities are here to teach us something about life and we as a people need to be more open and in tune to what PWD's have to teach, whether it be through their actions or their words, PWD's are valuable and have something extra to offer and for crying out loud, they are PEOPLE with a wee bit of a shortcoming, but don't we all have varying degrees of shortcomings? Move over for PWD's. Get them in the work force, quit discriminating and love on.

I think the Americans with Disabilities Act has a good description. a physical or mental impairment that substantially limits one or more of the major life activities of such individual.

Something that impairs a person from doing what normally wouldn't be a hassle or a problem for the majority of the population.

I think that there needs to be more education on what it means to be disabled. I think that the stereotypes are still prevalent and especially sad to see that these views are held by professors.

Individuals who have some needs that others do not. However they are still talented and as
bright as those who do not need extra help.
Differently abled. In fact, those with disabilities have the unique perspective and experience to help others with a variety of challenges in their lives. We have much to offer the world if only the world would become more accepting of those that are differently abled. I especially am surprised how much discrimination I've experienced here in California which is supposed to be a progressive state!

Some one with some kind of limitation, physical or mental.

I think having a disability does not stop a person from living a full and successful life. I think a disabled person should have the same opportunities as a non-disabled person.

Disability in my perception can be almost anything. I would say half of the people I know have a disability. Some of the people I know have a small disability while the others have a bigger disability. It can be anything from learning disabilities to the disabilities where you lost hope of life.

I associate pain, embarrassment, and guilt with my disability. My middle finger and ring finger on my right hand suffered distal avulsions. The tips were crushed off. It is painfully difficult to perform activities related to work, school, and personal interests. I am embarrassed by my right hand and hide it so that people do not see my fingers. This causes me anxiety. I also feel guilty because many people have much greater disabilities and I feel as though I should not feel disabled.

I think a true disability needs to be accomodated but there is also something to be said for those of us who are able to overcome these problems without any special requests.

It just means you need to work a bit harder than others to achieve what you want. A condition or attribute a person has that could keep them from participating in society if they aren't provided with tools or modifications for their needs.

for whatever reason cannot do things with the same ease as others can.
that its something to overcome not an excuse for not trying.

Disability is frustrating for the individual with the disability, especially when it comes to daily life. How different people react to seeing disabilities is frustrating.

That it comes in all sizes, ranging from minor annoyance to utterly crippling. That it is far more common than many people would like to believe. That it can develop over time,

Left-handed fine motor movement disability. I used to write with my right-hand in 1985 before my 5 hour brain surgery. I can lift weights better than the average weight lifter.

Gross motor movements have come back better than expected. I have problems picking up pennies or anything small with my left-hand.

It allows people to learn differently, and creates diversity in the way people learn, live, and function.

Everyone should be treated equal. A lot of tims a disability isn't a barrier but society's attitudes are.

The inability to fully participate due to some sort of physical or mental issue.

not a big deal, and it can make you stronger in the end.

Recognition by the federal government that certain citizens due to a physical and/or mental limitation require intervention on the disabled behalf

i would want people to stop looking at all the things you can't do but to start looking at all the things that we can do

i Believe everyone in some way has a disability. it is just part of our society and people should be more accepting of different people

I don't really have a preception of a Disabled person, its not always something people can spot right away. To say that all disabled people are classified as the same, disabled, isn't right.

disability in my eyes means you do not do things in the triditional way. Everything can be
done, you have to find what works for you.

anything that might hinder a person's ability to function, associate with others, or alters perception in everyday activities/life.

learning to deal with limitations

This is a very heavy question...I believe that we all have some kind of challenges for some of us, they are very minimal, others have challenges that require different approaches and assistance in achieving goals.

I perceive my total deafness as just other native language through the use of sign language!

My perception of disability is when a person is physical or mentally challenged.

It's not disability, it's a different ability.

I have a traumatic brain injury

I have mixed feelings about being disabled. Mostly I find it frustrating and I don't think many of the DSPS accommodations go far enough to be fully helpful. Being disabled is a disadvantage in academic settings, even with accommodations.

I have no perception of Disability. It is something some people have, but it doesn't define who they are or what kind of person they are. In fact, I feel that the people who are insensitive and ignorant to disabilities are the one with the problem.

Not being able to perform as a consequence of physical or mental illness.

decline to state, its personal

A limitation that impairs the ability to function at an optimal level of functioning. Such as physical impairment or mental impairment. Learning disability, physical handicap or disability, etc.

A condition that limits one's ability to participate in one or more common life activities.

A condition that impedes an individual's ability to participate in a way that so called

A disability is anything that hinders a person's ability to function fully.

Inability to function normally with a need for accommodations as necessary to ensure
success.

Learning disability, it takes me longer to comprehend things compared to other students, but I don't like letting people and professors know because they look at me like I'm stupid.

Needing adjustments in order to “fit” (live fully) within a very narrowly defined society designed for and by white males.

Cognitive Processing/physical functions
APPENDIX C: DECISION RULES
<table>
<thead>
<tr>
<th>Impairment</th>
<th>A condition within an individual that interferes with and/or alters life activity functioning.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstacle</td>
<td>A situation an individual is confronted with thought of as something to overcome and conquer.</td>
</tr>
<tr>
<td>Gift</td>
<td>Symbolizes a unique source of strength, value, talent, experience, and diversity.</td>
</tr>
<tr>
<td>Needing Special Request</td>
<td>The provision of assistance in the form of accommodations/modifications in order for an individual to adapt and navigate his/her environment.</td>
</tr>
<tr>
<td>Unequal Learning Access</td>
<td>The environment not meeting the needs of an individual in order for him/her to successfully achieve goals.</td>
</tr>
<tr>
<td>Characteristic of Person, Characteristic of Life/Culture/Society</td>
<td>Aspect of an individual’s identity; something that is part of human life affecting everyone at some point in their lives, which becomes part of the larger society and culture</td>
</tr>
<tr>
<td>Challenge</td>
<td>Resulting in greater time and effort to process information and/or complete tasks.</td>
</tr>
<tr>
<td>Difference</td>
<td>To process and do things differently.</td>
</tr>
<tr>
<td>Attitudinal Barrier</td>
<td>Internal and external negative attitudes on disability that impede understanding, acceptance, and equal treatment/opportunity.</td>
</tr>
<tr>
<td>Other</td>
<td>Anything else not coded in the other categories.</td>
</tr>
</tbody>
</table>
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Eduardo Barragan

Type full name as it appears on submission

May 14, 2012

Date