I Am Here for a Reason. I Need to Focus. I Need to Learn So I Can Reach My Goal: Self-Advocacy and Motivation as Contributors to the Experiences of College Students with Physical Disabilities

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I AM HERE FOR A REASON. I NEED TO FOCUS. I NEED TO LEARN SO I CAN
REACH MY GOAL: SELF-ADVOCACY AND MOTIVATION AS CONTRIBUTORS
TO THE EXPERIENCES OF COLLEGE STUDENTS
WITH PHYSICAL DISABILITIES

by

Latrecha Kasha Scott

A Dissertation
Submitted to the Graduate School
and the Department of Educational Research and Administration
at The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

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ABSTRACT

I AM HERE FOR A REASON. I NEED TO FOCUS. I NEED TO LEARN SO I CAN REACH MY GOAL: SELF-ADVOCACY AND MOTIVATION AS CONTRIBUTORS TO THE EXPERIENCES OF COLLEGE STUDENTS WITH PHYSICAL DISABILITIES

by Latrecha Kasha Scott

December 2016

Although researchers have studied “the role of self-determination in facilitating transition planning and services, very little is known about the impact of those supports and services from the students’ perspective once they are in postsecondary settings” (Getzel & Thoma, 2008). In addition, literature was limited regarding the impact of self-determination from the student perspective after enrollment into higher education (Denhart, 2008; Fuller, Bradley & Healey, 2004; Getzel & Thoma, 2008). Using a qualitative design, this study explores the contributions of self-advocacy and motivation to the experiences of higher education students with physical disabilities. The purpose of this study was to explore the self-reported impacts of self-advocacy and motivation on the experiences of students with physical disabilities in higher education. In higher education and, in addition, to explore the sources of these students’ motivations, the source of their advocacy, and the connection or the lack of connection between the two. In this study, 11 higher education students with physical disabilities were interviewed. The themes that were identified impacted how self-advocacy and motivation skills influence each other and the overall college experience. The findings from the study indicate self-advocacy and motivation exist together. Participants in this study
understood their functional limitations and needs, knew how to self-identify and advocate, sought appropriate assistance, built support networks, and participated in preparation programs and social engagement. They also actively communicated with professors beyond an initial introduction at the beginning of the semester and had no problems communicating issues with disability services staff. Further, participants shared their motivations, both intrinsic and extrinsic, which further reflect their ability to advocate for themselves and others. Gaining an understanding of how motivation and self-advocacy skills affect the college experience for students with disabilities can help this group and others move toward establishing academic and social independence and college success.
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DEDICATION

I thank God for giving me the opportunity and desire to pursue higher education and for putting individuals, such as family, friends, and mentors, in my life to support and encourage me throughout my higher education journey. I would like to dedicate this study to my grandmother, Doris Thomas, and my mother Angela Screen. My grandmother has consistently told me that she is living her life through me because I am doing the things she wanted to do, but never got the opportunity. However, her faith and many triumphs against the odds have encouraged and motivated me. Her life has been a true testament of perseverance, strength, faith, and the power of God. My mother is my angel here on Earth. She always prays for me and believes in me. She is my biggest supporter, confidant, and friend. My grandmother and mother are both reminders not to give up.

My family is important to me and I dedicate this study to them as well. I am blessed to have a natural father and a stepfather in my life to support and encourage me through life’s difficult moments through love and discipline. To my father, Curtis Scott, thank you for letting nothing or no one stop you from communicating and displaying your unyielding love for me. You took me on the campus of Florida A&M University before the start of my freshman year and introduced me to administrators and faculty alike who served as mentors and resources to me. The positive connections that you established with those individuals showed me how having a good attitude and faith in God can open doors and take me far. You are my singing partner and first music teacher.
Research has always supported the importance of a father figure in the home and my stepfather, Lee Screen, filled this role. Thank you for the life lessons you taught me that prepared me for many situations. Today, still when handling an issue, I can call you for the answer or say to myself, “What would Lee do?” I often consider the path my life would have taken had you not come into it. You always pushed me to be the best making sure I studied whether I had homework or not, and even when you said “No” it was in my best interest to protect me from poor choices and bad decision. You are not birth father and stepfather, but equally dad. I am blessed to have my maternal grandparents in my life, David and Doris Thomas. Although, I did not know my parental grandparents I am often reminded I have many of my grandmother’s gifts and talents. I am also thankful for awesome brothers. Elboya Thomas, Scott Screen, and Shawn Screen who are my protectors and great examples of fathers and men.
# TABLE OF CONTENTS

ABSTRACT .......................................................................................................................... ii

ACKNOWLEDGMENTS ....................................................................................................... iv

DEDICATION ........................................................................................................................ v

LIST OF TABLES ................................................................................................................ xi

CHAPTER I - INTRODUCTION ......................................................................................... 1

  Background ....................................................................................................................... 1

  Statement of the Problem ............................................................................................... 5

  Purpose Statement .......................................................................................................... 6

  Justification ..................................................................................................................... 6

  Definitions of Terms ...................................................................................................... 7

  Assumptions .................................................................................................................... 8

  Limitations ....................................................................................................................... 8

  Delimitations ................................................................................................................ 9

CHAPTER II – REVIEW OF RELATED LITERATURE ....................................................... 10

  Overview ......................................................................................................................... 10

  Disability Laws ............................................................................................................. 11

    Section 504 of the Rehabilitation Act of 1973 (Rehabilitation Act) ......................... 12

    1990 Americans with Disabilities Act and 2008 ADA Amendments Act.............. 14

    Individuals with Disabilities Education Act of 2004 .............................................. 15
Family Education Rights and Privacy Act (FERPA) .................................................. 16

Self-Advocacy .................................................................................................................. 19

Student’s Role .................................................................................................................. 21

Institution’s Role .............................................................................................................. 24

Theoretical Foundations .................................................................................................... 26

Theory of Student Involvement ......................................................................................... 26

Theory of Student Development ......................................................................................... 27

Self-Determination Theory (SDT) ..................................................................................... 31

Competence, autonomy, and relatedness .......................................................................... 31

Autonomous motivation ..................................................................................................... 33

MUSIC Model of Achievement Motivation ....................................................................... 35

Summary ............................................................................................................................ 38

CHAPTER III - METHODOLOGY ......................................................................................... 40

Overview ............................................................................................................................ 40

The Role of the Researcher ................................................................................................. 40

Method ............................................................................................................................... 42

Participants ........................................................................................................................ 45

Procedure ........................................................................................................................... 46

Data Analysis ...................................................................................................................... 47

CHAPTER IV - DESCRIPTION OF THE PARTICIPANTS AND FINDINGS .................. 49
LIST OF TABLES

Table 1 Participant Characteristics ................................................................. 49

Table 2 Chapter Outline .................................................................................... 56
CHAPTER I - INTRODUCTION

Background

Attending college can be one of the most rewarding times in a student’s life. College marks the close of one chapter and the beginning of another. For many students, the college experience can be a little unsettling, but usually after a semester, they settle into their new life and surroundings. However, for students with disabilities enrolled in higher education, the transition into college may not get easier; in fact, over time, matriculation may decline (Boutin, 2008; Brinkerhoff, McGuire, & Shaw, 2002; DaDeppo, 2009; Getzel, 2008; Schutz, 2002; Stodden, 2005; Wagner, Newman, Cameto, Garza, & Levine, 2005; Whelley, 2002). College coursework “is considerably different and more demanding than coursework in high school” (Smith, English, & Vasek, 2002, para. 22). College, in general, requires more time and effort, both academically and socially (Brinkerhoff et al., 2002; Gil 2007; Getzel & McManus, 2005); “as a result, more academic accountability is placed on the student” with disabilities (Smith et al., 2002, para. 22).

Moreover, a dramatic increase in the enrollment of students with disabilities in higher education has intensified the demands and needs for services on colleges and universities (Beecher, Rabe, & Wilder, 2004; Brinckerhoff et al., 1993; Eckes & Ochoa, 2005; Kuh, Cruce, Shoup, Kinzie, & Gonyea, 2008; Getzel & McManus, 2005; Tinto, 2004). When students with disabilities arrive on campus, they must learn to advocate for themselves as proactive participants in the educational experience (Adams & Proctor, 2010; Albrecht, 2005; Belch, 2004; Getzel, 2008; Katsiyannis, Zhang, Landmark, & Reber (2009). Self-advocacy implies students with disabilities must understand their
legal obligations as well (Getzel, 2008). At the college level, for example, Section 504 of the Rehabilitation Act and the ADA prohibit higher educational institutions from seeking information on disability status (Eckes & Ochoa, 2005)—it is the student’s responsibility to self-identify. Students with disabilities are not required to disclose their disability to disability support staff (Madaus, 2008; Thoma & Wehmeyer, 2005; U.S. Government Accountability Office [USGAO], 2009); however, appropriate documentation for accommodations must be provided, supporting their need for accommodations and providing the information that meets their institution’s criteria to receive accommodations (Jung, 2003; OCR, 2011; USGAO, 2009). “Once the student’s disability is documented, the postsecondary institution ‘must reasonably accommodate’ the student,” but only in those areas that directly address the student’s disability (Eckes & Ochoa, 2005, p. 9).

However, research has shown that for students with disabilities, the transition from high school to college can be difficult (Getzel & Briel, 2006; Getzel & Thoma, 2008). Students with disabilities are not accustomed to the independence required to access the services and accommodations available to them at the college level, compared to services provided during kindergarten through grade 12 (Belch, 2004; Brinckerhoff et al., 1993; Johnson, 2000; Getzel, 2008). Moreover, Belch (2004), Getzel (2008), Katsiyannis et al (2009), and Smith et al. (2002) suggested a need for students to understand their disabilities, to be able to describe their disabilities to others, and to know their functional limitations. The functional limitations, including hearing, mobility, speaking, and vision, of their disabilities may prevent students from becoming involved in campus activities and organizations (Belch, 2004). “The institutional environment
affords students a great number and variety of opportunities for encounters with other ideas and people” (Pascarella & Terenzini, 1991, p. 51). Student involvement has a positive impact on development and learning and leads to increased satisfaction with the entire college experience and increased retention rates (Astin, 1993; Pascarella & Terenzini, 1991, 2005). “The student clearly plays a central role … in determining the extent and nature of growth according to the quality of effort or involvement with the resources provided by the institution” (Pascarella & Terenzini, 1991, p. 51).

Likewise, in Tinto’s theory of student development involving student retention, students enter the college setting with varying patterns of personal, family, and academic characteristics and skills [that are] modified and reformulated on a continuing basis through a longitudinal series of interactions between the individual and the structures and members of the academic and social systems of the institutions. (Pascarella & Terenzini, 2005, p. 54)

Simply put, “the more students academically and socially engage with faculty, staff, and peers, the more likely they are to succeed in college” (Tinto, 2012, p. 7). Students’ engagement also provides “the social and emotional support [that leads] to greater involvement [and benefit] in educational activities and the learning they produce” (Tinto, 2012, p. 7).

Self-determination theory (SDT) frames this study. Self-determination is “the ability to identify and achieve goals based on a foundation of knowing and valuing oneself” (Field & Hoffman, 1994, p. 164). SDT consists of several subtheories including cognitive evaluation theory (CET) and organismic integration theory (OIT) (Deci &
Ryan, 2000). According to Deci and Ryan (2000), competence, autonomy, and relatedness are the three basic psychological needs in CET. Self-determination and self-advocacy “enable a person to engage in goal-directed, self-regulated, autonomous behavior” (Field, Martin, Miller, Ward, & Wehmeyer, 1998, p. 2). As long as competence, autonomy, and relatedness are being met in an individual’s environment, his or her behavior may began to shift from being extrinsically motivated to being intrinsically motivated (Deci & Ryan, 2000). “When acting on the basis of these skills and attitudes, individuals have greater ability to take control of their lives and assume the role of successful adults in our society” (Field et al., 1998, p. 115). Therefore, people need competence, autonomy, and relatedness in some aspect of life to find interest and enjoyment in activities (Deci & Ryan, 2000).

Deci and Ryan (1985) argued that individuals go through six different stages or regulations within OIT when moving from extrinsic to intrinsic motivation. The regulations differ in the amount of autonomy the individual has and the amount of internalization of the motivation (Deci & Ryan, 1985). Internalization refers to how much a person values the activity. He or she begins by being extrinsically motivated (Deci & Ryan, 1985). Over time, this behavior becomes introjected, meaning the person does not accept it as his or her own (Deci & Ryan, 1985). Eventually, however, this behavior will become intrinsic (Deci & Ryan, 1985). For students with disabilities, advocacy and motivation skills often result in their ability to voice concerns and educational needs more effectively (Behnke, 2009; Belch, 2004; Denhart, 2008; Fuller, Bradley & Healey, 2004; Getzel, 2008).
Statement of the Problem

Although students with disabilities make up approximately 11% of college-going students (National Science Foundation [NSF], 2009; USGAO, 2009), up from 3% in 1978 (Henderson, 1995), completion of some college work decreased from 30% in 1986 to 26% in 2001, and the college completion rates simultaneously decreased from 19% to 12% (Belch, 2004; National Organization on Disability, 2001; U.S. Census Bureau, 2008). In college, it is the student’s responsibility to disclose any disabilities with the disability support office, to request assistance, and to provide professors with accommodation letters (Albrecht, 2005; Adams & Proctor, 2010; Belch, 2004; Brinkerhoff et al., 2002; Getzel, 2008; Getzel & McManus, 2005; Katsiyannis et al., 2009). However, students with disabilities may feel uncomfortable in discussing disabilities, may desire to appear as an average student, and may not advocate for special accommodations needed to attend campus events (Burgstahler & Doe, 2006; Getzel & McManus, 2005; Hartman-Hall & Haaga, 2002; Johnson, Zascavage, & Gerber, 2008; Madaus, 2008; Thoma & Wehmeyer, 2005). Therefore, students with disabilities may ponder over how much information to disclose and worry that their disabilities may become a barrier to involvement in campus activities and organizations. Additionally, challenges such as limited facility accommodation, lack of special equipment, alienation, and isolation may cause students with disabilities discomfort when communicating with other students and faculty (Belch, 2004; Paul, 2000). Students with disabilities must be proactive and advocate for themselves (Adams & Proctor, 2010); however, because many students with disabilities are accustomed to parents, guardians, or teachers arranging accommodations, students with disabilities are often unprepared for their new roles of
college student and self-advocate (Beecher et al., 2004; Garrison-Wade & Lehmann, 2009; Getzel, 2008).

Campus involvement is another important factor in the overall college experience (Johnson, 2000; Pascarella & Terenzini, 1991, 2005; Tinto, 1993, 1997, 2005, 2012). Kuh (2005), Tinto (1993, 1997, 2005, 2012), Astin (1977, 1984, 1993, 1999), and Pascarella and Terenzini (1991, 2005) argued that programs and services that lead to academic and social integration of students ultimately reinforce commitment to the institution and strengthen persistence of all students. This reinforcement and strength of persistence also holds true for students with disabilities. Astin’s and Tinto’s theories remain valuable and provide an excellent foundation to build upon, but they do not specifically address many of the issues faced by this population.

Purpose Statement

The purpose of this phenomenological study was to explore the self-reported impacts of self-advocacy and motivation on the experiences of students with physical disabilities in higher education. In addition, I explored the sources of these students’ motivations, the source of their advocacy, and the connection or the lack of connection between the two.

Justification

Research has been conducted in regards to motivation and self-advocacy, but very little of the current research and foundational theory has focused on students with disabilities and their lived experiences (Getzel & Thoma, 2008; Denhart, 2008; Fuller et al., 2004). Previous researchers have suggested a need to identify self-determination skills that affect the college experience, both positive and negative, for students with
disabilities (Getzel, 2008; Jameson, 2007). Researchers have also recommended learning from the student perspective (Denhart, 2008; Fuller et al., 2004; Getzel & Thoma, 2008). It is important for students to speak up for themselves (Belch, 2004; Getzel, 2008; Katsiyannis et al., 2004). This is equally important, if not more important, for the population of students with disabilities who often do not or cannot find a voice on campus (Denhart, 2008; Fuller et al., 2004). In expanding the research about the roles, effects, and level of motivation and self-advocacy of students with disabilities, I explored how the interaction between motivation and self-advocacy affected a sample of students with physical disabilities. Whether motivation comes before self-advocacy remains unknown; however, obtaining a perspective from students with disabilities of how one influences the other and how they work together was salient.

Definitions of Terms

The following operational definitions are provided to provide clarity of the terms used in this study.

Disability – “a physical or mental impairment which substantially limits one or more major life activities” (U.S. Department of Health and Human Services [USDHHS], 2006).

Extrinsic motivation – doing an activity for rewards, avoidance of punishment, or gaining social approval (Deci & Ryan, 2000).

Intrinsic motivation – doing an activity because one finds the activity interesting and enjoyable (Deci & Ryan, 1971, 2000).

Self-advocacy – a knowledge of self, knowledge of one’s rights, communication, and leadership ability (Albrecht, 2005).
Self-determination – “a combination of skills, knowledge, and beliefs that enable a person to engage in goal-directed, self-regulated, autonomous behavior. An understanding of one’s strengths and limitations, together with a belief of oneself as capable and effective are essential to self-determination. When acting on the basis of these skills and attitudes, individuals have greater ability to take control of their lives and assume the role of successful adults in our society” (Field et al., 1998, p. 2).

Substantially limits – “[a] condition, manner, or duration under which a major life activity can be performed, in comparison to the average person or most people” (U.S. Department of Health and Human Services [USDHHS], 2006).

Assumptions

Certain assumptions applied regarding the population of students with disabilities used in this study. I assumed

1. Students would answer questions openly and honestly.
2. Students with disabilities would actively communicate with professors beyond the initial introduction of the semester and have no problem communicating issues with the disability support services staff (Getzel & Thoma, 2008).
3. Students would be academically ready for college, even knowing their learning styles, hence contradicting literature that academic transition from high school to college may be difficult (Getzel & Thoma, 2008).

Limitations

The data collected for this study were self-reported and thus dependent on the experiences of others. This means the data may have been biased. In addition, this study was based on the accounts of 11 students with disabilities who attended three four-year
institutions in the southeastern United States. The findings of a qualitative study cannot be generalized to the population of disabled college students. Therefore, transferring any assumptions or conclusions outside of this study should be considered with caution.

Delimitations

The study was delimited to undergraduate students with physical disabilities who attended three institutions in the U.S. Southeast. In addition, this study was delimited to students with known advocacy skills based on disclosure of a disability to the disability support offices. However, because the participants remained anonymous and gained no benefit from misreporting, the data were accepted as given.
CHAPTER II – REVIEW OF RELATED LITERATURE

Overview

Students come to college with hope, excitement, and fear. College signifies the closing of one chapter, the beginning of another. This milestone also applies to college students with disabilities. Students with disabilities face myriad social, political, and economic obstacles on their paths toward academic, professional, and social success. Many factors account for these obstacles. Students with disabilities have many of the same challenges, such as isolation and fear, as do students without disabilities (Smith et al., 2002), and many report not receiving reasonable accommodations to help foster their academic and life success (Belch, 2004; Hadley, 2006; U.S. Department of Education, National Center for Education Statistics, 2003). In addition, an unfamiliar and possibly unfriendly college environment and a lack of positive self-image or esteem (Adams & Proctor, 2010; Jambor & Elliot, 2005) affects these students’ academic and life success. Students with disabilities face challenges such as not knowing how to balance disability accommodations with their academic coursework (Adams & Proctor, 2010; Belch, 2004; Getzel & Thoma, 2008; U.S. Census Bureau, 2008; USGAO, 2009; Wagner et al., 2005). As more students with disabilities enroll in higher education, college educators have sought to understand the issues facing students with disabilities, with the aim of accommodating these students (Beecher et al., 2004; Belch, 2004; Katsiyannis et al., 2009).

The goal of higher education institutions is to promote the academic, professional, and social success of students (Dutto, Kundu, & Schiro-Geist, 2009; Katsiyannis et al., 2009). When institutional leaders seek to meet the needs and limitations of students with
disabilities, some challenges can arise (Belch, 2004; Paul, 2000). These challenges may be attributed to the physical accommodations of buildings, a lack of special equipment for the students, the lack of training for faculty and staff to help them be more responsive to students with disabilities, or the unwillingness to make student activities and organizations more accommodating for the student (Belch, 2004; Paul, 2000). Belch (2004), Johnson (2000), and Adams and Proctor (2010) indicated these challenges have existed at many higher education institutions. Despite laws and statutes addressing the challenges of students with disabilities, increased public awareness, and various initiatives, widespread biases and prejudice still exist.

In this literature review, I examine the laws that protect students with disabilities. Next, I review the specifics of what higher education institutions can and cannot do with respect to students with disabilities. I explore the changing roles of students, parents, and the institution in accommodating students’ needs. Finally, I discuss advocacy and motivation skills useful to students with disabilities who are successfully completing and transitioning beyond college.

Disability Laws

U.S. law defines a disability as “a physical or mental impairment which substantially limits one or more major life activities” (U.S. Department of Health and Human Services [HSDHHS], 2006). “Substantially limits” means the student is significantly restricted in the condition, manner, or duration under which a major life activity can be performed, in comparison to the average person or most people (HSDHHS, 2006). Types of physical, learning, or psychological disabilities include blindness and visual impairments, health impairments, hearing impairments, learning
disabilities, mental illnesses or emotional disturbances, mobility or orthopedic impairments, speech or language impairments, and other impairments (HSDHHS, 2006). Higher education institutions are governed by Section 504 of the Rehabilitation Act of 1973 (Rehabilitation Act), the ADA, and the ADA Amendments Act (OCR, 2011; U.S. Department of Education [DOE], 2008; U.S. Department of Justice [USDJ], 2009). Additional accommodations are outlined in the Family Education Rights and Privacy Act (FERPA) (OCR, 2011; DOE, 2008).

**Section 504 of the Rehabilitation Act of 1973 (Rehabilitation Act)**

Section 504 of the Rehabilitation Act of 1973 (Rehabilitation Act) is an antidiscrimination civil rights statute that requires the needs of students with disabilities to be met as adequately as are the needs of students without disabilities. The Rehabilitation Act is an accommodations act prohibiting any entity receiving federal funding, including higher education institutions, from discriminating against individuals based on disabilities or denying them the benefits of the institution or agency because of disabilities (Section 504 Frequently Asked Questions, 2005). A student, typically between the ages of three and 22, must qualify as having a disability to be considered under the Rehabilitation Act. An *impairment* under the Rehabilitation Act is defined as any disability, long-term illness, or various disorder that “substantially” reduces or lessens a student’s ability to access learning in an educational setting because of a learning, behavior, or health-related condition (Section 504 Frequently Asked Questions, 2005).

A physical or mental impairment does not constitute a disability for the purposes of the Rehabilitation Act unless its severity is such that it results in a substantial limitation of
one or more major life activities (Section 504 Frequently Asked Questions, 2005). “Major life activities” involve self-care, manual tasks, interacting with others, and walking (Section 504 Frequently Asked Questions, 2005).

The Office for Civil Rights (OCR, 2011) indicated, “[The presence of a disability] is a determination to be made by each local school district and depends on the nature and severity of the person’s disablning condition.” Students must be measured against their similarly aged peers in the general population and without benefit of medication, assistive devices, or other mitigating measures (U.S. Department of Labor, 2010). The ADA Amendments Act of 2008 broadened the list of disabilities to consider life activities such as reading, concentrating, standing, lifting, and bending (Section 504 Frequently Asked Questions, 2005; U.S. Department of Labor, 2010). Secondary schools are responsible for identifying students with disabilities, assessing disabilities, designing special instruction, and providing nonacademic services. Moreover, secondary education must structure students’ weekly schedules, modify educational programs, and prepare Individual Educational Plans (IEPs) (Hadley, 2006; Test et al., 2004). The IEP is a document prepared for each student in special education that shows his or her education progress, goals for the year, accommodations or modifications potentially received, and other details about the student’s special needs.

An IEP is developed by and must be reviewed annually (OCR, 2011). Anyone can refer a child for evaluation under the Rehabilitation Act, including the 504 team (OCR Memorandum, 1993). However, schools must have 504 teams who are trained and knowledgeable. “The team includes the child’s teacher; the parents who are subject to certain limited exceptions; the child if determined appropriate; a school district
representative who is qualified to provide or supervise the provision of special education; and other individuals at the parents’ discretion,” such as a knowledgeable professional, friend, or translator (OCR, 2011). It is also important parents of students with disabilities know who is on the school’s 504 team to serve the educational needs of the child more effectively (OCR Memorandum, 1993). At the secondary level, parents are involved in decision making. “If parents disagree with the proposed IEP, they can request changes” (Lo, 2012). However, after the student graduates high school or reaches the age of 21, IDEA no longer applies (OCR, 2011).

1990 Americans with Disabilities Act and 2008 ADA Amendments Act

The Americans with Disabilities Act (ADA) is a 1990 federal civil rights law that prohibits discrimination based on a disability (Ruh, Spicer & Vaugh, 2009; U.S. Department of Justice, 2005, 2009). However, after the passage of the ADA, educators found many kinds of impairments were not covered, such as impairments that could go into remission, were episodic, or could be corrected by mitigating factors (U.S. Department of Labor, 2010). Therefore, the ADA was amended with the ADA Amendments Act of 2008. The ADA Amendments Act provides that even illnesses or impairments susceptible to remission, such as multiple sclerosis (MS), migraines, and asthma, are covered under the law. In addition, mitigating factors such as medication, prosthetic devices, or hearing aids are not considered when determining eligibility under the ADA, with the exception of eyeglasses and contact lenses (U.S. Department of Labor, 2010).

With the ADA Amendments Act, the “substantially limits” language was now more relaxed and no longer stipulated the requirement that an individual be “significantly
restricted” (U.S. Department of Labor, 2010). When the original Act was passed in 1990, nearly 18% of the population was identified as having a limited-function disability or physical disability (Kraus, Stoddard, & Gilmartin, 1996). When Congress amended the law in 2008, 12% of Americans were identified as having a disability (Belch, 2004; U.S. Census Bureau, 2008). After the ADA Amendments Act became effective January 1, 2009, this number increased to 19%, or nearly one in five (Belch, 2004; National Organization on Disability, 2001; U.S. Census Bureau, 2008). Hence, the threshold for functional limitation is now considerably lower under the ADA Amendments Act, making it more likely that a person will be deemed disabled. The amended law now includes general activities such as performing manual tasks, learning, reading, concentrating, thinking, and communicating (U.S. Department of Health and Human Services [USDHHS], 2006). Therefore, the amended Act now has a broader definition of disabled.

*Individuals with Disabilities Education Act of 2004*

The 2004 Individuals with Disabilities Education Act (IDEA), also known as Public Law 94-142, provides secondary students with disabilities with “a free and appropriate public education” tailored to their individual needs (Beecher et al., 2004; OCR, 2011). However, this benefit does not extend to institutions of higher education (Beecher et al., 2004; OCR, 2011). Higher education institutions accommodate students with disabilities differently compared to accommodations provided in secondary education. Students, parents, and institutions must understand that the laws governing higher education institutions are different from those governing secondary education.
IDEA allows for accommodations. Receiving accommodations may give students with disabilities the same opportunities as those given to other students without giving them unfair advantages (OCR, 2011). For example, it is appropriate to read a test to a student who has a reading impairment, but inappropriate to reduce the number of test questions for the student because of the impairment. When accommodations are necessary to reduce limitations for students with disabilities, some students may need tests read to them, and others may not. In these situations, accommodations are appropriate for the individual’s needs (OCR, 2011). Other examples of appropriate and necessary accommodations include offering separate testing to eliminate distractions and granting extra time.

*Family Education Rights and Privacy Act (FERPA)*

Institutions have a responsibility to protect education records. Even though parental involvement is important and can be instrumental in the success and retention of students with disabilities in college, the federal Family Education Rights and Privacy Act of 1974 (FERPA) limits parental access to information once the child enrolls in college. FERPA is a federal law that protects the privacy of students’ education records, both virtual and physical, such as classes taken and grades received (DOE, 2008; USDJ, 2009). Parents are often involved in the lives of students and play a supporting role in their education, regardless of the student’s age or whether parents pay for classes. However, after students have completed high school, parents no longer have rights of access to their children’s educational records. Students’ rights to manage their educational information apply to eligible students who are at least 18 years of age and are current or previously enrolled students (DOE, 2008; USDJ, 2009).
Information can be released to parents, but only with signed consent from the student or an entity with a “legitimate educational interest” (U.S. Department of Education [DOE], 2008). The DOE (2008) and the USDJ (2009) outlined the circumstances under which institutions may notify parents, using information that otherwise would be protected by FERPA. Parents can be notified if (a) the student is a dependent for federal income tax purposes; (b) the situation involves a health or safety emergency under specified conditions (e.g., if knowledge of the information protects the health or safety of the student or other individuals); or (c) the student has violated a federal, state, or local law or any rule or policy of the institution, and the student is under 21 years of age at the time of the offense (DOE, 2008; USDJ 2009).

The percentage of students with disabilities, although low, is an improvement from past numbers. For example, students with disabilities made up approximately 9% of undergraduates in degree-granting institutions during the 1999–2000 school year (U.S. Department of Education, National Center for Education Statistics, 2003). Before disability laws such as the 1990 Americans with Disabilities Act took effect, higher education students were more likely to not disclose their disabilities to the campus disability support offices or communicate their accommodation needs (Belch, 2004; Kim-Rupnow & Burgstahler, 2004; Palmer & Roessler, 2000).

Many institutions require that students with disabilities provide the appropriate documentation to support their need for accommodations (Jung, 2003; USGAO, 2009); however, higher education institutions are prohibited from seeking information on disability status and do not require students with disabilities to disclose their disabilities (Belch, 2004; Eckes & Ochoa, 2005; Madaus, 2008; Thoma & Wehmeyer, 2005;
USGAO, 2009). In fact, students with disabilities are responsible for informing disability support services staff of their disabilities and for requesting accommodations for their classes (Adams & Proctor, 2010; Belch, 2004; Eckes & Ochoa, 2005; Jung, 2003; Getzel & McManus, 2005; Jung, 2003; Katsiyannis et al., 2009; Wagner et al., 2005). These factors can result in students with disabilities not disclosing their disabilities and thus not receiving the necessary accommodations for academic and social success. Understanding educational laws to learn whether they are applicable is a crucial asset for students with disabilities as they transition to college.

For example, the ADA prohibits discrimination and the Rehabilitation Act ensures accommodations for students who do not qualify for special education services, for example, students with cancer (Belch, 2004; Kim-Rupnow & Burgstahler, 2004). Unlike IDEA, the Rehabilitation Act, the ADA, and the ADA Amendments Act state that institutions cannot discriminate against students based on disability. However, these Acts may not provide the same accommodations to students in higher education as under IDEA in kindergarten through 12 (Beecher et al., 2004; Hadley, 2006). FERPA also directly affects higher education institutions and denies funding to any institution that discriminates against students with disabilities (DOE, 2008; USDJ, 2009). Almost all higher education institutions, even private institutions, must comply with these laws because, in some regard, the federal government provides them with financial assistance (OCR, 2011; USDHHS, 2006). After passage of the Rehabilitation Act and ADA Act, which required institutions to make disability accommodations such as an equal opportunity, adoption of new technologies, and elimination of structural barriers, higher
education enrollment increased among students with disabilities (Belch, 2008; Johnson, 2000; U.S. Department of Labor, 2010).

Self-Advocacy

Self-advocacy involves three elements: knowledge of self, knowledge of one’s rights, and communication (Albrecht, 2005). Knowledge of self, or self-awareness, involves students knowing themselves and understanding what they need to support their learning. Therefore, self-advocacy involves students being part of their own success. To be an effective self-advocate means knowing one’s personal and academic strengths and challenges, including preferences, goals and interests, and understanding responsibilities as a student (Albrecht, 2005; Adams & Proctor, 2010; Burgstahler, 2005; Getzel, 2008; Skinner, 2004). Self-advocacy also involves awareness and communication of accommodations needed for academic success (e.g., completing a project instead of a test, having someone to record answers or highlight key words or phrases, working with a partner, using a large font for handouts, or delegating extra time.

Having knowledge of rights granted under laws such as IDEA, Rehabilitation Act, ADA, and ADA Amendments Act can facilitate students’ opportunities (Getzel, 2008). In addition, students should be aware of essential tools for self-advocacy, such as reviewing institutional policies, understanding the meaning of policies in individualized situations, and taking steps to advocate for change (Getzel, 2008). Regarding self-advocacy, communication involves discovering key people, contacting them, knowing what to say to communicate needs and preferences effectively, and being willing to ask for clarification (Test et al., 2005). Additionally, communication includes skills such as assertiveness, body language, and compromise (Test et al., 2005). Students with
disabilities sometimes face challenges with social skills (Adams & Proctor, 2010). Participating in small group instruction, one-on-one instruction, and role playing are important activities to build communication skills for self-advocacy (Test et al., 2005).

Students with disabilities must understand both the academic demands of college coursework and the institution’s legal obligations (Adam’s & Proctor, 2010; Getzel, 2008). Some students may be convinced that it is the institution’s responsibility to make sure success is attainable; however, as mentioned, the main responsibility rests with students (Belch, 2004; Hadley, 2006). If students do not self-advocate, the result may be they forfeit attendance at the institution—not because help is not accessible, but because help was not sought (Hartman-Hall & Haaga, 2002; Levinson & Ohler, 1998; Madaus, 2008; Smith et al., 2002; Thoma & Wehmeyer, 2005).

Students with disabilities must self-advocate for their disabilities and understand the consequences of decisions when they choose to make no accommodations requests (Adams & Proctor, 2010; Brinkerhoff et al., 2002; Getzel & McManus, 2005; Madaus, 2008; Thoma & Wehmeyer, 2005). As mentioned, students bear the responsibility for learning; professors and other university officials serve as guides and mentors who help reinforce the students’ responsibility for taking ownership of individual needs. At the secondary level, educators, disability service providers, and parents take actions in the best interest of students (Hadley, 2006; Schutz, 2002; Smith et al., 2002), inadvertently causing some students to become passive recipients of educational services (Adams & Proctor, 2010; Getzel, 2008). In a college setting, however, disability services are offered based on an adult model that requires students with disabilities to seek out disability support services independently (Schutz, 2002). Additionally, although higher educational
institutions are not required to provide “a free appropriate public education” (OCR, 2011), they are required “to provide appropriate academic adjustments” to avoid discrimination of students with disabilities (OCR, 2011). Therefore, most students look to faculty to provide study aids, such as copies of lecture notes (Madaus et al., 2003) and graphic organizers (Sullivan, 2005), writing assistance such as extended time on assignments (Smith, 1993), proofreaders (Finn, 1998), and strategy instruction such as time management and study skills (Graham-Smith & Lafayette, 2004). In sum, students with disabilities, parents, and institutions should all be aware of the students’ roles and responsibilities at each educational stage.

Student’s Role

It is important students learn how to internalize self-advocacy and make it a part of their value systems (Adams & Proctor, 2010; Belch, 2004; Getzel, 2008; Smith et al., 2002). The four steps to self-advocacy are (a) accepting the disability, (b) admitting the disability to those who facilitate learning, (c) understanding personal learning styles, and (d) knowing and preparing for needs (Adams & Proctor, 2010). Self-advocacy is important because it motivates students to build relationships with faculty through initial meetings with their professors to discuss their disabilities and accommodations (Hadley, 2006; Palmer & Roessler, 2000; Vogel, Holt, Sligar & Leake, 2008). These initial meetings make it easier for students to approach their professors with any problems with accommodations or for help with coursework.

However, when students refuse to disclose their disabilities or ask for help, the transition into college life can be difficult (Katsiyannis et al., 2009; Krupa, 2007. One reason students do not register their disabilities or seek accommodations is a need to
appear normal or may see an accommodation as dependence (Adams & Proctor, 2010; Brinkerhoff et al., 2002; Burgstahler & Doe, 2006; Getzel & McManus, 2005; Getzel & Thoma, 2008; Skinner & Lindstrom, 2003). Parents, institutions, and other stakeholders must help these students with disabilities understand that using accommodations is not a dependency but a bridge between disability and academic achievement—a resource intended to help lessen the impacts of students’ disabilities and increase the impacts of students’ strengths (Adams & Proctor, 2010; Getzel & McManus, 2005; Skinner 2004; Wehmeyer & Garner, 2003). Research shows that students who are strong self-advocates are generally more likely to be successful in college (Adams & Proctor, 2010; Brinkerhoff et al., 2002; Test et al., 2005).

Eckes and Ochoa (2005) noted the volume of students’ workloads as one of many impediments of success. This is especially true for students with disabilities who do not register with the disability support office to request accommodations (Adams & Proctor, 2010; Brinckerhoff et al., 1993; Brinkerhoff et al., 2002; Getzel & McManus, 2005). Further complicating this matter is students’ failure to participate equally in the use of computer technology (Belch, 2004; Eckes & Ochoa, 2005; Webb, Patterson, Syverud, & Seabrooks-Blackmore, 2008). Colleges and universities provide accommodations for students with disabilities, including tutoring, testing centers, note takers, lecture recordings, and shuttle services for those who cannot drive (Brinckerhoff et al., 1993; Hawke, 2004). These services are not required (OCR, 2011). However, students who use these services have a higher rate of academic success and are able to build meaningful relationships through social and academic interactions (Wehmeyer & Garner, 2003).
Self-advocacy skills encompass setting personal goals, solving problems that cause barriers to goal achievement, and making choices based on personal interests (Adams & Proctor, 2010; Getzel & Thoma, 2008). Students who know the limitations and strengths of their disabilities persist and succeed because of active participation in life decisions, advocacy for themselves, self-management of day-to-day actions, and the creation of action plans for academic and life success (Adams & Proctor, 2010; Briel & Wehman, 2005; Belch, 2004; Burgstahler & Doe, 2006; Getzel & Thoma, 2008). For example, these students expend extra effort to achieve educational goals. They speak and negotiate for themselves and make informed decisions. Moreover, they are aware of the services the university provides and are willing to seek out these services. Students with disabilities must be able to advocate for themselves to achieve success.

Parent’s Role

College is a separation from the past for many students with disabilities. One separation is from parents and guardians. FERPA regulations, for example, state that without a child’s consent or special circumstances, parents will no longer have direct access to academic records (DOE, 2008). Attending college causes changes for all students; however, for students with disabilities, parental support after enrollment is both encouraged and often essential (Kuh, 2005; Tinto, 1993, 2012). Students with disabilities will experience problems and not be able to connect with a college or university because of previously mentioned challenges (alienation, isolation, and discomfort discussing the disability) (Adams & Proctor, 2010; Kuh, 2005; Paul, 2000; Tinto, 1993, 2012). However, students will speak to parents about many of these problems (Kuh, 2005; Smith et al., 2002; Tinto, 1993, 2012). In these circumstances, parents need to show support,
encouragement, guidance, and help them to build positive relationships within the institution (Kuh, 2005; Smith et al., 2002; Tinto, 1993, 2012).

Parents and guardians need to know their role in their children’s lives after the children leave high school (Kuh, 2005; Smith et al., 2002; Tinto, 1993, 2012; Trainor, 2005). Parents should support their children’s decision to attend college and motivate them to persist (Kuh, 2005; Smith et al., 2002; Tinto, 1993, 2012; Trainor, 2005). Moreover, parents need to ensure that their children know and understand their personal rights and receive equal treatment during the admissions process at higher education institutions (OCR, 2011). Being an involved parent is paramount, but parents must also make sure they recognize their role is minimal compared to that of the student.

Parents are influential in helping with college retention and offering support and advice (Kuh, 2005; Tinto, 1993, 2012; Trainor, 2005). Parents can be an essential part of students’ maturation process in terms of building self-esteem and confidence to become successful, independent citizens (Kuh, 2005; Smith et al., 2002; Tinto, 1993, 2012). In addition to offering communication and support, parents can also encourage students to seek out support services (Kuh, 2005; Smith et al., 2002; Tinto, 1993, 2012), such as contacting and accessing campus disability support offices and tutoring services. Knowing their children have access to support should help parents feel more at ease with the idea of their children attending college.

Institution’s Role

The missions and goals of many colleges and universities are to strengthen students’ readiness for productive membership in an increasingly diverse national population and an emerging global society (Dutto et al., 2009; Katsiyannis et al., 2009).
In addition, achieving the goal of producing successful individuals ready for a global market requires is an important role of higher education institutions (Izzo & Lamb, 2002). Higher education institutions can become effective facilitators of the transition from high school to college when they provide preparation programs that help increase knowledge of the needs and characteristics of students with disabilities (Wessel, Jones, Markle, & Westfall, 2009).

Preparation for the matriculation of students with disabilities can and should begin long before students arrive on campus by identifying students with disabilities before enrollment (Wessel et al., 2009). According to Skinner and Lindstrom (2003), a preparation program that addresses the concerns of students with disabilities’ should provide information on the following topics: (a) understanding the nature of the transition to higher education; (b) identifying individual strengths, weaknesses, and need for accommodations; (c) understanding advocacy, the law, and higher education institutions; (d) asking for accommodations; (e) learning what to look for in a higher education institution; and (f) selecting the best higher education institutions for students with disabilities.

As the number of students enrolling in higher education institutions increases, “school personnel now find themselves providing college support to larger numbers of college-bound disabled students” (Skinner & Lindstrom, 2003). Researchers have recommended several strategies college and university leaders can implement to ensure a successful transition for students with disabilities. Institutions should not only be prepared to implement “learning strategies, innovative teaching techniques, and other
accommodations to ensure that students with disabilities succeed,” but they should also implement an individual transition plan (ITP) (Eckes & Ochoa, 2005).

According to Smith et al. (2002), a comprehensive ITP can be adapted to alleviate some of the inadequacies that the disabled student feels when beginning college. Members of the transition team should include (a) the student, (b) special education and general education teachers, (c) transition specialists, and (d) a higher education disability service provider (Smith et al., 2002). Each nonstudent member plays a vital role during the transition process, assisting students with numerous issues, including teaching students about the law, about their disabilities, and about self-advocacy strategies (e.g., encouraging students to self-identify and seek appropriate assistance), facilitating support networks, and encouraging students to participate in higher education preparation programs (Skinner & Lindstrom, 2003).

Theoretical Foundations

Several theoretical frameworks apply to the goal of helping students with disabilities succeed in college. In this section, I describe Astin’s student involvement theory, Tinto’s student development theory, self-determination theory, and the MUSIC model of achievement and motivation.

Theory of Student Involvement

Within higher education, student involvement has been defined as “the amount of physical and psychological energy that the student devotes to the academic experience” (Astin, 1984, p. 297). Astin (1993, 1999) believed involvement was an active term and argued that it was not important to study what students think or feel, but rather what students do. The student involvement theory includes all aspects of students’ lives,
including place of residence, academic involvement, athletic involvement, social involvement, and student–faculty interaction (Astin 1993, 1999; Pascarella & Terenzini, 2005). Institutions and student affairs professionals must work diligently to develop a campus community with a “‘hook’ that will stimulate students to get more involved in the college experience” (Astin, 1999). According to the theory of student involvement, “The greater the student’s involvement in college, the greater will be the amount of student learning and personal development” (Astin, 1999, p. 528-529).

Theory of Student Development

Tinto’s (1993) student development theory showed that students’ college experiences influence academic performance more than do their precollege experiences. Moreover, several academic factors influence the academic success, persistence, and retention of students (Tinto, 1993). These factors include taking remedial coursework, having poor academic preparation, having poor study and time management skills, not meeting regularly with faculty and advisors, not being able to navigate the academic system effectively, and not taking advantage of academic support services (Tinto, 1993). Many college students fit into these categories, particularly students with disabilities. Students with disabilities are also susceptible to doubts about academic and motivational abilities (Adams & Proctor, 2010). By internalizing these doubts, assumptions of not being suitable for college evolve, creating or reinforcing students’ low self-esteem (Adams & Proctor, 2010).

Kuh (2005) and Tinto (1993, 2012) explained how academic and social interactions such as institution and parental roles can help connect students with the university in a meaningful way and how these interactions can serve as an important
incentive. Academic integration occurs once students become excited about classes, make good grades, and learn new information (Tinto, 1993, 2012). Social integration occurs when students have personal interactions with faculty, staff, and peers and want to be at the institution (Tinto, 1993, 2012).

The more students are academically and socially engage with faculty, staff, and peers, the more likely they are to succeed in college. Such engagements lead not only to social affiliations and the social and emotional support they provide, but also to greater involvement in educational activities and the learning they produce (Tinto, 2012, p. 7).

As Tinto (1993, 2012) suggested, student involvement plays a great role in how well students perform in college. Tinto argued that how engaged students are, where they live, what they do with their time and energy, and how the institution organizes its teaching and learning resources influence college success. The more engaged students are, the less alienated they are and the more likely they are to persist and to graduate (Tinto, 1993, 2012).

According to Tinto (1993, 2012), once institution leaders identify these “at risk” students, the process of connecting with them to involve them in special activities and support programs should begin to foster the positive academic and social foundation necessary for student persistence. Some institutions have implemented faculty and peer mentoring to provide effective social and academic support for students, for example (Tinto, 1993, 2012). When students become involved in on-campus student organizations, become concerned with their academics, and connect with faculty members and other students, these students make a connection with the university (Kuh,
This involvement should lead to increased satisfaction with the entire college experience and increase the likelihood of retention (Kuh, 2005). However, lack of accommodations, such as curb cuts and lack of elevators in student housing, and insensitive attitudes toward students with disabilities, such as leaving bicycles and vehicles on sidewalks thus prohibiting wheelchair access to class, can hinder access to social engagement and academic learning (Belch, 2004).

Institution leaders should ensure that students succeed both academically and socially (Skinner & Lindstrom, 2003). This can be accomplished by encouraging students with disabilities to participate in preparation programs that educate students with disabilities about what the institution has to offer (Skinner & Lindstrom, 2003; Wessel et al., 2009). However, the preparation made by colleges and universities does not free students with disabilities from their roles and responsibilities in their own success (Belch, 2004; Jung, 2003). Additionally, institutions need to continue using methods to engage and transition these students into the campus environment (Getzel & Thoma, 2008; Skinner & Lindstrom, 2003; Wessel et al., 2009). These transitional efforts should lead to greater graduation percentages (Getzel & Thoma, 2008; Skinner & Lindstrom, 2003). Institutions should not only let students with disabilities know that they are welcome, but also provide the necessary requirements and accommodations for these students to become more comfortable on campus (Skinner & Lindstrom, 2003).

College and university leaders purport to prepare students for the workforce (Izzo & Lamb, 2002). ADA laws include protection for disabled individuals from discrimination in the workforce; however, biases and prejudices regarding the ability of the disabled to perform job duties effectively may result in denied employment (Getzel,
Therefore, students with disabilities, while qualified, may struggle to find a job after college (Getzel, 2008). Institutions play a role in remedying this obstacle (Dutto et al., 2009; Izzo & Lamb, 2002). For example, disability support services can help institutions fulfill their missions by building relationships with workforce employers to make internships and practicum opportunities accessible for students with disabilities (Izzo & Lamb, 2002). As a liaison between students and employers, an institution’s disability support services office can communicate the accommodations process and serve as a resource through consultation and education (Izzo & Lamb, 2002). Further, institutions can provide technical assistance and education materials (OCR, 2011). Institutions can pay for accommodations such as providing sign language interpreters for hearing disabilities, braille materials for the visually impaired, and note takers for those with learning disabilities (Izzo & Lamb, 2002). Institutions can also loan assistive technology like text-to-speech software and communicate with employers about modifying work schedules and limiting the number of tasks for students with disabilities (Izzo & Lamb, 2002).

Providing reasonable accommodations at practicum and internship sites benefits students, institutions, and employers (Izzo & Lamb, 2002). Some benefits to employers may include eliminating preconceived notions of the capabilities of students with disabilities and increasing the company’s willingness to hire students with disabilities in the future (Izzo & Lamb, 2002). By encouraging these connections with the institution, colleges and universities strengthen students’ retention and graduation rates (Izzo & Lamb, 2002). Graduation for students with disabilities may mean a potentially higher socioeconomic status, a greater chance for graduation, achieved career goals, and higher
self-esteem or motivation, thus allowing them to overcome the academic and social issues that make college a revolving door instead of an open door to success (Getzel, 2008). Building a bridge between high school and college should be the goal of all institutions serving students with disabilities (Levinson & Ohler, 1998).

**Self-Determination Theory (SDT)**

Field et al. (1998) defined self-determination as a combination of skills, knowledge, and beliefs that enable a person to engage in goal-directed, self-regulated, autonomous behavior. An understanding of one’s strengths and limitations, together with a belief of oneself as capable and effective are essential to self-determination. When acting on the basis of these skills and attitudes, individuals have greater ability to take control of their life and assume the role of successful adults in our society. (p. 2)

*Competence, autonomy, and relatedness.* Self-determination theory consists of several subtheories including cognitive evaluation theory (CET) and organismic integration theory (OIT) (Deci & Ryan, 2000). Competence, autonomy, and relatedness are three basic psychological needs in CET (Deci & Ryan, 2000). Competence is the need to perceive goodness at something; autonomy is the need to perceive choices and control over the self; and relatedness involves the need to perceive oneself as connected to others through positive relationships (Deci & Ryan, 2000). When individuals are in environments where competence, autonomy, and relatedness needs are not being met or supported, motivation is derived extrinsically (Deci & Ryan, 2000). Extrinsically motivated activities lead to rewards, avoidance of punishment, or social approval (Deci & Ryan, 2000). Extrinsic environments are also more controlling (Deci & Ryan, 2000).
Extrinsically motivated individuals do not feel autonomously supported, are not competent in the endeavors done or felt, and do not show relatedness or connectedness to others (Deci & Ryan, 2000). They will only feel motivated to pursue rewards and avoid punishments (Deci & Ryan, 2000).

In contrast, when competence, autonomy, and relatedness are supported, an individual becomes autonomously, or intrinsically, motivated. Intrinsic motivation means doing an activity because the activity is interesting and enjoyable (Deci & Ryan, 2000). Intrinsic motivation satisfies basic psychological needs as well. Intrinsic and extrinsic motivation are two types of motivation that energize behavior (Deci & Ryan, 2000). The distinction between intrinsic and extrinsic motivations is important. In a 1971 study of rewards, Deci found that giving college students’ money for working on interesting activities actually led to a decrease in students’ interest in the activities, compared to the interest levels of other people who were doing the same activities with no reward. Intrinsic motivation does not necessarily come from inside a person nor is it something a person is necessarily born with. Simply put, intrinsic motivation involves enjoying the task or learning to enjoy the task while doing it (Deci & Ryan, 2000). Similarly, extrinsic motivation does not always come from outside the person. Instead, the person performs a task to avoid experiencing guilt or anxiety or to feel pride. Eventually, however, this behavior will become intrinsic (Deci & Ryan, 2000).

Reeve and Jang (2006) found that students learned in a conceptually deeper way with teachers who supported students’ autonomy. In these environments, students enjoyed learning and felt more confident and competent (Reeve & Jang, 2006). Educators should promote active involvement in educational planning and encourage
students to direct their own learning (Reeve & Jang, 2006). The educational planning process should fulfill goal setting, problem solving, and decision making (Skinner & Lindstrom, 2003; Smith et al., 2002; Wessel et al., 2009). Students with disabilities should engage in decision-making processes, such as being involved in the IEP process (Hadley, 2006; Smith et al., 2002; Test et al., 2004). Further, educators should encourage students to work independently and provide them with a meaningful rationale for engaging autonomously, or intrinsically, motivated behavior (Deci & Ryan, 2000).

Autonomous motivation is a much more effective motivation than an extrinsically controlled motivation (Deci & Ryan, 1985). Autonomous motivation has been associated with both physical wellness and psychological health (Reeve & Jang, 2006). Educators who support students’ autonomy are important because they help encourage students to become autonomously motivated (Deci & Ryan, 2000).

**Autonomous motivation.** Autonomous motivation has two parts: interest and enjoyment (Deci & Ryan, 2000). When a person holds interest in and enjoys the activity, autonomous motivation can easily occur because it resides internally (Deci & Ryan, 2000). Autonomous motivations derive from deeply held values and beliefs (Deci & Ryan, 2000). An individual’s motivation influences his or her behavior; when something is important and valued, a greater likelihood exists that the person will continue to engage in and act on the activities or actions that caused the behavioral change. Reeve and Jang (2006) showed that when people were autonomously motivated, their behaviors were more creative and they were better able to solve problems, overcome obstacles, and think outside the box; in addition, they enjoyed improved performance and an emotional state anchored by positivity (Reeve & Jang, 2006).
Because extrinsic rewards can decrease intrinsic motivation over time (Reeve, 1996; Ryan & Deci, 2009), instructors must be wise in their approaches. Ryan and Deci (2009) found that if students perceived rewards as controlling, they lost intrinsic motivation, which also reduced the students’ perceived autonomy (Ryan & Deci, 2009). Reeve and Jang (2006) found a negative correlation between students’ perspectives of autonomy and teachers’ behaviors when teachers exhibited controlling behaviors. Teachers’ behaviors included controlling the learning materials, not allowing students to think aloud through simple problems, telling students answers to problems without giving them time to work independently, making directives, using controlling words such as “should” or “have to,” and using directed questions to control the flow of conversation (Reeve & Jang, 2006).

However, Ryan and Deci (2009) argued that if rewards are perceived as informational, then students would perceive the experience as intrinsically motivating, which would support the competence need (Ryan & Deci, 2009). Teachers might incentivize a reward system effectively. However, teachers should offer rewards as an incentive only when nothing else works, and these rewards should start small (Deci & Ryan, 2009). Getting students involved may help them gain new or increased skills, which increases perceived competence (Ryan & Deci, 2009).

Another reason teachers use rewards as an incentive is that exposure to an activity may increase students’ appreciation for it (Deci & Ryan, 2009). Rewards may also be appropriate when students are seeking information for evaluations or feedback (Deci & Ryan, 2009). Receiving a reward may signal success at an activity, which meets the need for competence and leads to intrinsic motivation (Ryan & Deci, 2009).
(2006) found a positive correlation between student perspectives of autonomy and teachers who exhibited behaviors supportive of students’ autonomy. Those behaviors included listening to students, creating time for independent work, teaching them to make choices, allowing them an opportunity to speak for themselves, providing feedback and evaluation, acknowledging when work improved, encouraging efforts, offering progress-enabling hints in times of challenge, and acknowledging experiences and perspectives (Reeve & Jang, 2006). These teaching practices could support students with disabilities’ needs for competence, autonomy, and relatedness (Deci & Ryan, 2009).

Students who have teachers who support student autonomy demonstrate higher achievement (Reeve, 1996). According to Reeve (1996), good teachers find ways to work within the system to help students. One such model teachers can use is the MUSIC model of achievement motivation (Jones, 2009).

*MUSIC Model of Achievement Motivation*

The MUSIC model of achievement (Jones, 2009) provides key motivation principles for instructors to consider when designing instruction. The principles in the MUSIC model are empowerment, usefulness, success, interest, and care (Jones, 2009). Empowerment involves providing students some form of choice or control in their education; usefulness means ensuring students know how relevant the information is to them, such as to their personal or future goals; success includes making sure the task is challenging, but not impossible or too easy to complete; interest refers to using topics that will cause long-term engagement; and care implies providing a caring environment so students know the teacher is available and cares (Jones, 2009). Emphasizing these
factors should help motivate students to learn, and motivated students are more likely to exhibit enhanced performance (Jones, 2009).

The MUSIC model can motivate students effectively (Jang, 2008). Jang (2008) gave 20 undergraduate students an uninteresting task: Some students received a rationale detailing the relevance or importance of the task; other students received a rationale with no explanation of relevance and importance. Jang found that those given a rationale of the relevance or importance of the task had better self-regulation (e.g., an ability to organize behavior or follow through with activities), increased interest, increased engagement, and increased learning, compared to those given a rationale with no explanation of relevance and importance. This was similar to the concepts and effectiveness used to motivate students in the MUSIC model (Jones, 2009).

In another study, Simons, DeWitte, and Lens (2004) found similar results. Students who understood the usefulness of a task (a factor of the MUSIC model) had increased intrinsic motivation and set more adaptive goals (meaning they were more likely to deal with and overcome problems that may have occurred) (Simons et al., 2004). In contrast, not perceiving the usefulness of the task reduced self-regulation and resulted in poor study habits (Simons et al., 2004). Usefulness was most beneficial when students realized the task’s current and future personal relevance. Therefore, communicating the usefulness of a task could lead to more effective student habits, academic performance, and motivation (Simons et al., 2004).

The success principle of the MUSIC model involves whether students believe they can pass their courses and graduate (Jones, 2009). To apply the success principle, teachers set tasks that students perceived as challenging, but not too difficult (Jones,
Self-efficacy was an example of the success principle in the MUSIC model (Zimmerman, 2000). Self-efficacy is defined as believing one can achieve certain things (Zimmerman, 2000). Zimmerman (2000) linked self-efficacy to increased performance and motivation. Self-efficacy predicted motivational outcome, led to students choosing more challenging tasks, increased the amount of effort put into the task, produced a better emotional reaction to hard and challenging tasks, determined persistence, and led to better overall achievement (Zimmerman, 2000). Similarly, Schuck and Pajares (2005) found that self-belief resulted in greater enjoyment in tasks and the ability to set and commit to challenging goals. When students set and committed to challenging goals, the teacher did not need to address students’ anticipation.

Jones (2009) linked all five factors of the MUSIC model. Likewise, Locke, Shaw, Saari, and Latham (1981) and Shernoff, Csikszentmihalyi, Schneider, and Shernoff (2003) supported the idea that the five factors work together to increase motivation and engagement. The MUSIC model relates to self-determination theory in the sense that the empowerment, success, and caring components of the MUSIC model reflect the three needs of competence, autonomy, and relatedness (Jones, 2009). According to the MUSIC model, instructors should make certain students believe they can control parts of their education, understand the usefulness of what is being learned, believe in efforts that result in success, have an interest in what is being learned, and believe teachers care about course objectives (Jones, 2009). Field and Hoffman’s (1994, 2007) five stages of self-determination provide a foundation for working with self-advocacy as well. According to the stages, students must know themselves, value
themselves, act for themselves, utilize resources, and experience outcomes and learn (Field & Hoffman, 1994, 2007).

Summary

Lawmakers who designed laws such as the Rehabilitation Act and ADA recognized that students with disabilities are people first and that their disabilities are only part of their identities (Eckes & Ochoa, 2005). Laws such as Section 504 and ADA have helped safeguard students with disabilities from discrimination and missed opportunities by providing them with reasonable accommodations so they can function successfully in school (Eckes & Ochoa, 2005; OCR, 2011). From kindergarten through grade 12, students with disabilities can let others (e.g., parents and teachers) advocate for them. However, in higher education, this advocacy role belongs to the students with disabilities (Garrison-Wade & Lehmann, 2009; Getzel, 2008). Likewise, students with disabilities must acknowledge the changes occurring around them and make the adjustments needed to acclimatize to those changes (Adams & Proctor, 2010; Belch 2004; Getzel & Thoma, 2008; Schutz, 2002; Smith et al., 2002). At the college level, students with disabilities become better prepared to take advantage of opportunities through the assistance of the programs and services offered to them on college campuses (Getzel & McManus, 2005; Getzel & Thoma, 2008; Schutz, 2002; Wagner et al., 2005). Students with disabilities take advantage of these opportunities through self-advocacy.

Self-advocacy means students know their identities and exercise individual rights. Students with disabilities have rights to good communication, relationships, and a safe, comfortable, and enjoyable college community (Getzel & Thoma, 2008; Schutz, 2002). The motivation levels of students with disabilities’ and the sources of that motivation are
also important. Self-determination theory can explain whether students are motivated by external factors, such as praise and reward, or by internal factors, such as interest in the task, values, or curiosity (Deci & Ryan, 2000). Self-determined or self-motivated individuals can exert control over their lives because they seek to relate future goals to the realities of their own strengths and abilities (Benard, 1995).

Once these students become self-advocates and gain information about services the institution provides to accommodate disability, movement toward establishing academic and social independence in college and life success can advance. Achieving a clearer understanding of the problems facing students with disabilities can help institutions serve the needs of these students more effectively (Brinkerhoff et al., 2002; Getzel & McManus, 2005; Getzel & Thoma, 2008).
CHAPTER III - METHODOLOGY

Overview

The purpose of this phenomenological study was to explore the self-reported impacts of self-advocacy and motivation on the experiences of students with physical disabilities in higher education. One primary research question guided the study:

“Among college students with reported physical disabilities, how do self-advocacy and motivation skills influence each other and the overall college experience?”

The Role of the Researcher

I chose to study students with physical disabilities because this particular student demographic can easily feel ignored within higher educational institutions. Moreover, I wanted to understand and know more about students with disabilities and learn how student affairs professionals can better meet their needs. In addition, several members of my family have experienced physical disabilities. For example, my family has had a history of hearing loss, blindness, Parkinson’s disease, and cerebral palsy. My grandmother had planned to attend college when she lost her hearing. Because of her location, at the time, there were no nearby schools for the deaf. She also never learned American Sign Language. Additionally, disability support services and disability laws did not exist; therefore, my grandmother was not confident in her ability to be successful in a local college or university. Although she never attended college, overall, my grandmother experienced a good life. She raised children and grandchildren, worked, and learned through on the job training, worked in and retired from a university setting, and traveled, all without the ability to hear a baby cry, a phone ring, or a loved one say “I love you.” Her siblings, aunts, nephews, nieces, and grandchild also have had physical
disabilities, yet many became college graduates, artists, educators, and parents. I have admired their strong will to live successfully and overcome challenges that many able-bodied individuals could not overcome, and I have been in awe of the source of their strength.

As an able-bodied college student with a family history of physical disabilities, I was aware of motivation and advocacy, but I lacked understanding of what it is like to have a physical disability. I sought to learn how those with visible disabilities navigate through college differently. I wanted to understand more about how self-advocacy and motivation skills influence the overall college experience of students with physical disabilities. Moreover, I found a gap in the literature regarding the college experiences of students with physical disabilities.

In a previous study, I interviewed three students with disabilities to understand perceptions of how supportive their institution was in regards to addressing concerns. I sought to assess the students’ satisfaction with meaningful engagement activities and mentoring relationships. I identified advocacy skills and motivating factors in the daily lives of the student participants. For example, I found that students with disabilities are self-advocates, are motivated in their college pursuit, and tend to graduate when they have college experiences that are more positive. All three participants in the study enrolled into the university with some level of motivation skills, but only two had self-advocacy skills. Two participants enrolled with self-advocacy skills; the third participant did not. The difference involved the students’ confidence of academic preparedness and an understanding that commitment and time management were crucial ingredients to the formula for success (Smith et al., 2002). This confidence, commitment, and time
management provided the students with access to college and showed them successful ways to navigate through the institution (Levinson & Ohler, 1998).

Participants in my previous study showed knowledge of the necessary steps to receive accommodations for disabilities. These steps involved discussing their disabilities and limitations with others and taking advantage of opportunities—in other words, examples of student self-advocacy. Additionally, participants shared a range of experiences that helped shape them into stronger individuals, experiences that were not only positive but also challenging and supportive—examples of motivation. I studied the advocacy and motivation skills of the three students with physical disabilities. I discovered how the three participants sought the disability support office, requested accommodations, and learned about the laws that affected them. Reflecting on their personal lives and education experiences, two recurring themes emerged. These themes—the students’ ability to self-advocate and their high level of motivation and determination to achieve academic and life success—combined with my family history of physical disabilities and the contradictions I noted in the literature about students with disabilities ultimately became the basis for this dissertation.

**Method**

I chose the phenomenology qualitative methodology to capture the participants’ experiences in their own voices, thus providing rich, detailed descriptions (Creswell, 2007). Phenomenology involves nine principles:

1. Phenomenology focuses on a person’s lived experience of a phenomena or concept.
2. A phenomenological approach describes the essence or nature of the experience according to those who experienced the phenomena.

3. Phenomenologists seek meaning and understanding of people’s experience resulting from perception and awareness of experience.

4. Phenomenology is committed to examining rich and descriptions of a person’s lived experience rather than searching for explanations or analysis of impersonal data.

5. Phenomenological study is rooted in questions that provide direction to the participant and organize meaning in themes of their experience with the phenomenon.

6. In phenomenology, participant and phenomena being studied are interconnected—perceptions and the experience interconnect to make the detail of the experience subjective and the lived experience objective.

7. Intersubjective reality is woven throughout the entire investigative process, with the perception beginning with the study participants’ own sense of what the experience is and means.

8. The primary evidence of the research is the detail of the phenomenon.

9. The research question must be carefully designed because its purpose is to prompt a vivid portrayal of the experience (Groenewald, 2004; Husserl, 1962; Jones, 2005; Moustakas, 1994).

Various types of phenomenology exist; however, transcendental phenomenology was used for this study. Transcendental phenomenologists describe the experiences of the participants and seek essence by changing an aspect of the phenomenon and then
evaluating that change (Husserl, 1962). I hoped to explore the experiences of students with disabilities’ and their strategies for self-determination (self-advocacy) and motivation occurring while they attended college (Adams & Proctor, 2010; Brinkerhoff et al., 2002; Getzel & Thoma, 2008).

Validity or accuracy is the extent to which the data and the interpretation of the data are creditable. Lincoln and Guba (1985) use trustworthiness to refer to validity. Credibility, transferability, dependability, and confirmability are additional aspects of trustworthiness (Lincoln & Guba, 1985). To enhance the validity of the study, I “bracketed,” or set aside, previous research findings, preconceived notions, biases, theories, personal knowledge, beliefs, and prior experiences in order to understand self-advocacy and motivation as perceived by students with disabilities and expressed through their lived experiences (Creswell, 2007; Getzel & Thoma, 2008; Groenewald, 2004; Husserl, 1962). Bracketing my preconceptions provided a clear view of the research objective.

Other steps to ensure validity in the research findings, included rich description, discrepant information, clarifying researcher bias, and triangulation (Creswell, 2007). Rich descriptions ensure that a sufficient level of detail about the phenomenon being studied is included so that readers might draw the same or similar conclusions (Creswell, 2007). Presenting discrepant or negative information acknowledges observations or findings that runs contrary to the study’s key themes. Clarifying researcher bias acknowledges those preconceptions or biases that will inevitably influence the study’s conclusions (Creswell, 2007). Triangulation is a method used by qualitative researchers
to check and establish validity in their study by analyzing the research question from multiple perspectives to enhance confidence in the findings (Schuh, 2009).

There are different forms of triangulation including data triangulation and environmental data (Denzin, 1978). Data triangulation is the use of different sources of information in order to increase the validity of a study. Environmental triangulation is the use of different environmental locations in a research study. The benefits of using triangulation include increasing confidence in the research data, creating innovating ways of understanding a phenomenon from varying perspectives, and providing a clearer understanding of the phenomenon using multiple methodologies. However, there are criticisms of using multiple methodologies in triangulation such as decreasing the ability to come to one truth, the assumption that using varying perspectives (i.e., observations and interviewing) is equivalent and time consuming, and using different investigators could create disagreement. In this study, I used data triangulation to conduct in-depth interviews of students with physical disabilities to gain insights on their perspectives of motivation and self-advocacy in their overall college experience. My findings include thick and rich narrative so the lived experience through the participants’ voice is not lost to the reader.

Participants

The research sample consisted of 11 undergraduate students from three higher education institutions located in the southeast region of the United States. The first institution was a comprehensive doctoral and research-driven university located in Mississippi. One participant attended this institution. The second institution was a public, national research university in Alabama. Six participants attended this institution.
The last institution was a public research university in Louisiana. Four participants attended this institution.

Students were identified through the disability support office staff at the three institutions. Students self-disclosed their disabilities to their institutions through appropriate and current written documentation requested by the institutions. Generally, a licensed health care professional provided acceptable documentation. Students who registered with the disability services office at their respective campuses were contacted by email by a disability support office staff member in accordance with the institution’s confidentiality procedures. The e-mail detailed the purpose of the study and asked for student volunteers. A $20 gift card was also mentioned as an incentive for participating in the study. Students’ ages were not restricted to traditional college age; therefore, participant ages ranged from 19 to 43 years old.

Procedure

Upon institutional review board approval of the study, I e-mailed the disability support office staff members at the three previously described higher education institutions seeking assistance from their offices with the recruitment process of the study. I followed the e-mails with telephone calls and responded to e-mails and telephone inquiries received from staff. I asked disability support staff to forward an e-mail on my behalf to students with disabilities who were registered with disability services at each institution. The e-mail came from the disability services office, rather than from me, to respect the confidential nature of student information. The e-mail message explained the details of the study and invited students with disabilities to participate in research interviews. My contact information was provided.
Interviews began after IRB and other special permissions to conduct the research had been granted. Interested students agreed on the day, place, and time to meet for individual interviews. Interviews were conducted at a location of the research participants’ choosing, all in public spaces in the libraries at each institution. I asked one broad open-ended research question regarding participants’ experiences: “Among college students with reported physical disabilities, how do self-advocacy and motivation skills influence each other and the overall college experience?” I asked probing questions to find out more about the participants’ experiences.

An interview protocol (Appendix A) was used to guide the interviews. However, the interviews evolved as I allowed the research participants to take the lead in the conversation. I used the interview protocol as a memory tool to remind me of issues that should be discussed. After completing the interviews, I contacted research participants more than once, with prior permission, to ask additional questions or for clarification of responses.

Data Analysis

Data were generated from 11 in-depth individual interviews lasting 1 to 1.5 hours each. Data analysis was conducted using the information from my notes. In addition, I transcribed and analyzed the data using strategies specific to transcendental phenomenology, including horizontalization of significant statements (Moustakas, 1994). Horizontalization refers to locating significant statements taken from transcripts to describe elements of experiencing the phenomenon (Creswell, 2007). Significant statements are sentences or quotes that describe how participants experience the
phenomenon. Through this process, I looked for significant statements from the transcripts to describe elements of participants’ experiences.

In the data analysis process, similar significant statements are typically organized into “clusters of meanings,” which represent different themes of participants’ experiences with the phenomena (Groenewald, 2004). In accordance with this recommendation, I categorized the information gathered from the interviews into significance statements of themes. Next, the significance statements or clusters are used to write a textural description of the participants’ experience (Creswell, 2007; Groenewald, 2004). In addition, the significance statements are generally used to write a structural description or imaginative variation, which is the description of the context and setting that influenced how the participants experienced the phenomena. In this study, I used the significance statements to write a description of self-advocacy and motivation in participants’ lived experiences (Creswell, 2007). Then, I used the experiences to write the essence of the phenomena (Husserl, 1962). Also known as the essential invariant structure, the description gives the reader a better understanding of what it would be like to experience the phenomena (Creswell, 2007).

Summary

In this chapter, I described my positionality in the study, the qualitative design of transcendental phenomenology used for this study, the research sample, and how I analyzed the data moving forward to learn about the motivation and self-advocacy skills of students with physical disabilities and the importance of these skills in their higher education experiences.
CHAPTER IV - DESCRIPTION OF THE PARTICIPANTS AND FINDINGS

In this chapter, I provide a profile of the participants’ experiences as college students with physical disabilities (see Table 1). After the table, I report findings that reflect students’ experiences with intrinsic and extrinsic motivation.

Table 1

**Participant Characteristics**

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Gender</th>
<th>Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sebastian</td>
<td>25</td>
<td>Male</td>
<td>Visual</td>
</tr>
<tr>
<td>Noah</td>
<td>25</td>
<td>Male</td>
<td>Visual</td>
</tr>
<tr>
<td>Harper</td>
<td>25</td>
<td>Female</td>
<td>Cystic Fibrosis</td>
</tr>
<tr>
<td>Hope</td>
<td>18</td>
<td>Female</td>
<td>Tourette Syndrome</td>
</tr>
<tr>
<td>Grace</td>
<td>26</td>
<td>Female</td>
<td>Cerebral Palsy</td>
</tr>
<tr>
<td>Addison</td>
<td>18</td>
<td>Female</td>
<td>Knee and Hip</td>
</tr>
<tr>
<td>Victoria</td>
<td>43</td>
<td>Female</td>
<td>Ankle</td>
</tr>
<tr>
<td>Autumn</td>
<td>20</td>
<td>Female</td>
<td>Foot</td>
</tr>
<tr>
<td>Kennedy</td>
<td>21</td>
<td>Female</td>
<td>Reactive Arthritis</td>
</tr>
<tr>
<td>Parker</td>
<td>29</td>
<td>Male</td>
<td>Spinal Cord</td>
</tr>
<tr>
<td>Skylar</td>
<td>20</td>
<td>Female</td>
<td>Visual</td>
</tr>
</tbody>
</table>

Description of the Participants

Eleven students with disabilities participated in the study. A brief description of each participant in this study appears next. The overview includes descriptions of students’ backgrounds, such as their university attendance, disabilities, and motivations.
At the time of this study, Sebastian was a 25-year-old graduate scholar attending a merit-based grant program in a teaching major. Sebastian was also completely blind. The high school Sebastian attended in his home country allowed students to leave the campus at lunch. Because Sebastian was blind, he would call friends to take him or wait for someone to come back to campus and get him. Not wanting to wait or depend on others to leave for lunch breaks, Sebastian started working with a mobile team instructor in his country and learned how to cane travel, which allowed him the freedom to get around independently. Seeking more of the freedom that came with cane travel, Sebastian spoke to his mentor and friend who told him about an educational training center for the blind in the United States. Sebastian researched the center, read of its successes in helping blind people live independent lives, and relocated to the United States to enroll. Upon completion of the cane travel program, Sebastian enrolled in his current graduate program where he was a student scholar, continued cane travel lessons, and taught blind students to cane travel as part of a practicum course. Sebastian aspired to earning a doctoral degree and continuing to teach blind students.

Noah was a 25-year-old graduate student majoring in a teaching field. Noah was born with a degenerative eye disease. After enduring three surgeries between 13 and 16 years of age, his sight continued to decline; soon he will be completely blind. Prior to the start of his master’s degree program, Noah completed his undergraduate degree in his home state of Georgia and relocated to attend an educational training center for the blind. Noah was taking cane travel classes and teaching other blind students to cane travel as a practicum course. Noah was passionate about cane travel. He worked the past five summers with a high school program teaching cane travel to juniors and seniors who
were blind. In addition, he presented at conferences, sharing his experiences as a blind person and instructor of children with multiple disabilities. Noah aspired to continue teaching cane travel. He had already received job offers for employment after he finished his graduate degree.

*Harper* was a 25-year-old doctoral student majoring in the sciences. She also had cystic fibrosis. Cystic fibrosis is an invisible disability. According to Harper, the typical symptoms of cystic fibrosis include lung infections, sinus issues, a frequent cough, and heavy breathing. Another symptom of cystic fibrosis is not being able to digest fat or put on any weight, which leads to malnourishment. Harper took daily treatments to clear her lungs and was hospitalized every few months to receive antibiotics or to treat lung infections or frequent cases of pancreatitis. At the university, Harper taught four undergraduate level classes in the biology department. She was working to satisfy requirements for her major and was involved on campus. She was a member of the LGBTQ student organization and quiz bowl team. Harper was set to graduate with her master’s degree at the end of the semester and planned to continue with doctoral studies. Harper aspired to be a geneticist and help others with genetic disorders.

*Hope* was an 18-year-old sophomore majoring in kinesiology. She had been a competitive swimmer since the age of five, which was also around the same time she began experiencing symptoms of Tourette’s syndrome. Hope explained,

I have never been in school without swimming. I [have] never been to school without Tourette’s. So, I don’t know what it is to study and not have difficulty with details, I don’t know what it is to be in school and not smell like chlorine and have to think in the way I do in the water.
Hope noted that Tourette’s might present as a comorbid disorder, in which people with tourette’s also have OCD or ADHD. Hope’s symptoms were physical. She had 20 tics, including rapid eye blinking, facial grimacing, and involuntary hand movements, such as flailing her arms or throwing pencils, tensing her calves and abdomen, and throwing her head back. She also yelped, repeated people’s last words, and imitated their accents. Hope considered herself a good student academically. She graduated from a magnet high school and said she was successful in school because she applied the techniques from swimming to her studies, for example, order of events, planning, lists, patterns, and attention to detail. She explained,

Coach says do three 300 flies and then five 100 frees, and then do five 50 backstrokes, and then change it up and do it backwards, and then flip it around.

So, learning to remember those and do that and physically go through the motions of making this list a kinesthetic learning experience is that I can go and I can sit down, and I can read my notes and I can think in the same way that I was thinking while I was swimming. So, then it transfers into study.

Hope was also a youth ambassador for a national organization for Tourette’s. In this capacity, she traveled across the country speaking to youth and adults about Tourette’s syndrome. Hope also worked with youth at a camp focused on healthy living. Hope aspired to be a pediatric physical therapist and help youth with water therapy.

Grace was a 26-year-old junior majoring in family science. Grace had a mild-to-moderate form of cerebral palsy. She was in a wheelchair and had limited use of her hands, which affected her significantly in the classroom. Grace received an extended-time accommodation. However, she needed more accommodations similar to those she
was offered in high school, such as services of a scribe. She had to change her major several times because of accessibility issues. After eight years of being at the University, she was committed to finishing her degree. She aspired to graduate in summer 2017 and to advocate for others with disabilities.

Addison was an 18-year-old sophomore majoring in preprofessional health studies. Since the fifth grade, Addison had suffered with a knee and hip condition. Her father and grandfather had similar conditions. She described,

[My knees] just dislocate, and then the more they dislocate, the longer they’d stay out. So they had to go in and replace the ligament to hold the knee cap in place to keep it in place. Then my hip was getting stuck. It would snap and pop whenever my ligament would catch on the bone or when I would drive. Because it was my right hip, whenever I would go from [the] gas to the brake, it would catch.

Addison has had three surgeries since middle school, one on her hip and two on both knees, which seemed to correct the problem. However, Addison registered with disability services after she experienced a flare-up in her knees in the middle of the fall semester of her sophomore year at the university. She aspired to be a physician’s assistant to use her personal experiences with knee issues to understand and help others going through similar issues, as her surgeon had helped her.

Victoria was a 43-year-old sociology major and psychology minor. She was also married with two children. Victoria had experienced an on-the-job accident that injured her ankle and left her 1% disabled, which meant she had a permanent partial disability. Victoria experienced pain in her ankle every day. Her ankle swelled and gave out, which caused her to fall. Prior to her accident, Victoria was a nursing major, but standing on
her feet put too much stress and pressure on her ankle. This forced Victoria to switch to her current major. In the new major, however, she could still help others. Victoria loved helping others, including volunteering with projects and organizations such as fundraising events. Victoria aspired to earning a graduate degree and continuing to help others.

*Autumn* was a 20-year-old sophomore business management major with a concentration in human resources. Autumn was motivated in life. Regarding her childhood and determination, she explained, “I came from a single [parent] household, with a mom with a drug addiction, living with my dad my whole life, and I’ve only ever been taught, if you want something you have to go and get it.” In addition, Autumn lost her mother to suicide; thus, her mother was never part of Autumn’s life. Because of this upbringing, Autumn worked hard in high school to earn scholarships to pay all her college expenses. She also worked at a part-time job and saved for a vehicle. Autumn continued to work hard once she reached college. She maintained a 3.93 grade point average, worked the past six years as a camp counselor working with youth and adults with physical disabilities, and was actively involved on- and off-campus as a member of the freshman honor society, the residence hall association, and a community volunteer. She was taking major-level courses and looking at internships and graduate schools as well. Then last fall during the winter break, Autumn was in a car accident that left her temporarily disabled; she lost her motivation. Inspired by her father, who also had a physical disability, Autumn returned to resume the academic year.

*Kennedy* was a 21-year-old sophomore IT/computer science major. She had a rare form of arthritis, known as reactive arthritis, which caused her pain. Although rare,
her father and the librarian in her small hometown suffered from the same condition. Kennedy’s disability was not visible; to look at her, no one would know she had a disability. Despite her apparent good health, Kennedy experienced pain daily. Her disability also caused her anxiety and hospitalization. However, Kennedy enjoyed working on computers. She had known since middle school that she wanted to work with computers as a career. Therefore, Kennedy aspired to become a Web developer when she finished her four-year degree. In addition, a job in computers would give her the flexibility to work from home on days she experienced pain from her disability.

Parker was a 29-year-old junior political science major with a minor in philosophy. As a young adult, Parker was a competitive kayaker and enjoyed outdoor activities, including sailing, rock climbing, and landscaping. Then in 2007, while rock climbing, he fell and suffered an injury to the C6 vertebrae in his neck. He recalled, “I didn’t have a scratch on me, just blew out that vertebrae.” The injury left him paralyzed and in a wheelchair. After months of intensive therapy and years adjusting to life in a wheelchair, Parker made the decision to return to school. After earning an associate of arts degree from a college in Florida, he transferred to his current university in Alabama. Parker aspired to graduate in the fall of 2017 with his four-year degree and begin law school.

Skylar was a 20-year-old freshman business administration major with a minor in Spanish. Skylar was diagnosed with a degenerative eye disease when she was 2 years old, and since then, her sight had continued to decline. Despite her disability, Skylar graduated from high school with honors and received academic scholarships to pay a
portion of her college tuition. Prior to college, Skylar attended an educational training center where she learned to cane travel. Skylar aspired to earning a graduate degree.

Findings

The findings of this study are divided into three sections: extrinsic motivation, intrinsic motivation, and self-advocacy. Under each of those headings are subsections (see Table 2) that provide details of how the participants in this study increased in their motivation and moved from being extrinsically motivated (e.g., low expectation), to being intrinsically motivated (e.g., high expectation) to having self-advocacy.

Table 2

| Chapter Outline |
|-----------------|-----------------|-----------------|
| **Extrinsic Motivation** | **Intrinsic Motivation** | **Self-Advocacy** |
| Low expectation | High expectation | Developing support systems on campus |
| Feeling like a burden | Parental influence | Understanding the disability’s effects |
| Disabling attitudes | Positive role models | Speaking up in the classroom |
| Misconceptions | Independence | Setting goals |
| | Normalcy | Receiving accommodations |
| | Helping others | Communicating |

Extrinsic Motivation

As previously discussed, Field and Hoffman defined self-determination as “the ability to identify and achieve goals based on a foundation of knowing and valuing oneself” (1994, p. 164). Deci and Ryan (1985) argued that competence, autonomy, and relatedness are the three basic psychology needs that must be present in an individual’s
environment. Competence is the need to perceive ability at something; autonomy is the need to perceive choices and have control over the self; and relatedness involves the need to perceive oneself as being connected to others through relationships (Deci & Ryan, 1985). When these needs are met in an individual’s environment, his or her behavior may begin to shift from being extrinsically motivated to being intrinsically motivated. The first stage, extrinsic motivation, refers to performing an activity for rewards, avoidance of punishment, or gaining social approval (Deci & Ryan, 1985).

In this section, I introduce the participants at the stages in their lives when they displayed extrinsic motivation. I also identify some disabling attitudes the participants developed from others about themselves, how it affected their motivation, and their ability to overcome these attitudes to begin to shift to becoming intrinsically motivated.

Low expectations. Several participants in this study acknowledged experiences in their lives that resulted in low expectations of themselves. Harper and Noah acknowledged being unmotivated in their early lives. Harper stated she did not always have a good attitude about college. She applied to the university as part of a class assignment and was surprised to discover she met the requirements for admission. She received conditional acceptance letters throughout the summer from the admissions office encouraging her to apply. Moreover, her mother encouraged her to attend because Harper would be the first in the family to attend a four-year college. However, Harper did not believe she was smart enough for college and would cry at her mother’s coaxing. She explained, “I thought, I really have to focus, college is going to suck. It’s going to be too hard [and] I am not capable of doing it. It really wasn’t because of my disability, but just because I was scared.” Before Hurricane Katrina, Harper attended a high school with
the option of honors classes and extracurricular activities, such as a marching band. After the storm, however, her family lived in a shelter at a church in Mississippi. She recalled,

When it cleared up, my mom wanted to make sure we got back to Louisiana because if anything happened to me, my insurance needed to be in Louisiana. So, we basically stopped at the first town in Louisiana and found [a] shelter.

Her family took up residence in a small rural town where Harper continued high school. The new high school experience was much different from her previous high school experience. She recalled,

I felt in comparison to those two schools that the rest of my high school career was lackluster. I didn’t get the necessary education that would have prepared me for college because it was such a small school. They didn’t have honors classes.

So, when I went to high school and didn’t have that anymore, it was just, like, is this school even real?

She felt her self-esteem and health suffered as well. The new high school did not offer a band. Harper said participating in the band helped with her lung function.

When she enrolled into the University, Harper did not feel she was adequately prepared nor did she desire to stay. She explained that she was there for people, including the friendships that she had made that first year, and she dropped out after the third quarter. She moved back home with her mother who was physically disabled with knee and back issues and chose “to sit home each day and do nothing.” Harper remarked that sitting at home with her mother helped her to realize,
I would want to not only have a motivation for getting up or going out into the world, but a family. So, as much as I can do the opposite of what she has done, then that’s what I am going to do.

Therefore, Harper returned to school the following fall; however, she still was not motivated in her classes. Her motivation for academics came later when she realized she wanted to help others.

Noah steadily lost his vision as he got older, and unlike Harper, who believed that her environment was disabling her, Noah used his disability as an excuse for his lack of motivation. He recalled,

For me, going blind, I didn’t have any kind of high expectation. My expectations were super low for what I could do. If something came up [and] there was an excuse not to do school work, I was probably going to take it.

Noah said, “In high school, I really put things off, and really, I guess [I was] not motivated to do the school thing.” Moreover, he did not want to accept that he could not see, even to the point of refusing to use a cane. Noah explained,

I was hiding, trying to pretend that I could see. I didn’t want to look blind. I didn’t want to stand out; I had a few cane travelers since in high school and have a folding cane but just never used it. I guess I just didn’t realize how ineffective at the time that I was actually doing without them.

Similarly, when Sebastian was young, he used blindness as an excuse. Although Sebastian described himself as highly motivated, when he was younger, he told his teachers he did not know how to use his computer in an effort to get out of doing classwork, and his teachers believed him. However, his disability aide who attended
classes and worked closely with him realized that he could operate the computer better than did his teachers, and he learned very quickly. When the aide told his teachers, “He’s just playing you,” they recognized his academic and cognitive ability as well, stopped accepting his excuses for poor academic performance, and began expecting him to complete the same work as did his nondisabled peers.

Both Parker and Autumn acknowledged being motivated in their lives up until they became physically disabled in accidents. Parker lost some of his motivation after being paralyzed in a climbing accident. Prior to his accident, he had a zeal for life; he enjoyed outdoor activities like sports, rock climbing, kayaking, and landscaping. After the climbing accident, Parker explained, “You know, it’s just not realistic with the chair. I know that probably sounds bad but you do have to kind of narrow things down to [be] much more realistic in what you want to accomplish with your current situation.”

Growing up, Autumn was taught the importance of hard work and was motivated to succeed. Then, her foot was crushed in a car accident. Autumn recalled, “It was … like all of the sudden, my whole life [was] put on pause.” When her doctor expressed uncertainty that she would walk again, Autumn recalled, “I can’t describe to you the thought of never walking again, it’s like you can’t breathe anymore. You know that is just so natural, and for them to say, well, we don’t know.” Autumn was devastated by the news, and for a short time after her accident, no longer had any motivation to get up for school or for anything. She could not walk, and her toes were bent in different directions. She said, “The pinky toe [was] just broken, but the three middle toes [were] literally pulled out of the sockets, and … part of one of my other toes [had] been cut off, because the metal had just sliced it.” Moreover, she often cried, of pain and at the
thought of not walking. However, she did not want to lose her scholarships; graduating on time was both a stipulation of her scholarships and a personal goal. Therefore, after surgery and spending six weeks on bed rest, Autumn made the decision to resume classes for the spring term. Parker and Autumn, in their depressed states, mentioned not wanting to be a burden to others, which was a sentiment shared by other participants as well. Several themes became apparent: feeling like a burden, disabling attitudes, and misconceptions. I discuss the themes in the following paragraphs.

*Feeling like a burden.* When Autumn returned to campus the following spring semester, she knew she would need help. She said, “I couldn’t put pants on by myself. I couldn’t feed myself because I couldn’t move around to make food for myself. I couldn’t even grab drinks because you have to hold both hands on the scooter.” Autumn needed help every day. Some days she could not get out of bed because her foot throbbed, which made any movement unbearable. She wanted to continue with her studies, however. When she saw on the disability services website that a guide was not an available accommodation, she reached out to her roommate. Autumn explained,

The first week that I came back I texted her and said, “So, hey, I am really going to need some help this semester. I can’t do a lot of things on my own,” and she said, “Well, how much help do you really need,” and I was like, “a lot. I’m kind of depending on you.” You know, we were really close friends. I said, “I need you. I can’t do anything on my own. I have been on bed rest for six weeks. So, I am just now moving.”

Autumn’s roommate agreed to help her. Her roommate’s sorority sisters also agreed to help, and the group arranged to receive community service hours through the sorority.
“They would take turns helping me get dressed, helping me clean, helping me run errands, helping me bathe, [and] taking me to go get food,” she explained. However, there were days when no one came to help. Autumn recalled, “For instance, at 11 o’clock, no one could take me to eat lunch [or] there were just a lot of days . . . where you did not bathe for four days because no one could help you.” One night, Autumn fell out of the bed. She said, “It actually really scared me. I was all alone, and I didn’t have anyone to come and help me.” Fortunately, she had her phone within reach and was able to call a friend who lived in a nearby building. When her friend arrived, Autumn, still on the floor from the fall, crawled to the door and opened it. The trauma from the fall further bruised her leg, and she received additional bruises from crawling to the door.

Moreover, from requiring so much of her roommate and depending on her for everything, their friendship suffered. Autumn explained,

She kind of helped out the first week, and then the second week she just totally avoided me. She was not in the room anytime, and I would text her and say, “Can you come and help me” and she would say, “Oh, I’m really busy with school too and I have important things to do too,” and I’m like, “Okay, well, I understand that, but I can’t get dressed by myself. I really need you to come and help me for 10 minutes.” Then she would be like, “Well, I will send somebody else over,” and so she would say things that made me feel like I was not even welcomed in my own room.

Autumn felt alienated from her roommate, but she could not do anything for herself and needed her help. As hard as things were physically, it also affected her mentally. Autumn explained,
I felt like I was a burden; I needed her to do things, and she would just purposely leave if I was in the room. So, I didn’t feel very wanted. I just started commuting from home every day. It was kind of sad, but I would rather that than live with someone who hates me. It was really hard physically, but it was extremely harder mentally and emotionally, because . . . you just drain everyone around you, and then that drains you because you don’t want to do that. So, that was something that I really struggled with.

Previously, Autumn had seen a counselor to help her to sort through her feelings and issues, such as not having a caring mother in her life and then losing her mother to suicide. Having a physical disability and depending on others was an additional emotional strain that sent Autumn into a “dark place” she had seen before and did not want to see again. Therefore, she reached out to her counselor for professional help. She explained,

I had to go back into therapy and back onto medication just to kind of help with that, because there were some serious feelings of just not wanting to be here … I felt like, why would I hurt my loved ones that much, and it wasn’t just that, it was that people would laugh at me.

Autumn recalled, “I was in the cafeteria and a girl videoed me on my scooter because she thought it was hilarious, and I went home and I cried.” The thoughts she wanted to say but could not at the moment resonated in her mind later as she cried in her room:

You have no idea what I have been through. Have you had a stranger bathe you lately? I highly doubt it. Have you had random people that you don’t know trying to put clothes on you? I highly doubt it. This is not a fun game and it is
not fun whatsoever to have anyone that you don’t know trying to take care of you, and begging others to take you somewhere or to help you.

Other times students would take her knee scooter or thought she was using it for fun. Autumn explained, “I [would tell them] I have to use that to walk so if you could bring that back I actually need that. I can’t go anywhere without it.” In buildings with no elevator, she had to ask someone to carry her scooter up the stairs while she sat on the floor and lifted herself up or pushed herself down with one hand, while holding the rail with the other hand. When no one was there or others walked by and did not offer to help her, she would sit on the floor and hold the scooter with one hand and the rail with the other hand.

Autumn had worked with youth and adults with disabilities for six summers. She noted,

I have always been around people with physical disabilities and mental disabilities, so I have always been aware of never treating anyone different, or never like, stare or anything like that, because that is just a piece of them. It might be a piece of equipment but that is equally a piece of that person.

When she experienced negative attitudes as a person with a disability (Belch, 2004), she recalled,

I felt like not even human. I have seen people make fun of other people with disabilities, and that is totally not cool, but in my mind, I do not see myself as a disabled person, and so when someone did, that I was like, I’m normal. I’m just like you, and you think that’s funny.
Other participants similarly acknowledged feeling marginalized because of their disabilities (Belch, 2004). For example, Grace mentioned feeling isolated in her residence hall because she only had the option of living on the first floor with other students with physical disabilities. She said, “I refused to be put in there because I felt segregated between me and the regular students, because only handicapped people could stay on the first floor.” Grace also had issues with accessing academic buildings. Grace explained, “For some reason, whenever they put in a handicap entrance, they always go to the back, and it sort of makes you feel like a second-class citizen.” Moreover, the entrance led into an unused back room, which was cluttered with debris and had a torn rug. Concerned that her electric wheelchair might catch in the rug and cause her to fall, Grace asked another student to walk with her. On the way, the student commented to Grace that she was not aware that part of the building existed. Grace mentioned other times when she was concerned for her safety because of the lack of curb cuts and offered examples of when faculty could not accommodate her disability and classes that could not accommodate her wheelchair, which also made her feel less important.

Grace initially enrolled in the university as a graphic design major. She remembered, “I was told in [a] meeting that I was one of the first really disabled people they had in the Art department. So, they explained the reasons why they were so unprepared.” Grace recalled, in a drawing class having the instructor refusing to show her what to do, instead of continually repeating the instructions. “I was asking her, maybe she could show me the way the technique is by, you know, moving my hand to the right spot, and she wouldn’t do that.”
Grace was told that she would need to help her professors teach her. “Everyone was looking at me to tell them what to do and I’m like, I don’t know. You are the ones who are supposed to accommodate me.” Grace’s experiences ranged from professors not knowing how to accommodate her needs to professors denying her accommodations (Eckes & Ochoa, 2005). Grace’s accommodations included extended testing time and getting tests and assignments in alternative versions. Grace recalled,

I tried to take a biology class, and there was a teacher that refused my accommodations. So, then I had to get the disability services people involved and it took like, half of the quarter to get her to [accept] my accommodation, which affected my grade in the class.

Grace recalled another time when a professor would not give her the extended testing time accommodation or provide class materials in a more accessible format (Eckes & Ochoa, 2005). The professor gave weekly quizzes on an overhead projector. The quizzes were multiple choice, and students had to choose the answer, but the professor changed the questions faster than Grace could write an answer. Grace explained, “So, I couldn’t choose it.” Students with disabilities encounter issues with ADA compliance in the classroom, as reported by Grace (Eckes & Ochoa, 2005). The professor refused her request to print the quizzes for her or to allow her to take the quizzes outside of the classroom by the door. She informed disability services of the issue. However, Grace explained: “It took half of the quarter for them to get her to say yes to make a copy for me.” Again, not being accommodated affected her class performance, and she eventually dropped the class.
Because of the inaccessibility of buildings, the lack of accommodations to help her learn and her frustration with unaccommodating faculty (Eckes & Ochoa, 2005), Grace felt she was not learning the skills to be successful as a graphic design major or in a career in graphic design and decided to change her major. Thus, Grace took a personality test and switched her major to education. According to the test, the field of education was a better fit for her personality. Moreover, Grace felt her physical disability would not limit her in learning and applying skills. Grace explained, “It was a lot better. I mean I had some really good teachers, [but] it just didn’t really fit with me.” Therefore, after listening to advisors in the Education department, she switched her major again, to Family Science, which involved working with children, persons with disabilities, and counseling, and found the major to be more suitable to her disability, personality, and goals.

Similarly, Hope reported having to help professors help her. In describing how Tourette’s syndrome affected her in the classroom, Hope explained,

Tourette’s is signaled by stressors, good and bad. So, if something really awesome is happening, I’ll tic more. If something really terrible is happening, I’ll tic more. So, if I have a test, then I’m more likely to yelp or flail my arms or throw my pencil across the room, and I’ll annoy everyone around me, and I’ll blink my eyes so much sometimes that I can’t see the page half the time. So, it’s really hard to read in a public room. Then, me being me, if I yelp, I feel like I’m stressing someone else out and so that stresses me out more. So, then I tic more … and it’s just a terrible cycle.
Hope said that knowing that she was bothering others caused her to tic more. Therefore, having extra time on a test or testing in a separate room gave her time to relax without the worry that she was being an annoyance to others. Hope further explained,

But the hardest part I found has actually been teachers and teachers not knowing what it is or how to handle me or you know when teachers would be like, “Oh, honey, are you okay? Do you need to step outside?” Any recognition of my tics or my abnormal behavior makes it a lot worse.

Hope also offered examples of music professors, whom she said have been insensitive to her request to overlook her tics. She gave an example of a music professor who made fun of her when she yelped in class. “So, I’ve had a choir teacher before and I’ve yelped, and was like, that’s a C sharp, and I was like, I asked you not to say anything, and that’s kind of rude.”

Hope said she would prefer faculty respect her wishes to not joke about her disability or single her out when she did things that she could not control. She said,

I found the best way to help teachers help me is to tell them, just ignore it completely. If you tell I’m having a really hard time, I’ll let you know what I need. But really, the best thing is just to completely ignore it.

Two other participants also acknowledged feeling they were a burden to others. Skylar and Addison both acknowledged being motivated and having close family relationships; however, they also mentioned feeling like a burden to their parents. Because she could not see, Skylar had to depend on her family to take her places. “My mom has a tendency to run late. So, I would often be late to things like my music lessons or doctor’s appointments.” In addition, Skylar felt that taking her places was an
inconvenience to her family. She explained, “I remember that it could sometimes stress my family out because they would have to drop what they were doing and take me places.” Moreover, having to ask for help, such as checking whether her outfit matched, embarrassed her. Because her sight would not improve, Skylar explained, “I have kind of gotten to the point where I realize I am going to have to ask for help from other people, that there is no reason to be embarrassed about it . . . but after a while it does wear you down.” In addition, Skylar and Addison both felt that years of medical bills had placed a financial burden on their families.

Parker was 29-years-old at the time of his accident and had to depend on his parents to help him while he adjusted to his wheelchair. He explained,

You are kind of self-centered, I think, like, this is happening to me, but it’s also happening to them and maybe takes a little longer than it should to realize that, but once you realize that, you kind of see where they are coming from.

In sum, for Parker and other participants, seeing the effect of their disabilities on those they loved was difficult. Also difficult to accept were the attitudes of others.

*Feeling that no one cares.* Several participants explained how the attitudes of others affected their emotions (Belch, 2004). For example, Autumn described her feelings after being videoed by other students. Parker described having to depend on his parents. Autumn explained, “When someone looks at you, and they’re like, ‘Oh wow,’ and ‘That really sucks, doesn’t it,’ and I’m like yeah. Please don’t remind me that my life sucks at this moment.” Autumn knew she might become permanently disabled, because she was experiencing new problems in her foot that might require additional surgery and continued physical therapy. Other participants described having to adjust to
being the focus of attention because of their physical disabilities. For example, Parker revealed that before he became physically disabled, he also had stared at others who had physical disabilities. He described what it felt like to be disabled and stared at by nondisabled people:

I think that was probably a reason that it took me a few years to get back to doing stuff. It does take a lot. People are going to stare, it happens. If you get mad by it every time, you are going to go crazy, because it happens. But it is unusual. If people are going to look at you, I don’t know [that] you can blame them. So, that took a little bit of getting used [to] for the first few years. But again, you just know, it’s going to happen. You can’t be upset about it. You can’t get mad. You kind of joke with people maybe about it or wave at them and stuff if they start to stare too long. It’s going to happen. Just don’t get upset. Don’t worry about it.

Just get where you are going.

Similarly, other participants acknowledged using jokes to lighten the conversation and take attention away from their disabilities. For example, as a way to start the conversation about her disability, Victoria told her professors that she had a habit of yawning in class and then explained that she may miss some classes because of pain in her ankle. Hope joked about Tourette’s as well. “I’m going to joke about it because that makes everyone else lighter, but I really prefer if other people don’t joke about it or prefer that other people don’t notice it as much.”

Participants with physical disabilities that were not as visible acknowledged a lack of empathy from others because they did not appear disabled. Addison explained,
I feel like just because you can’t visibly see it, I’m not in a wheel chair, I’m not on crutches all the time and unless you know me and how it has affected me, you don’t really understand the severity that it has caused or some of the things that I can and cannot do.

Kennedy said, “Because some physical disabilities you can’t physically see, so you don’t really know that people are disabled; they look normal, and you can’t tell.” Hope’s disability was invisible until she suffered tics. Hope said, “That is the big thing about tics, is that it’s kind of a sneeze or a cough you know that is coming, and it’s going to happen, but it will take a lot of energy to keep it in, and it’s pretty much unavoidable.” Hope also acknowledged that friends had been unsympathetic and insensitive to her disability and her feelings. Skylar and Sebastian mentioned wanting to be considered normal and not be judged for their blindness; in contrast, Hope described her feelings toward others who did not acknowledge the disability and who were insensitive to how it affected her life. Hope’s friends thought her yelps and tics were something she could control but chose not to. Hope shared,

I have a couple of friends that I’ve known since I was like really little. So, they watch[ed] me grow up, and so they don’t notice my tics at all … they don’t see Tourette’s as any big deal. They see me prospering and flourishing and loving my surroundings and they are like, “Hope, you are really milking this, aren’t you?” or “This is so stupid, you need to calm down,” and yeah, it’s kind of hard because you know that they don’t understand that this is actually a big deal. Even though I make it look like it’s nothing, that it really is hard.
Addison mentioned that when she was growing up, her friends did not understand why she had to wear knee braces every day. Both Hope and Addison agreed, fortunately, their friends’ attitudes improved as they grew up. Hope said,

That’s the big thing, you know, dealing with worrying about people around me. It’s gotten a lot better in college than it was in high school because people grow up, they mature, and they have a better understanding of what things are. So, now [when] someone’s like, “What are you doing?” I’ll be like, “I have Tourette’s,” and they’re like, “Oh, I know what that is,” and it’s no longer a big deal. They are like, “Oh, that’s just Hope” as opposed to like, “You’re weird,” like kids do. Hope said that as others become more aware of what Tourette’s is and ignored how it affected her, she would be able to handle her disability better.

Harper expressed similar feelings. Instead of seeing negative or hurtful attitudes about her weight or coughing, Harper said she would prefer others not see her any differently, but in general, Harper acknowledged that walking across campus could be difficult for any student. She wanted to explain that she was not contagious or a smoker just because she was coughing. Autumn, Kennedy, and Harper said they would prefer people be empathetic and ask, “Are you all right?” or “Is something going on?” rather than make false assumptions. In addition, Kennedy preferred that professors be more caring and attentive to students’ personal behaviors. “I know it’s different at [a] university [than in high school], but I just wish the professors would understand more, if they saw a pattern.” Kennedy explained that she spent one semester in and out of the hospital. “I had everything from a CAT scan to an MRI to a colonoscopy, all in a three-month span.” She also had to be sedated for treatments, which were scheduled during a
math class, and so she missed classes. She had difficulty getting in contact with many professors to let them know she had been in the hospital and had difficulty getting the absences excused, which negatively affected her grades (OCR, 2011). Kennedy explained,

It honestly depends on the professor. Some professors are easier to get in contact with. Some are easier to e-mail, and they’ll give it back. Some you can call and ask. Most of the time, some professors just don’t even care. They won’t even try to get in contact with you or anything, even if you’ve gotten in contact with them. The disability people and my doctor’s office did not know exactly what to put down as far as the attendance thing. [The University] does have a pretty strict attendance policy, even just from professors, where if you are absent so many days, they are going to drop your grade. And that was my biggest fear.

Kennedy wanted faculty to be more understanding toward those with disabilities who may be absent because of a doctor’s appointment or other medical reasons or may be late arriving to class because of accessibility issues. Kennedy explained,

It’s hard to get to class sometimes because some places don’t have elevators, and the doctor’s appointments are ongoing, and it’s pulling me out all the time. So, it’s hard to focus when you’re there one day, and the next day you can be sent to the hospital.

On days she could not walk, Kennedy used the campus bus system to get to class and arrived late because it was unreliable. She was locked out by professors who she said had prior knowledge of her disability. While campus transportation is not a higher education legal obligation, it is suggested for academic and social success for those with
physical disabilities (Brinckerhoff et al., 1993; Hawke, 2004; OCR, 2011; Wehmeyer & Garner, 2003). Moreover, Kennedy felt more could be done regarding class scheduling. Kennedy explained,

Scheduling is a bit of a hardship; it is hard to go from one end of the campus for one part of the day and going to the other end of campus for another part of the day. If they could somehow get a schedule going on with certain buildings, where this building offers classes in the morning time and this one offers them during the evening time during a certain period, I think it would help a lot of people out, even people who are not physically disabled or anything. People would be able to know where they need to park, what kind of passes they need, just to allow for people to plan their day out better. Because it is hard to get doctors’ appointments around a schedule that is constantly changing, and even being an undergrad, you have to take so many classes to be well rounded that you are jumping from building to building at different times of day. With the parking rules, it is kind of hard to plan your day out as far as just going to certain buildings.

However, not all her experiences with faculty were negative. Kennedy mentioned supportive professors within her major with whom she had developed positive relationships:

Honestly, the department my major is in has been really supportive. I think partially the reason they are so supportive with me personally is because we do have one professor who is really an advocate for the student[s with a] disability. He is into it, and he will do whatever it takes to try and help somebody who has a disability, and with me working for that department, they kind of know me more
personally than me just being a student in a Lit class or something. They are used to seeing me every day and interacting with me, and knowing that if I have a problem, I will go and take care of it and try to get back with them.

Other participants shared similar positive experiences, including having faculty mentors. The participants mentioned faculty mentors’ positive interactions. For example, Parker reached out to faculty at the start of the semester and explained his disability accommodations prior to the start of classes. Parker had transferred into the university from a state college and mentioned positive experiences with faculty at both institutions. In science labs, Parker was afraid of breaking equipment. Parker explained, “I kind of stayed back from touching some of the sensitive equipment.” For example, in biology lab at his current institution, experiments were conducted at one main lab table, which was too high for his wheelchair. However, his professor accommodated him and encouraged his participation. The biology professor “would always set a microscope down on the lower table. So that was nice.” Moreover, Parker appreciated having professors from previous classes remember him from a previous course they taught, remember that he had accommodations, and continue to be accommodating. Parker spoke of sending an e-mail to a professor to let him know that he would be in his class that semester, and the professor remembered him from a previous classes. According to Parker, “I didn’t really have to remind him. He remembered and so that makes things easier. That is nice when they remember. I’m sure he has probably had thousands of students.” Similarly, Kennedy noted her positive experiences with professors were the result of positive interactions with professors. Harper mentioned positive interactions with faculty in her department as well, including faculty mentors.
Disabling attitudes. Participants mentioned attitudes that may have contributed to their low expectations of themselves and others’ low expectations of them. Disabling attitudes included thoughts such as “I always have my parents,” lack of positive family support, and preexisting attitudes about the capabilities of individuals with disabilities, which Sebastian called “learned helplessness.” Sebastian defined learned helplessness as “a state that you are in, when you have basically been taught through whatever methods that you can’t problem solve.” Examples of learned helplessness included Harper thinking she was not smart enough for college or Noah using his blindness as an excuse not to try. In sharing his experiences teaching blind students, Sebastian mentioned 18-year-old blind students that he worked with who performed at the level of an 8-year-old sighted child. “They’ll hardly know how to zip their jeans, and they don’t know how to figure out how to do it, either. They just need somebody to do it for them.” Sebastian explained, the reason for this was because

nobody expects them to, because . . . their parents are super scared, and they baby them almost to the point of where their cognitive abilities are almost nonexistent.

Some people have been able to break free from being this super coddled baby.

But some not so much, it depends on a lot of other factors as well.

Another factor mentioned regarding learned helplessness was nondisabled people thinking that people with disabilities were useless and could not do for themselves. Examples included Sebastian’s teachers who accepted his word that he could not work on his computer without encouraging him to try and his mother cutting the meat on his plate. Because of disabling attitudes, he had trouble cutting his food as an adult. Sebastian explained, “It’s getting better, but I’m still not super graceful about cutting my meat. If
I’m counselling parents in the future, I’m going to say to them, you should not be doing this.” In addition, he recalled one experience at a restaurant when another customer paid his bill and told the server to give him the message, “God bless you.” He explained, “That kind of behavior is very offensive to me because she would not do that for anybody else. She’s just doing that because I’m blind; I’m not asking anybody to pay for my food.” Sebastian believed that a sighted person was not obligated to offer help to someone because he or she was blind. He said, “Just because somebody has a cane in their hand does not mean that they need help, but it does not mean that I don’t need it, necessarily.” He acknowledged the importance of students with disabilities having a choice. Sebastian further explained,

You are just trying to help … just trying to be nice. But what [you are] really doing if you see a blind guy walking along the sidewalk and you drive up and ask him, “Are you lost?” “Do you know where you’re going?” What message is that sending? You are deciding in your mind without knowing anything about it that he can’t.

Although he cannot see, Sebastian does not want to be treated differently than anyone else, especially someone without a physical disability; he wanted to be seen as a person. “I think it’s the truth for many disabilities that the biggest thing that is disabling is the attitudes of others.” Sebastian noted that he could ask for resources, such as directions to get where he was going:

So, if somebody asks if I need help, I will usually say no. If I need help, I’ll usually try to . . . walk up . . . to them confidently and tell [them] what [I] need. When you go and you just decide, okay, I’m going to help this person, and you
don’t know, your best way to help them is [to] ask them, do you need help and what kind of help do you need. I think this is true for people that have low socioeconomic status as well. People are going to help out [but the help may not be as effective] because [those who are trying to help] are not listening [to their needs].

Sebastian also placed responsibility on students with disabilities. Sebastian noted that people think they are helping those with disabilities by accepting excuses from them, such as when he pretended he could not use a computer. However, by accepting excuses and excusing poor performance, people give students with disabilities unfair advantages.

Skylar’s high school experience was an example of this. Skylar was smart and hard working. She recalled, “But it is possible that my teachers took pity on me, and maybe made things easier for me just because of my blindness,” which she said was upsetting. Skylar further explained,

Most of the disabled people that I know are blind, and I do not really even consider blindness a disability, but I think that people think we are not like others, that we are less capable. I firmly believe that I am capable, and I don’t like being treated [differently]. If someone else [wanted] to modify a homework assignment, make it shorter, I’m like, no, I can do it, give me the whole assignment.

Sebastian offered a similar example regarding his college accommodations. He received an extended testing time accommodation on multiple-choice exams. He explained, “But it does not take me longer, especially when I’m on a computer … than anybody else. I’m usually fairly quick.” Sebastian read up to 500 words per minute with
his synthesizer and 150 words per minute in braille, which he felt was fast enough to finish an exam in the time allotted by his professor, same as his peers who did not need accommodations. He also noted that the extra time accommodation gave him an unfair advantage in those classes when he could use a computer or his synthesizer, for example, in English and History, which hurt him more than it helped “because I could be poring over my exam for 4 hours, for 5 hours,” unnecessarily and second guessing responses. Therefore, he did not need the accommodation in an English or history course that only required reading, but he did need extra time for a math exam with tables and graphs. Similarly, Noah mentioned only needing accommodations when he might be limited in what he could do with his hands. Noah explained,

I can remember taking science, a lot of science classes, like in undergraduate, and definitely you need [to] sometimes have people, whether it is the science or math, whatever, have people describe the graphs, the charts or visual concepts in a lot of detail.

In making the point of the purpose of accommodations, Sebastian said,

When we talk about the ADA, and it says, reasonable accommodation, that is, for somebody with dyslexia who reads slowly [and] takes more time to deal with the test questions. Extended testing time is a reasonable accommodation for them. For somebody who has a screen reader and a computer who is like me, who reads maybe 400 or 500 words a minute with a screen reader, extended testing time is not a reasonable accommodation.

Sebastian further argued,
Disability services offices don’t have any standard[s]. You can usually walk into the disability office and they’ll basically give you whatever testing accommodations you want. They will give you a reader even if you’re in a program that has its own requirements list.

Although Sebastian read about 500 words a minute on a computer, Skylar mentioned that she read about 100 words a minute; thus, she might need the additional time accommodation. Therefore, as Sebastian noted, accommodations should be specific and based on the individual (OCR, 2011).

Sebastian noted this and other examples of relaxed disability standards for students with physical disabilities represent disabling attitudes or negative perceptions of people with physical disabilities. Attitudes such as allowing accommodations that are not necessary have harmed people with disabilities. Sebastian said, “I think we disabled people, we’ve got really good at asking for our rights, but will not want to take responsibilities.” Therefore, if he needed extra time for a math exam with tables and graphs, Sebastian said, “Teach me to be quicker . . . because it would increase my competencies.”

Misconceptions. Moreover, disabling attitudes about the abilities of students with disabilities can stem from misconceptions about the capabilities of students. Sebastian argued these misconceptions hurt students with disabilities; he also mentioned students’ and others’ misconceptions about the needs and capabilities of individuals with disabilities. As Sebastian explained, poor attitudes and learned behaviors of individuals with physical disabilities were the result of disabling attitudes that came from society’s misconceptions of blindness. This was why having high expectations for blind people
and teaching skills such as cane travel gave them motivation. Thus, Sebastian and Noah both helped to dispel many of the myths about blindness and capability to help build their students’ confidence and provide them control and freedom over their lives.

Learned helplessness can also result in misconceptions about physical disabilities, visible or invisible. Several participants acknowledged misconceptions about their physical disabilities. For example, Hope was often asked whether she cursed; she explained that Tourette’s did not affect everyone the same. She knew two other students who also had Tourette syndrome, both males, with whom she grew up. One lived in her neighborhood, and the other, her best friend, received his diagnosis within a month of her diagnosis.

So, [their] and my experiences were all very different. They both had ADHD and I don’t. So, they’ve had to deal with a lot of behavioral problems especially on medication, because ADHD medication makes Tourette’s worse, and Tourette’s medication makes ADHD worse. So, there is no winning here. Something is going to mess up.

Hope also described social attitudes affected by gender and said that her experiences as a Native American woman with Tourette’s syndrome was much different from their experiences as Caucasian males:

People assume that I’m not as strong or that I need help or something because I have Tourette’s. I think being a woman, I shouldn’t be [okay with this attitude], but I’m kind of more used to that then they are. That they’re like . . . “I don’t need any help.” But I’m more willing to ask for help or be okay with people assuming that I’m weak when I’m not or something like that. So, I don’t know, I
think I’ve had an easier time socially even though at times my tics have been worse than theirs have.

Harper experienced heavy breathing that others attributed to her size or her poor health. According to Harper, people suffering from cystic fibrosis have trouble digesting fat or putting on weight. “CFers talk a lot about how our disease is invisible . . . especially for other CFers that aren’t really skinny,” she said. Harper explained,

One of the reasons that I’m actually fat now is because when I was a child my doctor always said make sure she can have whatever she wants because if she gets sick, she won’t digest anything, and she’ll start to rapidly lose weight. Therefore, he encouraged her mother to let her eat with the intention of putting on weight because having the extra weight could potentially save her life. Harper’s heavy breathing was also regarded as an issue of her weight, health, or because she smoked. She said,

Because when I do have to walk a far way, I have to go to the bathroom and cough a lot because I don’t want other people to be like, “Oh my gosh, you are going to get me sick.” That’s another annoying thing. People automatically assume that you are going to give them the plague, and it just sucks.

Harper also mentioned, because of the coughing, “People who say, ‘Smoke another one’ if they hear us cough, and it’s just like, why are you so rude?” Harper did not appear disabled and many times had to defend herself to others and let them know that she had a disability. For example, she had to explain to a professor that she had been in the hospital and needed additional time to prepare for a presentation she missed. She argued with the housing office for a single room accommodation at the double room rate because
cystic fibrosis made her prone to infections, and if her roommate were to get sick or did not help keep the room clean, she would get sick.

Another example Harper gave of having to speak up about her disability was when a university police officer issued her a ticket for parking in a handicapped parking space over a weekend. She replied,

I didn’t quite have the [university issued] sticker yet because I had just gotten a new car, and the building was closed before I could go and get a sticker. But I had my [state issued] handicap placard. So, it was very obvious I was handicapped. Well, I walk in and I go hang out with my friends, when I come back out, there is a ticket on my car [for] parking in the handicap spot.

When Harper went to appeal the ticket, parking services explained she must have a university-issued decal 24 hours a day. She explained,

So, when all these people come and park on campus to go to football games or to go do this and do that, they don’t ticket them. If I had parked in a regular spot, you wouldn’t have thought twice, but it was because I had parked in the handicapped spot that you thought, “Mmm, I’m going to get him” and put a ticket on my car.

Harper had special parking privileges because of her disability. She continued,

If you see me parking in a handicapped spot and you see me getting out, I can guarantee you that 95% of the people that are looking at me are judging me thinking that I got it because I’m fat. A lot of CFers, they do get people who are like, “Why don’t you save this spot for a handicapped person or they write hateful
notes and put it on the car if they see them get out and yes, yes, people do that. I actually saw [a post about] this in my Facebook [feed] earlier.

Harper’s experiences with having to speak up about her disability were similar to other participants in this study who have also had to defend invisible physical disabilities. For example, some days, it was difficult for Kennedy to walk, and so she rode the campus bus, which she described as “an unreliable” system—she was often late to classes. She arrived to class and found that professors who were aware of her disability had slammed the door in her face and continued teaching. Others with invisible disabilities or less severe physical disabilities also mentioned negative attitudes toward parking in handicapped or faculty and staff spaces. For example, now that Autumn was driving, she received stares from people when she parked in a handicapped space even though she was wearing a medical boot. Autumn said,

They will look at me, and they will say, well, you’re not handicapped, and I’m like, actually, maybe I should show you [that] I have documentation, because I am. People do not understand what I go through on a daily basis…. Some people are just kind of ignorant to what they don’t see.

Kennedy also received looks from people when she exited her car. Kennedy said someone who was parked in a handicapped space questioned her for parking in a handicapped space. Kennedy described the situation:

She got onto me for parking in there, and I tried to explain to her that I am allowed to park here and that I have the right clearance, and she just told me to get in my car and move. I didn’t move because I told her, look, if you want to take it
up with parking services or student disability, you can, and then she just left me alone after that.

Victoria mentioned that she parked in faculty and staff zones instead. She could get a decal to park in a handicapped space, but chose not to. She shared, “I may fall, but still I can walk, and there may be someone that can’t walk, and I’ve just taken that spot.” Similar to Sebastian’s view that accommodations should be specific to the student, Victoria believed every student with a physical disability should not be approved to park in handicapped parking spaces and was bothered when she saw students who did not appear to have a physical disability parking in a spot that was reserved for someone who did. “I may be handicapped, but I know there are more needy people that need those spots,” she said. Victoria explained, “I know that’s a grandparent’s car or a mother’s car.” She said even if they were physically disabled, because they were walking without the appearance of a physical ailment, like her, they could choose to walk. Victoria mentioned she had approached other students who were parked in a handicapped space and who did not appear physically disabled. “There’s wheelchair kids, there’s people that have temporary things where they need crutches, there’s so many other people more needy of that spot, and it just breaks my heart that they just don’t even care, they’re so selfish and lazy.”

Kennedy’s experience of being approached by someone in a handicapped space and Victoria’s admission that she told students parked in handicapped parking spaces who did not appear physically disabled to move their vehicle shed light on a another negative attitude, which was the attitude toward those with invisible physical disabilities among the disabled community. This revelation confirmed Noah’s claim that no one
would understand how his physical disability affected him better than he would. He stated, “One thing that training definitely taught me is, you are going to be the expert on what your blindness means, not other people.”

Learned helplessness also resulted from misconceptions the participants had about themselves. For example, Harper did not think she was smart enough for college, a misconception no different from misconceptions held by students without disabilities. Noah was discouraged enough to not even try. Several students had misconceptions about their physical disabilities, such as Parker’s attitude about being in a wheelchair. As previously mentioned, Parker thought he would not be able to continue the activities he enjoyed, such as rock climbing and sailing. He was discouraged by having to be cared for as an adult as well. He explained,

Who wants to have a 29-year-old son to take care of? Who wants to be 29 living with their parents? You have to kind of narrow your goals maybe a little bit, you have to become more realistic about certain things.

Likewise, Noah’s self-doubts about being blind and the continual decline of his vision affected his self-expectations of what he could do. His attitude worsened because of others who accepted his excuses about himself. Noah explained,

I think it is easy for people to internalize or kind of accept some of the misconceptions that people have about blindness. I know for me, I definitely did. I thought that when I went blind, it would be this really difficult thing. I mean it was something that I had to adjust to, but I think that once you have the skills and once you get confidence, I don’t even think about it that much. I mean I am not
going to say, I never do or it’s never a factor, but the time I have spent thinking about me being blind or whatever, it’s so much less.

Harper, Parker, and Noah had to make life adjustments, an experience mentioned by other participants as well. Addison adjusted to being away from home with a physical disability, Parker adjusted to using a wheelchair, and Victoria and Grace both adjusted their career goals and changed their academic majors because of their disabilities.

Sebastian explained that disabling attitudes feed into some of the misconceptions about blindness, such as the woman in the restaurant who thought that she was being helpful by paying for his meal, or general assumptions of the capabilities of individuals with disabilities, such as offering every student with a disability the same accommodations. Although people think they are helping those with disabilities by accepting excuses from them, people are actually giving them unfair advantages that someone without a disability would not have. Sebastian explained,

I think this is the most important thing in education for disabled students to accept, [which is] they will be expected to perform on a level with their peers. I listen to podcasts talking about a school in London that specializes in making [and] creating resilient students that come from really messed up backgrounds. They said the most important thing is what [educators] expect. They say [to students], “I don’t care why you didn’t do your homework, you just didn’t do it.” That is what needs to happen to disabled students. Why didn’t you do your homework? You should have done it. If you don’t, you fail. If there is a real problem with accommodations, it may not be your fault, but you still should be
able to pass the class. If you can’t pass with the tools you have, why are they passing you? If you can’t really pass it?

Sebastian and Hope both believed that being a person with a disability or even coming from a “messed up” background was a disability. Hope explained,

I firmly believe that everyone has something, whether it be a disability or a bad home situation. Or they don’t like a certain class, or they are not good at something. Or they feel like they are not good at something. Or they are shy, or they are too outgoing, or they are like sitting still. That everyone has something that they can consider a disability, and so mine has a name, mine is Tourette’s. Someone else’s might be an absent father. That everyone has something that they are dealing with, and they have to overcome. I think that’s what makes us human beings and develops our character.

Sebastian acknowledged the harm done to students with disabilities by “[educators who] are just passing you to get IEP people and parents not angry and these kids go to college, and the college is, like, no, we can’t let you pass because we have competencies set in your program, and you need to be able to show them.” Therefore, Sebastian’s personal goals included learning to become competent and more independent. Whether others perceived him as capable carried over into his professional life as well. Sebastian explained,

Employers do not want disabled people to be working, they don’t really believe that [people with disabilities] can [do the job]. There’s a difference because it has to come from [you], you have to be able. Anybody else is supposed to be showing resiliency and confidence and ability to take responsibilities. But that is
not expected of disabled people, and I think [that] is why so many people 
basically, in the end, they’re going to fail [in] their education because they have 
been led through it. They didn’t get the opportunity to fail that high school math 
class that they should have failed. They should be expected to [fail]. We talk 
about high expectations . . . . But only by expecting a certain level of 
performance can you really hope to get that out of your student.

Thus, by having high self-expectations, students’ attitudes about themselves changed, and 
then others’ perceptions about them changed. High expectations placed upon the student 
can come from the student, such as when Sebastian wanted to learn braille because he 
discovered he could read just as fast in braille as with a synthesizer. Alternatively, high 
expectations can come from others, such as parents (Trainor, 2005) and educators (Deci 
& Ryan, 2000).

Extrinsic motivation, such as completing a degree or being pushed to do 
something, gave the participants with low expectation the encouragement to begin 
working toward a goal. Additionally, wanting to be different from family members with 
disabilities increased their expectations of themselves; thus began their shift toward 
becoming intrinsically motivated.

_Intrinsic Motivation_

Intrinsic motivation satisfies the need for competence, autonomy, and relatedness 
(Deci & Ryan, 1985). Competence is the need to perceive ability at something, 
autonomy is the need to perceive choices and control over the self, and relatedness 
involves the need to perceive oneself as being connected to others through positive 
relationships (Deci & Ryan, 1985). An individual begins by being extrinsically
motivated and over time eventually becomes intrinsically motivated (Deci & Ryan, 1985). In this section, I relate examples and share stories from the participants’ lives that demonstrate they had become intrinsically motivated.

*High expectations.* Participants in this study who became physically disabled later in life gave examples of being motivated before and after a significant life event that led to their physical disabilities, with the exception of Autumn and Parker, who for a brief period lacked motivation immediately following accidents that led to their physical disabilities. Autumn and Parker both acknowledged brief periods of sadness or depression soon after the accidents that caused their physical disabilities. However, both still managed to continue with their lives. Autumn resumed school that academic year, and Parker attended the Shephard Center, a spinal cord rehabilitation center in Atlanta, GA, where he regained much of his confidence. After he adjusted to being in his chair, Parker enrolled in college. As participants described their different motivations, several themes became apparent: parental influence, positive role models, independence, normalcy, and helping others. I discuss the themes in the following paragraphs.

*Parental influence.* Participants acknowledged both negative and positive parental support. A motivating factor for Kennedy was knowing she did not want to follow in the example of her father who had the same arthritic condition. She explained, “He has no motivation, he honestly says almost every day that he is just waiting for the day he passes. I just see him and I go, I don’t want to be like that.” Rather than let the disability limit her, Kennedy said her disability makes her stronger both physically and emotionally. Rather than give in to her disability, she chose to live. Kennedy said,
I just have a feeling that if I give into my disability, that I am just going to crumble, it’s been that way since I found out that I have it. It’s heredity, and my father has it, and to see how my father is, he goes into his disability, and he literally does nothing all day long, and I am the one who doesn’t give in.

Similarly, seeing how physical disabilities affected her mother made a difference in Harper’s motivation. Harper’s mother spent her days at home. “For the most part, she would just sit on the computer or watch TV and that was all she did, and I would never want to be like that,” Harper said. When Harper dropped out of the university, she began to imitate her mother’s lifestyle. Sitting with her mother and doing nothing everyday led Harper to realize, “I didn’t like change. I didn’t want to do anything,” which she said affected her decision to return to school.

Kenney and Harper grew up watching their parents’ negative responses to having disabilities; in contrast, others had positive examples. For example, Addison’s family members provided positive examples of living with physical disabilities. Addison’s father and grandfather also had knee issues. Addison described her father as helpful and encouraging and one of the first people she called for advice when her back issue returned. Parker mentioned that during his Shephard Center initial interview, his father told the reviewers,

“Give him a goal. He’ll do it. He always has. He’s determined and stubborn at the same time.” So, I think I just carried that same attitude that, you know, stubborn can be bad sometimes, but I think he was right. He was just [saying that I am a person who will] put your mind to it and just get it done.
Positive parental support was important to Autumn’s motivation as well. Autumn’s father also had a disability, but instilled in her the value of hard work to achieve success. When she found out that she might not walk again, Autumn became depressed. She said her father refused to let her give up. Autumn recalled,

I remember, I used to cry. I would have the worst episodes, because this was when my toes were still kind of bent, they were like, in every which direction, and I would cry and say, I’m never going to be able to do this or this again, my toes are never going to look normal, my foot is always going to have these ugly scars on it. I would just sob and sob, and my dad would come in there and he would be like, “For the 80th time, you have to remember what you actually do have; yeah, you might not be able to walk right now, but you are alive.” So it’s on days like that where I am like, get up, you have so much to be grateful for, and so many people have way less than you do.

Autumn considered her father’s words and his continued example. “So I had to keep going, and pushing, and pushing, and pushing until I could get to that point, and then I did walk,” she said.

As Sebastian mentioned, “What makes or breaks blind kids . . . is the parents . . . how they raise [the kids]. [Parents] will have [an] enormous amount of influence over how you see yourself [and] what you are able to do.” Although Sebastian still struggled to cut meat on his plate because his mother cut it for him for so long, she supported his decision to leave their home country and come to America. Sebastian explained, “That was not the easiest thing on my mom. She said, ‘I am scared to death of you going there, but you still need to be going.’ She recognize[d] and realize[d] . . . I’m not a kid
anymore.” Addison’s parents were also supportive of her decision to leave home to attend an out-of-state University and expressed their concern about her being so far away, especially with her knee and hip condition. Addison said,

It is kind of a struggle to have your parents three and a half to four hours away and you have this knee issue. That was one thing my mom was concerned about [with] me coming down here, was “What if you have to have surgery again? What are you going to do if something like that happens?” So I know that was one of her concerns with [me] coming down here.… How are we going to help you when we are three and a half to four hours away?

However, Addison learned to adjust. When her knee issue returned, she called her surgeon’s assistant, got the name of a local doctor, and made an appointment. The support of her parents also influenced her motivation and desire to help others:

I feel like as a family we have become closer . . . . One of the surgeries I had [was] at Christmas time. My mom [was] trying to plan Christmas and take care of me . . . . So that’s like my motivation, seeing my mom. You know my mom has taken care of me through all of this. You know my dad driving me back and forth from doctors’ appointments, spending all the money on my surgeries, because it’s expensive. Spending all that money on my surgeries, money on MRIs, money on X-rays, physical therapy, pain medication, knee braces, it’s expensive and to have seen them [say], “Hey she needs this, we are going to give her this, we are going to make it work,” and then sending [me] off to college at the same time. So, seeing all that they have done and everything that I have needed and everyone kind of rallying around me to help me … and then me coming here knowing I
want to be a PA, I want to help others, I want to be a surgeon, I want to help . . . so the same way, seeing it kind of come full circle helps a lot.

Hope also acknowledged the support she received from her parents as part of her academic motivation. Hope said, “One thing I have is really awesome parents.” Hope had trouble with organization; therefore, when Hope was growing up, her mother helped her to plan her day and even allowed her to put off little tasks to complete the overall goal. “[She taught] me how to go through my day and sit down at school work . . . my mom [was] okay with me putting off little things to get the big picture of whatever I was trying to finish done,” she said. Therefore, parental influences, both negative and positive, helped the participants in their motivation.

Positive role models. In addition to the effect of positive parental support on their motivation, participants mentioned the importance of having positive role models, including people with similar disabilities. Although Harper’s mother encouraged her to go to college, she was satisfied with Harper’s poor academic performance in college. In addition, she did not protest Harper’s decision to drop out of the university after the first year. However, even though Harper returned to the university the following academic year, she still did not enjoy college and was not motivated to focus or make good grades until she began to make positive relationships. One particular relationship was with a professor who served as a mentor and positive influence for Harper. She said,

Meeting that professor, my advisor, it gave me somebody that I was supposed to make proud. Not that my mom wasn’t willing to be proud of me, but my mom was okay with me coming home with Bs and Cs or whatever, whereas he knew I
needed a certain GPA to get into grad school. So I was like, oh gosh, I have to get my butt in gear, I have to do what I need to do.

Therefore, having someone to believe in her and see her potential was important to Harper. Seeing someone with the same disability living a productive life was motivating to Kennedy as well. Kennedy explained,

My arthritis is so rare, but it is just a strange coincidence that when I worked at the library in my hometown, the librarian got diagnosed by the same doctor with it. She said even if her dad had been diagnosed before he passed, he probably would have had it too. So it was kind of a weird thing, even though they say that not very many people have this certain type of RH that somebody in the same place, who grew up on the same road as I did has the same arthritis. That is the only real experience I have had with this arthritis and seeing how she battles it versus how my dad battles it. She is more of a positive light of what can happen with it rather than his negativity and lack of motivation.

In addition, participants benefited from knowing of prominent individuals who shared the same disabilities but had accomplished goals and made positive influences in their communities. In considering the differences between abled-bodied individuals and those with disabilities, Skylar said,

Yes, they are different, but they are not any less capable. I mean obviously, there are some limitations that disabled people have, but you know, they are still human, they still have feelings, a heart, a soul, they are the same as everyone else, they have aspirations, and they have potential to do great things in this world. I mean, look at Helen Keller, who was blind and deaf; she was fluent in three
languages, I mean she is, I get goose bumps just talking about her, she is like an idol to me, you know she has changed the world. And I mean my roommate who has cerebral palsy. I mean, she is no different, she is still a good student, she is graduating this year. She is going to walk across the stage, and you know she still acts like a person. So that is what I mean when I say they are no different, they are just like you and I.

Skylar felt blindness did not make her any different from anyone else. Skylar explained, “Because I’m blind does not mean I am any less capable than any sighted person.”

Sebastian’s thoughts were similar:

I think you can see role models in everyone. Like for me, having my blind friends has done a lot for me. It has been a very positive thing all the way from when I was like 14, 13…. I think it is very important to see other people who have gone before that have succeeded. I think that will help you a lot. I know that has done that for me, but it is a part of the process, I guess. Those vicarious experiences. They do count. We do that a lot in [the cane] travel [program], we send … two people together on assignments, and one of them may be more advanced than the other person. It enables them to see, like, yeah, this is really possible.

Parker saw an example of the capabilities of a person in a wheelchair when he attended the Shephard Center’s camp. The experience was life-changing for Parker. He explained,

If you want to do it badly enough, you are going to do it no matter what your disability is. At that camp, there were all different levels of spinal cord injuries,
and some of those guys were worse off, and [because] they wanted to do it bad enough, they did it. I think that helps a lot, that determination.

Thus, knowing that others with disabilities can still achieve their goals gave participants fuel to continue to accomplish their goals, including becoming independent.

**Independence.** Participants in the study who were born with physical disabilities mentioned wanting to be independent. The participants with visual disabilities left home to attend an educational center for blind people where they learned confidence and independence through cane travel and much more. Skylar explained, “[Growing up] I was very dependent on my stick. I knew very little braille. I was not very familiar with assistive technology. I had good travel skills, but I would hold someone’s arm.” In high school, she had an aide who accompanied her to classes and helped her to read; however, she knew she would not have this accommodation in college. Therefore, Skylar deferred college for a year to enroll at an educational center for blind people. Now, Skylar exclaimed, “I don’t need that kind of assistance because I have the independence to do things on my own.” She learned skills that she applied in the classroom and in her everyday life:

I can read braille fluently. I can still read and write print, but I know I won’t forever. I am a lot more skilled with assistive technology. I learned how to use speech on my phone and on a laptop. That has opened a lot of doors for me and my abilities to do well in school.

Without the training, Skylar explained, “I would still be in college, but I would be nowhere near as independent as I am. I honestly don’t know… I probably would have flunked out.” In addition, Skylar learned to cook, dress herself, and independently
navigate to places she wanted to go. Like Sebastian, at times, she needed help, but she was no longer self-conscious about asking for help. She explained,

I used to be very embarrassed and shy about asking for directions, but now I have no shame. Usually I don’t ask someone to carry something for me unless I can’t use my cane, like when I asked you to carry my cup because I can’t carry my cup and my plates at the same time and still be able to use my cane. I always use a backpack on campus, though, so I don’t need help carrying books. If I’m really lost, I will have someone take me to help guide me to where I need to go, but generally, if I know where I am, I just ask for assistance.

For Sebastian, leaving his country and going to an educational center for blind people was the best decision he made for himself. Although he took travel lessons with an instructor in his home country, he described the lessons as basic in comparison to the skills he learned while in the program. He also interacted with other people with visual disabilities, who served as role models for him, and obtained resources he needed. He explained, “I felt comfortable coming here for the reason that . . . there is going to be a blind community. I’m going to be able to get canes. [So, I knew] I’m probably going to be fine.” His initial travel courses still restricted his ability. After completing the program, he saw an immediate change in his ability. He declared,

I went to this . . . seminar in Atlanta and navigated through the airport without waiting for the assistance people that come five minutes before your flight. Just did that, went on the train, found my hotel. That is the kind of abilities we are trying to give to people. You, as sighted, take that for granted. I know there are a lot of people who are afraid of airports, but you’d be able to drive to another city,
figure out where you are supposed to go in that city, find your hotel, check in, and
go take a shower. A lot of blind people do not feel comfortable doing that on
their own. They would be very anxious about doing it. It is kind of like, when
you get that feeling that you just found your train that you needed to take [and] it
was no problem. You know when to get off [and] you don’t need to be anxious.

It is a really [a] valuable experience.

The experience proved to Sebastian that he was no different from an able-bodied peer in
his ability. He continued, “Now I would not hesitate moving to any city, anywhere.”

Noah realized that he allowed himself to be limited by his visual disability. As
previously mentioned, Noah used his physical disability to make excuses for his
weaknesses and shortcomings. Similar to the high school students he worked with, he
also did not see the benefit in learning to cane travel and was content with receiving help
from his parents and others. Noah explained,

I really didn’t see how it would help, because to be honest, the [cane] traveler I
was getting just felt weird and goofy. I wasn’t using it every day, and I wasn’t
really having to do that much stuff on my own versus like after high school when
I went to training like going to college and stuff. I all of a sudden needed to get
out and travel. Like, I couldn’t just go to a place with people.

At the educational center for the blind, Noah said his instructors pushed him beyond the
boundaries he had set for himself, and he learned independence. When Noah cane-
travelled alone for the first time, he got lost and discouraged. However, he called his
teaching instructor, who calmed him down, asked him where he was, found him, and
encouraged him to try again. His instructor let him know he was able to travel on his
own. Noah explained, “I think that helped in a sense that I was able to be more confident.” When he went out alone the second time, he arrived at his assigned destination, proving to himself he could travel independently. He explained, “A lot of times, you just don’t really know what you are really capable of until you are kind of pushed to do it.” Noah described the experience:

Stepping out of your comfort zone, for instance. Like, on my own, I would have never necessarily crossed that service road. But [after] being pushed to do it in travel class, [now] it’s so easy. It’s like any other intersection, you just listen to the traffic, and [go] with your parallel traffic. It was definitely a sense of accomplishment. I had achieved that goal.

Noah explained the importance of cane travel as follows:

I think for me, it means being able to have the freedom to do my thing. I always tell people if I get in an argument or something, I am not going to be trapped waiting on a ride. If I want to get up and go to the store and grab something, or go and grab whatever I need, I can. I’m going to do it versus before it was having to get rides. For me, [cane travel] definitely made blindness not that big of a deal. That was one of the key classes that really made a difference and ultimately my decision to teach travel after trying [cane travel]. So, it’s had a pretty giant impact, I guess I would say, for most people. Confidence in travel tends to spill over into other areas.

A basic skill, such as cane travel, gave him freedom in other areas of his life and gave him other skills that he did not have previously, such as learning to cook and to operate power tools. When his class cooked a Thanksgiving meal for 40 people, Noah
cooked the turkey. Sebastian, Skylar, and Noah described how different their lives were after learning to cane travel and how similar their lives were to the lives of people without disabilities. Sebastian described navigating through a busy airport. Noah described having the choice to walk away from an argument or a conversation in which he was no longer interested. Skylar described walking to a store off-campus. The group also listed additional skills, along with cooking and using power tools, such as learning to read braille and using assistive technology.

Normalcy. In addition to being independent, several participants including those with temporary disabilities or disabilities that occurred because of accidents mentioned getting back to normal activities. Parker acknowledged that most of his motivation came from a desire to get back to things he could do before his accident. He remembered that when he was a kid, he climbed tall trees and his parents wondered how he could climb so high. He also enjoyed being outdoors, playing sports, and driving. Parker said,

Wanting to get back to some normalcy . . . that would include . . . getting back to work that’s important, getting back to doing outdoor activities that [is] important too. If you ever want to get married or have a family, you have to have a job to provide for your family. All of that [is] kind of under [that] umbrella [of] normalcy. Those are the things you loved before [and] still love doing them now, that’s normal.

However, as a paralyzed person, he did not think he would be able to do those things again. He explained, “You know it’s just not a realistic possibility with the chair, so you kind of narrow things down to much more realistic in what you want to accomplish with your current situation.” Parker acknowledged the impact rehabilitation at the Shepherd
Center had made to his recovery, confidence, and motivation after his accident. Parker explained,

Each day, as far as therapy, you do different things, getting used to [the wheelchair]. Basically, they just get you ready to go home. Like, to be able to take a shower, get in bed, get out of bed, get dressed. You [are] just like [a] child again and [learn to] get dressed again.

Then he attended a summer camp through the Shephard Center that further changed his opinion of what he could do; the camp was a positive experience. Parker mentioned playing wheelchair rugby, tubing, swimming, and rope climbing at camp. Parker recalled,

You keep falling . . . and you get back up and you are good . . . . [It’s] not the end of the world. I think the more that you get out, I know, by getting back to driving, that was big, that was a high confidence booster. Being able to take yourself places. I think it does build as you go along, but you have to get out and do stuff, too, to build that confidence.

Although it was hard on his parents that he could not do the things he was able to do before the accident, his parents encouraged and supported him after his accident, including staying with him while he was at the Shephard Center and moving him back home until he could function independently on his own. Parker recalled transferring himself from his wheelchair to the couch without assistance from his parents:

The first time I did that in front of my parents, Dad just grabbed me. He thought I was falling. I was like, no, I’m transferring. So, it was hard on them to kind of back off. I’m their kid, they want to protect me . . . . But I think you show them
you can do stuff and be independent, it makes it easier for them to kind of back off a little bit.

Parker expressed the importance of taking time for healing and adjustment, before resuming normal activities. Parker stated,

I do think it was a good idea to spend those first few years after getting hurt just getting used to the chair. Just getting around, because that helped a lot. Then, you kind of build your confidence as far as getting around dealing with the chair. You don’t have to worry about things. As you go along, you kind of gain confidence as far as, now that you can do this, you can get around.

As Parker became more independent, his parents became less involved, and getting back to familiarity was a boost to his overall morale. He could change the oil out of his vehicle with help from his father or a friend. He continued to play wheelchair rugby after leaving the Shephard Center and was fishing, sailing, and even rock climbing again. He was no longer a competitive kayaker, but enrolled into college after remembering that he enjoyed law classes in high school. Moreover, he was once again living alone. Parker explained,

I’ve been living independently since late 2008, I guess about eight years. That was gradual, but it did happen. Again, now it’s different. I do most things, and I know that’s nice.

Unlike Parker, Autumn quickly resumed normal activities, such as returning to the university; she regretted not taking the time to heal and adjust. However, compared to Parker, who said sitting home and doing nothing was, “Boredom… no one can sit and look at four walls all day” and compared to Harper, who mentioned returning to school
after growing bored with sitting home with her mother watching television, Autumn noted, “You can only watch TV so much. You can only look at the Internet so much. You can only read so many books, and so I craved people and having interactions.” Parker’s process of continuing life and returning to a normal routine resembled Autumn’s account of learning again to walk. Autumn described her feelings when she took her first steps:

I remember bawling in [the doctor’s] office because I thought I would never walk again. And I remember my whole world just changed, like, I’m me again . . . and that just gave me back so much of a sense of identity.

At the time of the study, Autumn was motivated by having a sense of normalcy in her life again and knowing no one had to take her to the bathroom or decide when she showered. Moreover, she chose not to be sad anymore, but to live a purposeful life. She said, “I want to go to bed every night knowing that I have done something with my purpose. I have fulfilled something.” Throughout her healing process, Autumn continued to maintain her grade point average, which involved communicating with campus resources to get the academic accommodations she needed. She was a part of several student organizations, including the National Society of Collegiate Scholars and a networking club, worked 30 hours a week, volunteered at a camp for people with physical disabilities and at a food pantry, and was awarded a human resources internship.

In terms of her experiences with negative attitudes from others, Autumn’s perspective changed regarding how she viewed others with physical disabilities. Having a physical disability, Autumn explained, “has opened my eyes a lot about the disabilities that you don’t think about and the disabilities that you don’t see. It’s made me more
aware to be careful, because you never know.” Whereas before, Autumn thought she was always understanding of others with disabilities (e.g., working at a camp for people with physical disabilities, advocating for those with disabilities, and not tolerating others use of the word *retarded*), she now had a greater appreciation of the rights of others. She learned it was not until she was faced with her own physical disability that she realized she was not as considerate as she had believed. She recalled, “I have never thought about how [my campers] feel about someone taking care of them. I would say, this is the outfit you are going to wear today.” Now that she knew what it was like to have no voice, she was more self-aware. Autumn explained,

I can’t imagine not having a choice again, and so I think that has changed my thought process a lot even on just being a counselor, on always giving them an option, always letting them choose, because not having a voice is horrible and even when you do have a voice [others] would just say, “No, we know best.”

Further, when she had down days, she told herself, “You know you can do anything you set your mind to, you just have to push. I know it hurts, I know it’s uncomfortable, but you have to remember your career is waiting. It’s not going to just come to you by magic, you have to go out there and work for it.” Like Victoria, Autumn acknowledged that she was grateful for her life and remembered that although she had her struggles, there were others who had more difficulties. In fact, personal experiences and interactions with others made the participants want to help others.

*Helping others.* Participants in this study acknowledged wanting to go into helping professions. Harper and Addison both wanted to be doctors and help others who suffered with similar disabilities. Addison explained, “The whole knee and hip disability
got me going into [physician’s assistant]. Until then I did not really know what I wanted to do. But being in the hospital and being in surgery … I kind of thought, this was what I wanted to do.” She asked her surgeon whether she could shadow him. She explained, “He really cared for me to know about [what he does]. He had seen me for five or six years in and out of his office, so he really saw my interest in it.” Because of the care and attention he gave Addison, she wanted to use her experiences with knee problems to help others. Addison said,

Yes, I have had my struggles, but I feel like it’s put me to where I want to be a physician’s assistant. I want to help others. I had that struggle, and my surgeon helped me, and I want to be someone who can help others like he helped me. The drive of that, you know, waking up every day. Yes, I have scares, but I want to help others like I was helped. I had a hard time, but this was the positive side of having the surgeries.

Further motivation came from seeing her scars. Addison stated,

After I had my surgery, Mom would [ask] do you want to put scar cream on them? [However,] I want to see my scars…. I don’t want to cover them up. I want to look at them. I want to know that they are there. It’s like a reminder, you overcome. You will be fine. I know it’s not over, but I see the scars and it’s fine, and I’m okay with it, and I feel like other people have become okay with it.

Addison felt that having a physical disability would help her understand patients better, compared to others in the medical field. She could use what she had gone through to be more engaged and compassionate with her future patients. Addison explained,
I feel like [those not affected by a disability] don’t appreciate it as much. They are like, “I’m just here to get my degree” [or] “This is what I want to do” but, they haven’t really experienced it. They haven’t been on the other side, and so I feel like I get a little bit more of that compassion and understanding for my future patients because I have been in their shoes. The amount [of surgeries] that I have had and the struggle that I have had with my surgeries. So, I feel like I get more of the experience of compassion than [those not affected by a physical disability] would because I have dealt with it more on a personal basis. It hit home for me. So, I feel if they don’t have that sort of thing, it’s not going to hit home as hard for them.

Addison knew she would one day help others who would go through what she went through, and that motivated her to remain in college.

Hope also wanted to become a doctor to help others. She explained,

So, me learning in an early age that if I’m going to succeed, I need to work hard, that no one else needs to be really pushing me. My goal is to be a pediatric physical therapist and to help kids with water therapy.

Harper, on the other hand, originally had wanted to become a doctor, but having cystic fibrosis made her prone to infections. Because she could not be around people who were sick, she wanted to become a geneticist and research ways to prolong life expectancy in people who suffered from cystic fibrosis. Harper explained,

The fact that I am 25 in college in the first place is a big deal. A lot of CFers pass away before they even graduate high school. So, I definitely have a more mild case that made me want to help even more because I am seeing all these others
who have to go through the pain and then eventually pass away before they even get to their fruitful life or have many experiences. The people that pass away now in their teens, before the necessary medications that we have got now or the treatments . . . they would have passed away before the age of five. If there is anything that I can do while I am alive to prolong others’ experiences, why not?

Her drive to help others was strong. Harper stated,

Out of everything that I have imagined myself doing throughout my life, there’s nothing I have been as passionate about, and there’s nothing that I have wanted to wake up in the morning to do. So, for me it wasn’t really a choice; it was something I want to do.

Other participants in the study also mentioned wanting to help others. For example, after eight years at the university and changing her major several times before finding a field she could be passionate about without being limited because of her disability, Grace had one year remaining before graduation. She wanted to live a positive and fulfilling life that involved helping others. Grace explained,

[I want to] connect disabled people with the resources they need to be able to have a more of an equal life to able-bodied people. Because I grew up when the ADA first came into place, and my parents didn’t know much about what we were supposed to do to help them with me. It was too late. If there was someone that could have pointed us in the right direction, I could have already been driving and any other things by now.

Grace explained her family had insufficient information about resources that could have helped; therefore, she wanted to help others. Similarly, Kennedy explained, “My
motivation comes from just within me, just what I have experienced as a person even before I was classified as disabled. If I want to do it, I am going to do it anyway.”

Victoria felt similarly and considered life more fulfilling when she encouraged others. Victoria was positive and motivated before her physical disability and even more since the disability. “I think that it’s all about the attitude you present yourself in. [Present] a positive, polite, grateful light to people, and you’ll be surprised how eager they would be to help you. Kind words go a long way.” She spoke of being inspired by someone she met who complimented everyone he met. When she asked him why, he replied, “Because you’ll never know what kind of day somebody else is having, and you’ll never know that those simple words might make the difference between them going home and killing themselves and having a better day.” Therefore, Victoria applied that same motivation to every part of her life, including at home with her family and in the classroom. “I think that [if] one person’s life is better because I was nice to them, I’ve done my job—living.” Victoria was a positive influence to others: She was the one always chosen to lead groups in class and who often had too many people wanting to be in her group.

For Hope, motivating others also motivated her. Hope was helping to change the way others thought about people with Tourette’s syndrome. As a youth ambassador, Hope was helping to raise awareness about Tourette’s. She had spoken to several thousand school-aged youth with and without Tourette’s in her state. She said,

Youth with Tourette’s are learning that it’s just a part of them. That it’s not all consuming. That’s something I really had to struggle with, that I’m not Tourette’s, that this is not all my life. That I’m so many different wonderful
interesting things apart from Tourette’s. So, I really hope that’s what they learn and that they can be confident in themselves. And I hope that kids without Tourette’s learn that just because someone is different doesn’t mean they’re any less of a person, doesn’t mean that they don’t have amazing wonderful qualities that they can dive into, learn about, and really profit from.

Similar to the participants with visual disabilities, who believed a person was not defined by being blind, Hope was now helping others have a better understanding of Tourette’s syndrome and how to help those who suffered with it. She shared,

You know the majority of the kids we talk to are the kids without Tourette’s, and it’s teaching them basically not to bully others. Whether it be kids with Tourette’s or kids with anything else that’s anything different. I mean, I’m meeting little kids with Tourette’s and usually they are one or the other. They are either very outgoing and completely sporadic in their behavior and running around and have behavioral issues, or they are sitting in the back of the class [and] they don’t want to talk.

She explained this is because of the different ways an individual can be affected by Tourette’s:

This is mainly due to Tourette’s [having] many comorbid disorders; it’s very rare that it’s by itself. So, most kids with Tourette’s have either ADHD or OCD. So, it’s the kids who have comorbid OCD who are sitting in the back of the class who cannot handle the fact that no one is sitting in a chair. That that girls bow is awry, that the teacher won’t just stay in one place. That the teacher didn’t erase everything off the white board. Then there’s the other group of kids with
Tourette’s who also have ADHD, who had the behavior problems and who can’t handle this social situation, so they act out. So, in that way Tourette’s is really hard to isolate, because of comorbid disorders.

Hope even travelled to Washington D.C. to speak before legislators in Congress. She recounted,

It was pretty incredible to be honest. It was like, within a month, it went from being, I have this disorder that I had to explain to everyone and it’s so annoying, to people want to listen to me as this 16-year-old.

Describing the experience of addressing Congress, she stated,

There was these grown people who were in positions of power and who have all this stuff to do. Who [were] sitting there listening to me tell them about something that is very personal and very dear to my heart and that affects a lot of people and [it was] really amazing their responses. How willing they were to help and we’re like, here are these bills that you can pass to help for research funding and all this. They were like, “Yeah, that’s really neat” [and] “This could help us,” which [was] really incredible.

Hope also volunteered with a summer camp helping youth from disadvantaged backgrounds combat childhood obesity through physical activity, healthy eating, and exercise. Speaking to the healthy advantages she taught the students, she voiced,

It’s amazing. It makes me want to be a better person and to work harder. To watch these kids who have none of the beautiful things that I have, the great parents, the great home. I grew up in a home where we were health nuts. We ate good food all the time. It’s really, I never saw that as a blessing, that it was
something to see that not everyone has that, not everyone has this kind of blessing, and so I feel very blessed, feel blessed by them, and I have learned so much, it’s amazing.

Hope continued,

To see the transformation of these kids who were eating chicken nuggets and fries every day, to going home and asking their mom to buy lettuce so they can make salads for dinner. Going out and running on their own and climbing mountains, quite literally, and kayaking down rivers and stuff, it was quite impressive.

Noah explained that the freedom and choice that he received from cane travel training was the reason he wanted to teach cane travel to other blind people. Noah went from not having any self-expectations to teaching others who were blind to overcome false fallacies about blindness. Noah recalled that when he became completely blind, he was not motivated enough to participate in any sort of training program. However, his views and attitude about having a sense of independence changed. Now, Noah was completing his graduate degree and motivating others through cane travel as well. He said, “Having a choice or the freedom to just have options and be able to do my own thing is definitely a big motivator.” Since learning to cane travel, Noah had worked every summer for the past five years for a high school summer camp for blind students. The two-month program taught blind high school juniors and seniors introductory lessons in cane travel and set up paid work experiences for them as well. Noah explained,

These kids who are coming in often times with really low expectations don’t see a need, and they don’t, I think, always understand why we are pushing them to go
out and travel. [They say,] “What does that matter? I’m always with my parents.”

However, like Noah, the views of his students about travel and independence changed as well. Noah continued,

I have seen kids from the . . . program who are in the adult program now. They have chosen to come back for training and it is just really cool to see [the results after] two months. Their parents will say to us, “This is incredible, they are not the same person. Their attitude has changed.” For a lot of people, it is the only place where they are exposed to those high expectations. It is really powerful, the change that [they] have during that time. It is really important, the work that we do. Even though you are not going to be able to fix everything in two months but you can definitely address issues with their attitude about their blindness, even if their attitude doesn’t change immediately or at the time. One of the guys I worked with [in the high school program] that . . . [at the time] just really wasn’t ready to accept all that, but he ended up coming back for training a few years down the line once he had gotten a little older, and he remembered having people who had pushed him and believed in him.

Sebastian was also a cane travel instructor for blind students. He wanted to encourage independence and choice in the blind students he instructed as well. Sebastian noted the importance of his role as an instructor in prompting his students’ level of expectations. He declared that “by having high expectations for them, [you are] giving them these skills and the tools that they need for problem solving and raising their self-efficacy.” Self-efficacy is also the success principle in the MUSIC model.
(Zimmerman, 2000). Sebastian defined self-efficacy as belief in one’s ability to create a specific result. Similar to Noah’s students, some of Sebastian’s students also had a false sense of their abilities. He stated,

It goes further than just knowing the steps for doing something or performing a skill. Sometimes we have students who have a false sense of self-efficacy, but when we talk about travel, they think that they have their skills down better than they do.

Sebastien further explained,

You go to a college maybe in a town like [this town] where there is no public transportation and you are thinking, how am I going to get between places, I’m not going to walk, I can’t do that. But when you have those skills, when you know you have those skills, it becomes a lot easier.

Sebastien explained,

What we are interested in is to teach blind people [and] to give them the ability to get out there, realize that they have the ability to go wherever they want, whenever they want, and it’s not dangerous for them to be walking alone outside. Most blind people don’t have these skills. They’ve never been expected to cross a four-lane street. But when you see they got the skills set, then you send them out there alone. They have to call [for directions]. They have to make these decisions on their own. Self-efficacy is really big. Building that self-efficacy for you to realize that you can. If you don’t have money for a cab, you can walk those two miles, those three miles that you need to go. Because those problem-solving skills will transfer. You can use them wherever you go.
Self-determined and self-motivated individuals are able to exert some control over their lives (Deci & Ryan, 2000; Schuck and Pajares, 2005; Zimmerman, 2000). As the study participants began to overcome their inner struggles by accepting their disabilities, but not letting their disabilities define them, they shifted into being intrinsically motivated, as evidenced by having goals and strong support systems, thereby becoming advocates for themselves and others.

*Self-Advocacy*

Once the participants began to know themselves (e.g., further understand their physical disabilities and abilities), know their needs (e.g., accommodations, resources, rights, and responsibilities), and how to fulfill their needs (e.g., solving problems, setting goals, and developing support networks), competence, autonomy, and relatedness further became evident in their experiences, and they began to advocate for themselves and others. In this section, I provide examples of how the participants in this study advocated for themselves, advocated for others, and gained the most from their college experiences.

*Developing support systems on campus.* Having support systems on campus was important to the participants in this study. For example, Addison noticed,

> Since I am like three and a half to four hours away [from home], when I came down here, there were only two or three people who graduated from my high school that I knew. So, I did not really know a bunch of people, and so I can kind of be introverted a little bit. So, all of my friends [said] you should really join a sorority. So over the summer, before I came here I decided, okay, I’m going to do it. So, I signed up, and I just went through recruitment.
Being in a sorority helped Addison socially and with her disability. Addison called her sorority sisters when she needed rides to class and used the bathtub in the sorority house to soak her knee when she had flare-ups. Skylar also formed friendships after arriving on campus. Skylar said,

I have a small group of friends, I am more introverted, so really, I just spend time by myself, I enjoy reading, playing music, but I do enjoy going out with my friends. We will usually go out to eat and then just come back to campus and maybe watch a movie, do [our] nails, and just talk. I really enjoy spending time with my friends, we just had to actually get to know each other.

Other participants mentioned support systems on campus. For example, Hope was in a Christian sorority, and Harper had a faculty mentor. Harper, Victoria, and Autumn also mentioned involvement in student organizations. Victoria and Noah created positive relationships with professors, which included Victoria being asked to speak to classes on topics she was knowledgeable about and Noah sharing his experiences teaching students with disabilities. Sebastian, Noah, Kennedy, and Harper held part-time employment in their departments, which allowed them to establish healthy relationships with faculty, staff, and administrators who could help them get the resources they needed. I explain this idea further in the following sections.

Understanding the disability’s effects. As the participants discussed their motivations, also apparent was how they managed their pain and how they took an active role in their medical treatments. Kennedy shared how she handled the chronic pain caused by her arthritic condition. Although she had pain, she managed the disability herself without taking medications. She explained,
I have had experiences through the past where doctors have gotten me so high that I couldn’t walk, I couldn’t do anything. I ran into walls. I was so sick that I couldn’t get out of bed, it was just like a common cold would kill me just from the medications, and I have learned that if I stay off the medications to help me, I’m more motivated, I can do more things.

Hope had also experienced adverse effects of medications. She explained,

There is no medication specifically manufactured for Tourette’s syndrome. There are some medications that help with it; some antidepressants or blood pressure medications can subdue the symptoms of Tourette’s, and I have been on some of those medications before, but the side effects are just so detrimental, it is not really worth it.

Although Hope did not like how the medications made her feel, she discussed different treatment options and medications with her neurologist to discuss the effects the medicine might have on her body and to decide if it was worth the risk. For example, she discovered a particular blood pressure medication could stop her tics but might also decrease her heart rate and make it difficult to breathe in high attitudes. She explained,

There is a therapy called CBIT, it’s a habit reversal therapy where the theory of Tourette’s is that the basal ganglia is 10% smaller or 10% of it is gone. So, CBIT is using the frontal cortex to regulate the basal ganglia and to reroute those signals. So, instead of me being like, Oh, I shouldn’t flail my arms to hit someone. I will say okay, I’m going to hold, I’m going to do the opposite. Instead of pushing out, I’m going to push in and I’m going to teach my brain to not do that motion. So, after doing that for a while, I won’t have that tic anymore.
Although the therapy was hard and time consuming, Hope chose CBIT therapy and spent months at a children’s hospital going through the treatment. She said it had been effective. Similarly, Victoria mentioned choosing home remedies in lieu of prescription drugs. Some home remedies dealt with the side effects of medications; she wanted to avoid the risk of surgery that her doctors were not sure would correct the tissue in her ankle; thus, she applied ice for swelling or massaged the area around her ankle for relief.

Sports up in the classroom. Another example participants mentioned regarding advocacy was knowing what they needed to be successful in their classes. For example, Noah mentioned that he could not wait to the last minute to work on a homework assignment. “I feel when the rest of the class can just kind of open a book the night before, there have been times that I have done that and try to read a PDF, and it won’t read.” Because of potential issues with assistive technology, Noah was proactive in his studies and in obtaining the necessary tools to be successful, such as staying focused in his schoolwork and planning ahead. For Harper, who balanced school, hospital visits, and her social life, procrastination was also not an option.

Another support system mentioned came from creating positive relationships with faculty. Participants in this study had mixed experiences with faculty being helpful, unaccommodating, not understanding how the physical disability affected them academically, and being insensitive to their needs as students with physical disabilities. Although Grace and sometimes Kennedy did not have much success, for the most part, students who communicated with faculty before issues arose had better experiences getting classroom accommodations. Victoria, Hope, and Parker shared their disabilities with professors.
Parker described himself as a quiet and shy individual before his injury. However, after the physical disability occurred, Parker changed. “I think I’m a little bit more assertive now, I would say. I think sometimes you do have to speak up.” For example, Parker e-mailed professors at the start of each semester to introduce himself and to make them aware of his disability and accommodations. Parker also mentioned having to contact disability services about classroom accommodations. An example he offered was a writing-intensive class that was part of his major. Parker’s professor did not want him to take his tests outside of the classroom, not even to accommodate Parker’s disability (Wehmeyer & Garner, 2003). “He was afraid of the test getting out,” Parker said. The professor wanted him to write out the test, like the rest of his classmates. Parker tried to write using his hand; however, because his disability affected his ability to use his hands and also changed his dominant writing hand, he could not. Therefore, he spoke with his professor, and eventually, his professor compromised to require Parker to remain in the classroom to test by allowing him to use a computer, but he had to remain in the classroom. In addition, Parker e-mailed disability services “a heads up that that’s how we could be doing it, with a personal laptop . . . and it worked out,” he said. This resonates with self-advocacy skills and the ability of those with a disability to know their disability, its limitations, and how to communicate both the disability and its limitations with others (Belch, 2004). Further, Parker’s assertion to suggest a compromise with his professor, displays communication (Test et al., 2005). Further, his use of computers contradicts other research about students with disabilities failing to participate equally in the use of computer technology (Belch, 2004; Eckes & Ocha, 2005; Webb et al., 2008).
Setting goals. Another common determination among the participants was not letting the physical disability or other barriers stop them from achieving their goals (i.e., self-efficacy) (Zimmerman, 2000). For example, Harper realized what she wanted to do with her life, which was to become a geneticist, and she was determined to achieve this goal. She was more focused in her classes because each class laid the foundation for her to achieve her goal. At the time of this study, she was teaching four classes and completing research hours for graduation. She said,

It does take a lot of motivation, because it is very easy for me to wake up in the morning and say do I really have to? [But] the successful light at the end of the tunnel is [the] feeling [to say] I’ve finished my master’s even though I had two quarters to do it and it reminds me that I have to get up. I have to do this because I want to be successful in life, because my main goal is to do something for somebody with CF or any genetic disease. If I don’t do what I need to do now, I can’t get there.

Another part of achieving her goal involved her health practices, including her breathing treatments. Harper’s breathing treatments took an hour and a half in the morning and an hour and a half at night. She also wore a vest that broke up mucous by beating her chest. During the process, she could not do anything, such as shower or even read, but had to sit and wait. Harper explained, “It feels like such a waste of time . . . But you know in the long run, this is going to help me get my day going and it’s going . . . to let me start off my day with . . . clear lungs.” The treatments helped to improve her lung function. However, she had skipped treatments because of her academics. She explained, “If I oversleep and I have class at 8:00, I’ll have to skip it. I’ll have to go to
class and if I have something else after that, you can bet your butt I’m not going to be able to come back and do it.” Sometimes, Harper’s body could begin to shut down, which would require hospitalization. However, Harper planned to avoid going to the hospital. Harper explained,

I get pancreatitis very easily. The only treatment so far is more food, pain medicine because it’s extremely painful, and time. So, with the infections in your lungs, it’s a common thing to go to the hospital for two weeks at a time to get antibiotics, and that brings it down. You really just build up your lungs back again. So, every three months or so my body is like, all right, it’s time to go to the hospital.

However, she typically put off going to the hospital until there was a break in her school schedule, or she chose to not go at all.

Harper explained, “The last time I was hospitalized for my lungs was in November. I should have gone in February, but I had too much stuff to do.” At the time of this interview, Harper mentioned that she had not been to the hospital since then, which was three months ago, and was not going to the doctor until after her graduation the following month. “I’m trying to hurry up and finish this master’s . . . as soon as I graduate . . . that next week I have a doctor’s appointment. I can almost guarantee you that she is going to want to put me in.” Harper further explained, “Because I’ve skipped that hospital visit that I should have gone to, it takes a toll. By the end of the day, I just need to go lay down and do my meds.” Harper said that although she skipped treatments and doctor visits, she was aware of when she needed to go to the hospital and what she would miss, and she tried to plan her schedule accordingly. She was proactive in
communicating with her professors and completing her assignments while she was away. One time, she scheduled a doctor’s visit around a holiday. When her professor asked the class to choose dates for a class presentation, Harper did not choose any of the days leading up to the holiday. When the professor posted the schedules, Harper found she was in a time slot to present before the holiday. She recalled,

I could have half way did it and still presented and got a bad grade, but I [thought], no . . . this isn’t enough time for me to prepare. If I didn’t care to get a good grade on that presentation, to eventually learn all I could from that class, then I would have just done it half way, and not fought for another day to do my presentation, and I just would have probably gotten a lesser grade. So, it’s because I was motivated to get a good grade in that class to learn all I could, that I said, no, we are going to have move this.

Harper also put her education before her social life, noting, “It quickly reversed from me giving up school time for social life to the reverse. I can definitely see a pattern of when I started to switch.” Referring to her treatment schedule, Harper explained, “It kind of takes your time away from fun things.” Friends often did not understand her treatment schedule and the role it played in her health and life. She said, “They’re like, why, it’s only nine o’clock, and I am like, you don’t understand, not only do I have to do an hour and a half of meds tonight, but I have to do it in the morning as well. So, I am automatically short on sleep . . .” and short three hours of her day. Harper understood that she could not always hang out with her friends. She explained, “They say in college you can pick two of the following three things, social life, sleep, and school and you can have two of them.” Some days, she felt she only had one. However, the sacrifices,
including making it home in time for her breathing treatments, planning her hospital visits around her school schedule, and missing out on time with friends were part of her “goal perception.” Harper explained goal perception as the following:

Understanding that the things that you need to do are so that you can reach your goal. It’s not just an endless light at the end of the super long tunnel [but] that each tunnel has a break. The tunnel has stopping stations where you . . . can look back and see, I have completed this. I did well. I learned what I was supposed to learn to make it further.

Moreover, her goal perception is another example of her self-advocacy and self-efficacy skills which includes setting personal goals (Deci & Ryan, 2000; Schuck and Pajares, 2005; Zimmerman, 2000) and solving problems that cause barriers to goal achievement, and making choices based on personal interests (Adams & Proctor, 2010; Getzel & Thoma, 2008). Once she realized her purpose, Harper described, “A light bulb went off, and I said, I am here for a reason. I need to focus. I need to learn what [my professors] are trying to tell me so I can reach my goal regardless of how easy it is to skip class and to slack off on homework.” Hope noted both extrinsic and intrinsic rewards. She shared, I want to be a doctor, so that’s my motivation. It’s a little silly, but I want my mail box to read Mr. and Doctor. That I want to do well in school for me and that I want to, I want my life to be extraordinary. I don’t want the, oh yeah, she went to school, she got married, she had kids, she lived, she retired, [and] she died. I want, something that I do to have an impact that shakes at least someone’s world, that it’s not just, I am not just here.
Similarly, Parker’s goal was getting back to familiar things he used to do before the accident and a normal lifestyle, such as enrolling into college. Autumn set a goal of graduating within four years, and Grace was determined to graduate.

**Receiving accommodations.** Several participants in this study mentioned not receiving the same accommodations in college as those they had received in high school as part of their individual educational plans (IEPs) (Beecher et al., 2004; Hadley, 2006). Grace had a scribe, and Skylar had someone who served as a guide and a reader. However, before attending college, Skylar attended an educational training center where she learned to cane travel, read in braille, and used assistive technology. Because of the skills she received at the Center, Skylar did not need a guide to get around campus. She was also able to take notes for herself in class. However, because of her declining vision, she still needed a reader to read textbooks and materials that were unavailable in braille or inaccessible on a computer. With the financial support from her parents, who were also a part of her support system, Skylar was able to pay an off-campus service for readers. Skylar even had a summer job and mentioned being able to pay for the services herself if necessary. Noah and Sebastian attended the Center during their higher education experience as well.

Many of the accommodations Grace needed that were available at her high school, such as a scribe, were not available at college. Unlike the participants with visual disabilities who attended a training center, and unlike Parker, who attended a rehabilitation center after his accident, Grace did not have any type of training to help to manage her physical disability and to function normally. For example, Grace did not drive, but she mentioned others with cerebral palsy who did drive. Grace explained,
Though there is no formal training as such, there is all this money and everything and I don’t really have it. So it’s been sort of off and on when I have the money to be able to get training for it. But I haven’t done it yet. I’m close to it.

She also said that her parents were not aware of resources to help her and she did not mention having a positive support system or role models, such as parents, friends, or professors like others in the study had mentioned. “When I went to [the University], they told me they didn’t have any money to be able to afford someone to be my scribe. So, I was just supposed to figure it out by myself.” Additionally, the physical effects of cerebral palsy on her hands made it difficult to take notes. She also had difficulty listening in the classroom. However, unlike Skylar and Addison’s families who could bear the financial burden, Grace’s family was not in a financial position to pay an off-campus provider for the services she needed, and not having the additional accommodations made her experience in higher education more difficult. She had been at the university for eight years and had changed her academic major several times to find a major that her disability would not prevent her from finishing. However, Grace had become a better listener and become proactive in asking classmates and friends to share their notes with her or take notes for her on a special notebook provided by the disability services office.

Sebastian, Parker, and Noah entered their current universities having already experienced higher education and also mentioned not having the same or as many accommodations as they had at the previous college or university. Parker and Noah felt the difference was attributable to class size. Parker had transferred from a state college in Florida that was smaller than the university he attended in Alabama, and Noah had
completed his undergraduate degree in Georgia at a large research university. Both acknowledged receiving more accommodations and better accommodating facilities at their previous institutions. Noah credited the difference to the fact that the former university was larger with more resources, and Parker thought the difference was because the state college he attended was much smaller and thus more individualized. Noah’s experiences with receiving disability accommodations were better at his previous university in Georgia. Noah described disability services staff as cooperative, but “unorganized” and “not knowledgeable about disabilities” compared to staff at his previous university, which had a better process. He reasoned,

In terms of assist tech, there [are] multiple instances where they have not been very organized in terms of how they handle things. In undergrad, it was super organized. It was a school of 30,000 people, they had a process, almost too much of one … but I feel like in my undergrad … they were more knowledgeable in some ways about how best to test students. I have definitely had to educate the disability services office here on what they need to be doing sometimes because they have not always, I feel, had the best practices in place. But they are willing to work with you.

Noah gave an example of a professor who wanted him to complete tests in his class using a screen reader or in braille. Knowing his rights as a student with a disability, he explained, “She [was] not in a position to make decisions about accommodations we should be using.” However, when he reached out to disability services, he felt they supported the professor. “So I had to write an e-mail [to the disability office] expressing the need to be able to use computer or screen reading software to [test].” In the e-mail,
Noah discussed that every student is not the same and learns differently. He further described, “They didn’t have a system in place for people to take test[s] electronically. They were like . . . it is going to be hard to schedule all you guys . . . [and hard] getting people to read.”

Compared to his current institution, Parker appreciated that the state college he attended in Florida had tables instead of desks to accommodate his wheelchair and maintained ramps on campus. The disability services office at the state college asked students with disabilities their opinions about their campus experiences. Parker stated, I hate to say it, but I thought [my previous institution] did a much better job, and I know it’s a smaller school, so you have the ability to kind of cater to individual students . . . [There] all the classrooms are accessible, all the desks of course are accessible, and here most of the doors have the push buttons and stuff like that. I don’t know if it was again, the smaller size . . . [of] the ADA office [to] do your accommodation [but] it was just easier.

Still, Parker’s experiences receiving accommodations for his wheelchair were different from Sebastian’s experiences receiving accommodations for his visual disability. Noteworthy was the fact that the two attended different institutions. According to Sebastian, he could walk into the disability services office and be approved for any accommodation he requested. However, not all of Parker’s professors honored his accommodation letter. Neither had Kennedy’s professors, even though she attended the same university as did Parker. Parker explained, I’ve only had to do one test at the ADA office here . . . but they didn’t have a computer [and my] hands, they don’t work so well. So, like essay exams, [I] just
take on [a] computer and type them. If they didn’t have a computer, I had to go find one.

Regarding the process to register for accommodations, Parker explained his current university had stricter requirements for registering, compared to those of his previous institution. Parker explained, “[At the previous institution], if you had [a] visible disability, they didn’t necessarily require documentation with documents. Here you had to, regardless of what disability.” Hope also encountered difficulty with receiving accommodations (OCR, 2011). Hope described the process to register with disabilities:

Hair pulling out. It was just like the worst in the entire universe. So, in order for me to have college accommodations, I first had to have high school accommodations and that was the hardest to get, which is dealing with my high school counselor. Trying to get them to let me have accommodations with the ACT and the SAT.

Hope had to prove to her high school that she needed special accommodation.

But their big thing was, “Well, you are making As and Bs in a magnet school, you don’t need accommodations.” Yeah, it’s like, I make it look easy, [but] it’s not. I work twice as hard as everyone else and make lesser grades, and it drives me insane.

The process to be approved for accommodations even included sharing with the school research from the literature about Tourette’s syndrome. She explained,

But finally, we convinced them through lots of studies and things that we showed them, and they [were] like, okay. They gave me accommodations for that, and so
College Board kind of followed and was sort of like, well, since you already have these accommodations, we’ll go ahead and give you accommodations.

Once she could show that she had received high school accommodations, in the college registration process, Hope stated,

> It was [still] pretty lengthy with different forms and paper work, but they [we]re really good about, because we had all of the documentation, all this proof in research, doctors notes, this and that, high school this, and high school that, they were like, “Okay, this is obviously [something you] need.”

While Autumn was learning to walk again after her accident, the courses she had registered for to take in the spring were too much to handle, and she worried about losing her scholarships. In a discussion with an advisor in her department, she was informed that she could take a course reduction through disability services. Autumn explained,

> I was under the impression that they would kind of give me a credit since it was so early in the semester and that they would let me take another course in another year to just make up for it, but they did not really do that.

However, the process to get the course reduction through disability services took two weeks, which was past the drop and add period. Moreover, staff in the disability services office encouraged her to take only 12 credit hours a semester for as long as she needed; however, the financial aid office informed her that she still needed to retake the course over the summer to avoid losing her scholarships. In addition, her scholarships would not pay for the summer semester. Autumn’s goal was to graduate on time, a stipulation of her scholarships and a goal she had set for herself. Because the drop and add period had passed, it was too late to enroll in another course, and the course was too difficult to
handle combined with what she was already handling physically and emotionally.

Therefore, she made the decision to drop the course and paid to retake it in the summer. She recalled,

So, do I kill myself and keep going or do I just have to pay out of pocket and do one this summer. So I just chose to do over the summer. So, I have to pay back money to go for another class because I just couldn’t handle it. I just couldn’t go every single day, especially when I wasn’t able to drive. If I didn’t have anyone to take me, then I can’t go.

Autumn believed that knowing before the drop and add period that she could have dropped the class and not lost her scholarship would have been helpful. She argued, “It just did not make any sense to do all of that for nothing. I told everyone my story and I had to let everyone know my private details just for them to not really do anything.” In addition, Autumn felt disability services did not offer her the information or emotional support she needed:

They’ll offer you class reductions and things like that once you know about them, and they will say, “Hey, okay, I can contact this person and we can make sure they know about your disability and you can get whatever you need in class,” but there is really nobody to call and say, “Hey, I’m having a horrible day.” They kind of just say, “Well, okay, here’s counseling services, just go see them if you need something.” Once again, it just kind of makes you feel like you are just a burden.

In addition, Autumn had believed that disability services would accommodate her with a guide or buddy to help support her, only to discover those services were not available
accommodations. However, Autumn did reflect on a positive experience with receiving accommodations. Once, when she called the office after she fell trying to go around construction in front of her residence hall, she said, “Within a day, they had built me a ramp that I could use.” While Autumn felt “[they didn’t go] out of [their] way to tell me what all they could do for me to help me,” the disability services staff was nice. Victoria also had a positive experience with disability services, including registering for accommodations and getting a parking pass. Victoria felt the reason her experiences were more positive than the experiences of other students was because of her positive attitude. Victoria explained,

I have heard some of these kids. Some of them are sweet. Some of them are polite, but some of them are just, are you kidding? Who do you think you are and why do you think that everybody owes you something? You’re in college just like everyone else here. You are not special.

Victoria felt that she worked hard to get good grades, but that her grades alone did not make her special. “I am special to me,” she said, “but nobody owes me anything because of it.” Victoria suggested that speaking up and getting the services she needed was more effective with a positive attitude. Similarly, Parker and Noah provided feedback about disability services on their campus. Parker said that disability services had overall been helpful and accommodating, both at his previous college in Florida and at his current university in Alabama.

Other participants also mentioned reaching out to the disability service office and not getting what they needed. Kennedy explained,
It’s hard sometimes because when you give [professors] the letter, sometimes it’s not private, and that is probably why they wave it off. So I just get them in private to talk to them about it and then they start understanding more about what accommodations need to be made.

Hope understood her disability and its effects but often had to explain her disability to others. Hope said the reason was that the disability services office did not contact professors about her accommodations, which included time-and-a-half on tests and testing in a private space, until the middle of the semester. They were not prepared when she yelped in class or threw something across the room. Therefore, at the beginning of the term, Hope informed the class that she had Tourette’s syndrome, explained what it meant, and described how it affected her.

Grace’s experiences resembled Noah’s more than Parker’s. Grace listed various times when buildings were not accessible and disability services were unaware of building accessibility issues. Although Grace had a mild-to-moderate form of cerebral palsy, which affected her hands, she enjoyed art. Grace enrolled in the University initially as a graphic design major. However, like Addison, she could not always get to class. The buildings were not accessible. There were no curb cuts leading into the buildings or automatic doors to get inside the building. Grace explained, “I had to drop a photography class because the darkroom wasn’t accessible.” Thus, Grace changed her major because of structural barriers and a lack of classroom accommodations. She contacted the disability services office to be sure the building in her new major was accessible. She contacted disability services before starting the classes, and a staff member in the office told her the building had recently been renovated to include an
automatic door. She was also told that the Student Government Association had raised
the money for the renovations. Grace recalled, “I was all excited and was ready for
classes and everything and I go there and there is no accessible door.” Instead, Grace
was stuck outside of the building unable to get in.

Then I call them and they argued with me about the accessible door and it turned
out that they didn’t call the construction people on time and [the] disability office
just assumed that they did everything without even checking.

Grace remembered asking the person on the phone to send someone to the building to
open the door for her.

Harper, who also attended that institution, mentioned the difficulty for students
getting to and from her residence hall. She described the process to get into the building:

Not all the entrances have handicap spots. So, the handicap spot for the particular
building that I was in, was on one side. The handicap entrance was on the other
side. So, if I wanted to park close to the building, I would have to walk about 10
stairs to go quickly inside and get to my room or I would have to go all the way
around the building, [into] another building…. There is a handicap entrance …
that gets you into this little parlor …, but it connects to the dorm by three stairs.
The stairs make it difficult for someone in a wheelchair to access. Harper also mentioned
poorly maintained elevators that were slow or nonworking. She described a day when
the elevator in a 16-floor building was broken:

Thankfully, they have other elevators that go to the 15th floor, and so, I had to
take one of them, go to the 15th floor and then take the private stairs to go to the
16th. But unfortunately I had … printed up seven copies [of my thesis] to have a
binding, and I had to bring them all up there. So I was carrying them all up the flight of stairs. It was a horrible, horrible mess. I got up there, put them on the floor, and I said, You are going to have to give me a minute, and I just sat there and tried to breathe.

Although the staff in the building apologized about the elevator, Harper questioned how they would accommodate someone else in a wheelchair. Harper said,

When I first talked to the woman receptionist on the first floor of that building I was like, is the elevator out? She was like, “Oh, yeah, you are going to have go on the 15th floor and walk up the stairs,” which you wouldn’t even think about it, again, because my disease is invisible. If it had been another person [in a wheelchair], they wouldn’t have thought twice or asked, “Do I need to call somebody to come down and talk to you, you know, or something like that.” So, to me, I don’t know, it’s just, a lot of people don’t think about it because they don’t have to consciously be aware that this could be a problem for somebody. If you don’t have friends that are handicapped, you’re not going to think about it. You are not going to be like, “Oh, only having one handicapped entrance to this building, actually, that kind of sucks.”

Parker also experienced structural barriers at his university, such as poorly maintained curb cuts and elevators. He gave an example of a student who was stuck on a campus bus when the wheelchair lift stopped working and of another student who was stuck in an elevator that had also stopped working. Addison lived in a residence hall on an upper-level floor at the same university. Aware of the issues with elevators in the
residence hall, she reached out to her resident assistant and told him about her knee flare-ups in case the elevator were to stop working in the future.

For many of the participants, limitations relating to physical disability, including accessing buildings, unavailable services, and ignorance regarding physical disabilities by disability services and others, resulted in them speaking up and proactively communicating what they needed and wanted.

Communicating. The participants in the study were proactive in getting what they needed to be successful on campus. For example, whenever Kennedy and Harper missed classes because of being in the hospital or out sick, they both communicated with professors and completed assignments. Grace proactively communicated with administrators and faculty about her concerns with campus safety. One day when she was leaving a newer campus building, Grace could not find a curb cut and ended up in the street in the middle of oncoming traffic. She went to the student affairs and president’s offices to speak to someone about the issue of safety on campus, but no one was available. While in the president’s office, she spoke to the secretary who referred her to the dean of students. “[We] discussed a lot of things. I don’t know how well he’s going to be willing to help with accessibility on campus, but I keep on telling them that that’s a safety violation, and people could sue you for that.” Grace explained she was not interested in suing the school, but was interested in making sure that campus was a safe place for everyone. However, the only explanation she received was “budgets cuts.” She explained, “But the truth is, they can build a football stadium to bring in more money, but they can’t make their campus accessible.” Grace mentioned not having a great college
experience, but not from a lack of communicating with administrators, faculty, and staff
to get the resources she needed to be successful. Grace explained,

I haven’t really been able to enjoy going to college. Because of the constant
stress every day, am I going to be able to get to the building that I need to get to?
Is that building accessible? Am I going the right way where there are curb cut
outs?

Grace added, “I’m tired of having to deal with issues and I’m also tired of seeing disabled
students end up leaving because of the fact that they can’t deal with the inaccessibility of
the campus.” According to Grace, as long as she and others accepted the excuses from
campus administrators that they were doing what they could, “then it never gets done.”
Therefore, she planned to continue to voice her concerns about accessibility on campus
and speak up for her disability and for others with disabilities. As these students
reported, they sought support and resources on campus, knew how to communicate their
needs effectively, and were willing to ask for clarification (Test et al., 2005).

In summary, participants acknowledged extrinsic motivation, such as receiving
external rewards, defending their physical disability, and desiring to be different from
negative examples shown by others living with similar disabilities. They mentioned
intrinsic motivation, such as discovering meaningfulness in their lives, having a strong
support system, and helping others. Finally, they discussed self-advocacy skills, such as
being able to understand, value, and speak up for themselves and their disabilities.
Although they may not have always achieved the results they sought regarding
accommodations, issues, and safety, they still advocated. They understood their
disabilities, their needs, and ways to get the resources they needed to achieve the desired results in their life experiences, both academic and personal.
CHAPTER V - DISCUSSION

In this chapter, I discuss the findings of this study. In addition, I offer recommendations for higher education practice and research as identified in the results of this study. The interview results provide insight into the experiences of 11 higher education students with physical disabilities at three universities in the southeastern region of the United States. In particular, I sought to learn about their motivation and self-advocacy skills and the importance of these skills in their higher education experiences. Although researchers have studied “the role of self-determination in facilitating transition planning and services, very little is known about the impact of those supports and services from the students’ perspective once they are in postsecondary settings” (Getzel & Thoma, 2008). In addition, literature was limited regarding the impact of self-determination from the student perspective after enrollment into higher education (Denhart, 2008; Fuller et al., 2004; Getzel & Thoma, 2008). These findings provide a glimpse into participants’ understanding of the influences and drivers of their motivation and self-advocacy.

The purpose of this phenomenological study was to explore the self-reported impacts of self-advocacy and motivation on the experiences of students with physical disabilities in higher education. I hoped to explore further the sources of these students’ motivations, the source of their self-advocacy, and any connection between the two. One research question guided this study: “Among college students with reported physical disabilities, how do self-advocacy and motivation skills influence each other and the overall college experience?”
Researchers have suggested that students with disabilities arrive at college with little knowledge of their disability and how that disability affects their learning (Beecher et al., 2004; Skinner & Lindstrom, 2003). This did not prove to be true. Participants in this study understood their functional limitations and disability laws, knew how to self-identify and advocate, sought appropriate assistance, built support networks, and participated in preparation programs and social engagement. They also actively communicated with professors beyond an initial introduction at the beginning of the semester and had no problems communicating issues with disability services staff.

Thus, the participants’ experiences seem to contradict tenets of the literature. For example, participants registered through the disability service office for accommodations, which is an example of their self-advocacy skills and connection to the relatedness portion of self-determination theory. They self-selected to participate in this study, which displays their motivation and connection to autonomy. Therefore, they may be inherently different than typical persons with disabilities. Moreover, I obtained richer data because of it. Researchers have encouraged outreach efforts by disability support centers (Denhart, 2008; Fuller et al., 2004; Katsiyannis et al., 2009); however, participants repeatedly stated that disability services made no efforts to reach out to them upon enrolling. At all three campuses, participants acknowledged contacting their respective disability services offices regarding issues when necessary. Although all participants noted staff were “nice” and “compassionate,” only Parker found that office staff reached out after he registered; he felt more could have been done. Since his initial interview with disability services, Parker mentioned he had not interacted with the office. This was different from his experience at his former institution. At his former institution, disability
services staff frequently reached out to him about accommodations in the classroom and his satisfaction with the condition of sidewalks, ramps, and elevators on the campus. When the other participants were asked, “Have you received any surveys from disability services regarding your overall campus experience?” the participants at all three institutions said they had not. Kennedy and Addison commented the only survey they remembered receiving was given at the end of each semester before accessing semester grades.

Overall, participants displayed knowledge of the steps required to receive accommodations for their disabilities, for example, registering with disability services (Getzel, 2008; Madaus, 2008; Schutz, 2002; Smith et al., 2002; Thoma & Wehmeyer, 2005). Two participants with physical disabilities chose not to register for accommodations with disability services. However, their reasons were not to avoid being identified or different, as suggested in the literature (Hartman-Hall & Haaga, 2002; Johnson, Zascavage, & Gerber, 2008). Instead, these students chose to not self-identify with disability services because of a belief that their physical disabilities were in remission and could be self-managed. One participant had become temporarily disabled because of an off-campus accident and thus registered for disability services after the start of the academic year.

For participants who registered with disability services after the start of classes—for example, those who believed their physical disability was in remission, those who thought the disability could be self-managed, or those who became physically disabled while in college—the process was difficult (McManus & Shoaf, 2005). The paperwork process and the wait time before receiving disability services took longer than
participants thought necessary. For example, Addison experienced a flare-up in her knee over a weekend. On the following Monday, she had a note from a doctor saying she had hurt her knee and needed a temporary handicapped parking decal. She was not approved for the decal until Thursday, which caused her to miss several classes during those days. Addison was told by the disability services office the procedure for a temporary parking pass would not have taken so long if she had requested a permanent decal.

Participants also mentioned being unaware of the services available to them through disability services to support their learning (Beecher et al., 2004; Getzel, 2008). For example, Autumn registered with the disability office prior to the spring semester, but was not told by her department until after the start of classes that she could request a course reduction through disability services. According to Autumn, having the information earlier would have been helpful. At least one participants also acknowledged difficulty understanding the disability service office website and the terms in the application. For example, Autumn was confused by the website and did not understand the wording in the application and Addison did not have a clear understanding of the process for temporary handicapped parking.

Regarding the process of registering for services and receiving services and accommodations, participants held negative views of their disability service offices regarding office access, staff knowledge of students’ physical disabilities and ways to accommodate them, staff knowledge of accessibility on campus, and staff care and concern toward students with physical disabilities compared to the care shown students with learning disabilities. Kennedy mentioned the disability service office at her campus was moved to another part of campus that was not centrally located, making it harder to
access given the already difficult issue of parking on campus on days she was in pain from her physical disability. Parker attended the same institution and felt the staff was “unorganized” and “unknowledgeable” about how to accommodate student needs.

Moreover, participants expected the same accommodations in college that were available to them in high school (Beecher et al., 2004; Hadley, 2006). For example, in high school, Skylar had a guide, and Grace had a scribe. In addition, the two participants who had attended a previous college or university had fewer accommodations and stricter policies at their current institution. Further, ADA compliance (e.g., the upkeep of elevators and ramps) was better at the former institutions as well.

**Student Understanding of Disabilities and Needs**

Participants in this study understood their disabilities, communicated about their disabilities with others, and knew their limitations. These findings align with findings suggested by Smith et al. (2002). For example, Noah shared an experience with a professor who said he could either use braille or a computer in the classroom, but not both. When Noah reached out to the disability services office, they seemed to side with the professor; Noah followed up with an e-mail explaining his rights as a student with a disability and reminding the office of the different learning styles of students. Similarly, Parker’s disability made it difficult to write. When a professor preferred that Parker complete in-class writing assignments by hand like his peers, he communicated the limitations of his disability to his professor and explained the need for a computer as an accommodation. Parker’s advocacy resulted in his professor’s compromise by allowing him to use a computer. Both students understood their rights as students with disabilities and advocated for themselves (Test et al., 2005). They informed disability services of
potential issues other students with disabilities may have had, and their efforts ensured others would have the necessary accommodations in the future.

On several occasions, Grace spoke up about her disability. Grace gave examples of occasions when she was not accommodated in the classroom. One professor refused to let her use her extended testing-time accommodation, and another professor refused to provide her quizzes in an alternate version. Grace communicated with both professors, including proposing a compromise with one of the professors to allow her to take the test right outside the classroom door, which was denied. Grace also reached out to disability services for assistance. Unfortunately, providing Grace with the necessary accommodations she needed to be successful in her classes did not happen until later in the semester, which affected her grades. Even though Grace’s grades were negatively affected, and she dropped one of the classes, like Parker and others in this study, she advocated for herself and proactively took the necessary steps to get the services and accommodations she needed for academic success. Grace’s example, and other participants’ examples of self-advocacy, confirm findings from previous researchers who have studied the importance of advocacy skills; however, my findings contradict literature that students with disabilities do not enter higher education already having these skills (Beecher et al., 2004; Garrison-Wade & Lehmann, 2009; Skinner & Lindstrom, 2003).

The College Transition

Further, all study participants except Harper felt academically ready for college, which contradicts previous findings that the academic transition from high school to college may be difficult for students with disabilities (Belch, 2004; Kim-Rupnow &
Researchers have suggested that transitioning into the college environment for students with disabilities may not get easier and that matriculation may decrease (Belch, 2004; Boutin, 2008; Brinkerhoff, McGuire, & Shaw, 2002; DaDeppo, 2009; Getzel, 2008; Schutz, 2002; Stodden, 2005; Wagner et al., 2005; Whelley, 2002). However, none of the participants mentioned his or her physical disability or its effects as an academic challenge. Again, participants volunteered for this study, which demonstrates the presence of self-advocacy skills and autonomy. For example, those with physical disabilities from birth, such as participants with visual disabilities, felt they were academically capable. Skylar enrolled at her university from high school with academic scholarships. Sebastian and Noah were both enrolled as graduate students; Sebastian was a merit scholar. Moreover, those with visual disabilities attended an external training site at some point after high school, which helped them become more independent and able to function alone without much support from others. Skylar concluded the skills she learned in the program made her a stronger student. She read braille and knew how to use assistive technology, and she did not need many of the accommodations and services that she depended on in high school. Harper was the only participant who acknowledged academic struggles during her first year of college. However, she believed her struggle was not because of any challenges associated with her disability, but because of the fact that her high school experience did not adequately prepare her for college. Once Harper realized her career goals, her attitude about college improved, and she became a better student.
Disability Laws

At least three participants in this study offered examples of instances when they were given an unfair advantage or when they used their disabilities as an excuse for why they could not do work. Skylar mentioned the possibility of high school teachers modifying her assignments. Sebastian and Noah provided examples of teachers accepting their excuses for why they did not or could not complete class work. Sebastian argued that giving unfair advantages to students with disabilities in high school set them up for failure in college, where they were expected to perform with appropriate and necessary accommodations at the same level displayed by their nondisabled peers.

As noted in Chapter II, the Individuals with Disabilities Act (IDEA), a disability law governing secondary education, created equal opportunity for students with disabilities without giving them an unfair advantage (OCR, 2011). However, it was still important that parents, teachers, and others involved in students’ individual educational plans (IEPs) be educated and trained to ensure students did not receive unfair advantages in high school to help ensure a successful transition into higher education and later life. Sebastian, Skylar, Hope, and Victoria noted unfair advantages at their institutions, such as allowing unnecessary academic accommodations and parking privileges. Further, although disability laws prohibited higher education institutions from seeking information on disability status and did not require students with disabilities to disclose their disabilities (Getzel, 2005; OCR, 2011), participants in this study disclosed their disabilities with disability services for accommodations and support. Participants also disclosed information to others about their disabilities (Nichols & Stephen, 2009). Noah
had even been invited to share his experience with others through opportunities like speaking about his disability in classrooms and at conferences.

Although not required, several participants shared knowledge of their disabilities (Eckes & Ochoa, 2005; Madaus, 2008; Thoma & Wehmeyer, 2005; USGOA, 2009) but did so with those who showed negative attitudes toward them to defend their actions or special privileges they received. Participants with physical disabilities that were not as visible did not like having to disclose their disabilities, such as having to explain their physical disabilities and their limitations to justify their special parking privileges or justify why they could not achieve something, such as missing an assignment or time with friends. For example, someone who parked in a handicapped spot approached Kennedy and asked her why she also parked in a handicapped spot when she did not appear disabled. Harper was embarrassed she had to explain to financial aid staff that the reason she did not satisfy the research requirements for her degree was that she had been hospitalized for pancreatitis. Harper felt on more than one occasion that her disability should not be an excuse, when her nondisabled peers had personal conflicts as well and still did what they needed to do. Further, Autumn reluctantly shared personal information about her disability to campus offices for approval of a course reduction.

Attitudes

Even though U.S. law prohibits institutions from discriminating against students with disabilities (Eckes & Ochoa, 2005), it cannot change people’s attitudes toward students with disabilities or the affects toward students with disabilities self-image (Adams & Proctor, 2010; Jambor & Elliot, 2005). Therefore, it is necessary to educate students with and without disabilities about accepting and understanding the challenges
faced by their disabled peers. Participants mentioned ridicule and lack of empathy from other students. Autumn watched another student video her riding on her knee scooter, and the times she sat on the steps and used the railing to push herself up or down the stairs while students walked by without helping that left her feeling humiliated. Thus, an additional challenge of higher education leaders is to ensure other students are aware of their behaviors and are not biased—for example, assuming that students who do not appear disabled but park in a handicapped space should not be there—and being insensitive toward others who are different from them.

Public awareness, as Sebastian mentioned, would help eliminate disabling attitudes about the capabilities of students with disabilities. Public awareness could help eliminate acceptance of excuses that some students with disabilities have used to underperform instead of taking responsibility for their actions. Thus, as mentioned in Chapter II about the challenges of higher education, the challenge still exists to ensure faculty and staff are aware of their own behavior and monitor the behavior of students within the classroom to help reinforce the notion that bias and prejudice will not be tolerated (Nichols & Stephen, 2009).

According to Nichols and Stephen (2009), the role of administrators regarding the social and academic needs of students with disabilities is often overlooked. Grace visited several offices, including the office of the president of the university, before she spoke with the dean of students. Grace effectively communicated about on-campus issues regarding her safety and the safety of others with physical disabilities (Getzel, 2008). Although a solution was not reached in that meeting, Grace said she planned to continue talking until someone listened. Addison spoke to the president of the Student
Government Association (SGA) regarding campus parking issues, particularly for students with physical disabilities, and to her resident assistant. Participants understood “commitment [is] a crucial [ingredient] to the formula for success [and this commitment is one of the ways they] may successfully access and move through the institution” (Smith et al., 2002). As previously mentioned, Harper’s professor helped her to recognize the importance of college. She and Parker both spoke of the importance of making good grades to accomplish their goals. Their commitment to their educational and social success and development was consistent with Johnson (2000), Schutz (2002) and Smith et al. (2002), who contended that students bear the responsibility for learning, while professors and other university officials serve as guides, mentors, and resources.

The alienation and isolation of students with disabilities is another challenge. Students without disabilities may feel uncomfortable approaching and interacting with students with visible disabilities (Nichols & Stephen, 2009). For example, Skylar established friendships, but said she was an introvert, and making friends took time. Moreover, these students may feel uncomfortable discussing their disabilities (Nichols & Stephen, 2009), like Autumn did when voicing her frustration with having to explain her story repeatedly without receiving resolution.

Johnson (2000) examined the lack of opportunities for students with disabilities to be more involved and active on campus. In this study, participants attributed the lack of opportunities to lack of motivation because of the distance between buildings. Many students with physical disabilities want to become involved with campus activities and organizations (Johnson, 2000); unfortunately, students with disabilities are sometimes unable to participate in such programs. These reasons range from physical
accommodations of buildings, lack of special equipment (Adams & Proctor, 2010; Johnson, 2000; Paul, 2000), and back-to-back scheduling. Although these challenges have been studied (Adams & Proctor, 2010; Johnson, 2000; Paul, 2000; Getzel & Thoma, 2008), the factors that influence the success of students with disabilities’, as measured by degree completion, were not known. Researchers have suggested further study incorporating students’ voices (Getzel & Thoma, 2008).

Predominant views from participants included their opinions and perspectives of their disabilities, willingness to educate others about their disabilities, advocacy skills to get the services and accommodations they needed, and motivations for college success. For instance, Skylar did not consider blindness a handicap or disability, but rather a characteristic. Like other students with visible disabilities, Skylar viewed herself as an individual first; her disability came second. Sebastian explained that the desire of others to help students with physical disabilities may give these students unfair advantages, such as his ability to go into the disability services office and be approved for any accommodation whether he legitimately needed it or not. Therefore, he cautioned others to listen to students with disabilities about their needs.

Receiving Accommodations

Another issue mentioned in the literature (Nichols & Stephen, 2009; OCR, 2011) was students’ difficulty getting accommodations. Participants recounted experiences with unaccommodating faculty, the inability of faculty to accommodate the disability, and inaccessible buildings. Moreover, participants mentioned problems with receiving accommodations from disability services. In addition, disability services offices lacked knowledge of students’ needs and the campuses were unable to accommodate those needs.
(Eckes & Ochoa, 2005). One participant experienced all five issues. Grace was a junior who had been at her university for eight years. In that time, she changed her major several times because of structural design issues of buildings and her frustration in dealing with faculty who were not educated about how to help her learn despite the limitations of her disability. While in the graphic design program, Grace realized the darkroom was not accessible for her wheelchair. Grace also provided examples of times when there was no special equipment to accommodate her learning. Professors would not allow her classroom accommodations because doing so violated their classroom policies and rules. Further, Grace was unable to get into a building because the disability services office staff did not follow up with contractors to ensure that renovations to add an automatic door to the building were completed.

While participants were active on campus despite their disabilities, they agreed physical accommodations on campus could be better. Participants at all three campuses mentioned slow or nonworking elevators. Addison did not live on the first floor, and after experiencing elevator issues in the residence hall, she informed the resident assistant of her knee issues and the importance of maintaining the elevator. Kennedy noted buildings at her campus that had heavy doors. Parker attended the same campus and said that ramps and curb cuts were not properly maintained. Parker also mentioned issues with classrooms that did not have tables he could use and having to ask classmates to turn the desks to accommodate him. Further, students experienced unaccommodating faculty: Kennedy had a professor who knew she had a disability slam the door in her face when she was late for class. Harper advocated for herself by speaking up and telling her professor she needed time to prepare for a presentation she missed because of being in
the hospital. Noah’s professor only allowed one of two disability accommodations, and Noah had to choose which to use. All of these examples support previous researchers’ arguments that biases and prejudice regarding students with disabilities still exist and that increased public awareness is still needed.

Self-Advocacy

Researchers have suggested students may not know their disabilities and limitations (Smith et al., 2002), claiming this lack of knowledge as the reason to provide students with more proactive roles, such as being a part of their IEP processes. However, the participants in this study gave many examples of advocacy for themselves and others. Participants provided examples of their awareness of their rights as students with disabilities and described their ability to communicate. For example, Harper knew how her disability affected her, such as being prone to infections. Because of this tendency, she requested a single room. Harper and Parker were aware of the importance of doing well in their classes to advance toward their careers. Skylar and Sebastian did not identify themselves as blind, but as people. Likewise, participants were aware of the accommodations they needed for academic success and effectively communicated this information to faculty and the disability services offices. Autumn was aware of her limitations after her accident and knew that a full load of classes would be too much to handle. Therefore, she communicated the problem to others, received the information about a course reduction, and reached out to disability services for help. Parker allowed himself time to adjust to being in a wheelchair and to come up with another plan for his life, which included enrolling in college. All realized their goals and interests and used them as motivation for classroom success.
Researchers have suggested students with disabilities do not know how to balance the limitations of the disabilities with their academic demands (Adams & Proctor, 2010; Belch, 2004; Getzel & Thoma, 2008; Wagner et al., 2005). This finding was true for some participants in this study, but not true for others. Several participants mentioned missing classes because of health issues associated with their disabilities, but still communicated with professors and classmates to get missed assignments and notes. Despite this, Harper fell behind in completing research hours because of health issues associated with her disability. Even so, she was a graduate student teaching four courses at the undergraduate level, completing the research hours, remaining involved on campus, and engaging socially with friends, all while dealing with the limitations of her disability which included devoting three hours a day to breathing treatments. Harper was scheduled to graduate at the end of the term, proving she was able to balance the demands in her life. Moreover, she communicated with professors and completed missed assignments. She made adjustments to her schedule, such as spending less time with friends and the people from her department or only staying out until a certain time, while still balancing the disability, her education, and obligations.

Personal Engagement

Researchers have suggested socializing is a challenge for students with disabilities (Adam & Proctor, 2010). Participants in this study claimed their disabilities did not prevent them from social interactions. Harper mentioned having to leave places or end social time with friends early to get home and administer her breathing treatments, but noted she was still active on campus. Harper was a member of the LGBTQ organization and on the quiz bowl team. However, participants also mentioned difficulty getting to
events because of the campus landscape, the distance between buildings, inaccessible buildings, and parking issues (Eckes & Ochoa, 2005). For example, Harper explained the scheduling of meetings made it exhausting to leave a meeting in one building and walk to a meeting in another building. Participants also mentioned class scheduling caused them problems in attending classes, such as Kennedy who noted the travel distance between classes.

Participants at the three universities also described campus transportation as unreliable (Brinckerhoff et al., 1993; Hawke, 2004; OCR, 2011; Wehmeyer & Garner, 2003). Kennedy and Addison both attended the same university and offered similar accounts of having to walk to and from the pickup stop, having trouble getting onto the bus because of their physical disabilities, of the campus bus arriving late for pickups, and being locked out of classes for being late.

Recommendations for Future Research

It should be noted that this study focused on students with physical disabilities in higher education, and not on students with mental or learning disabilities. I chose this focus based on the assumption that their experiences were different. One question not included in the interview protocol, but frequently mentioned by participants was whether participants felt more attention was paid to students with learning disabilities than to students with physical disabilities. Several participants argued that professors and the disability services office did a better job of accommodating students with learning disabilities than they did accommodating students with physical disabilities. Additionally, participants with physical disabilities that were not as visible or were temporary felt accommodations made for them by the disability services office were not
as helpful or timely as accommodations provided to those with visible or more severe physical disabilities. Therefore, future researchers should explore these topics.

Participants with invisible physical disabilities described facing more misconceptions compared to the people with visible disabilities about their disabilities. They also experienced less empathy toward them from their nondisabled peers for having the same accommodations (e.g., special parking privileges) as students with more visible and severe physical disabilities received. Future researchers should examine the experiences of students with recent or temporary disabilities to understand their perceptions of students with physical disabilities versus perceptions of those without physical disabilities. The difference between students who acquired their disability recently and students who had had it for some time is an area for research and practice as well. Moreover, research is necessary on how the individual might acquire a disability and how we might influence what they need on campus. Much literature has focused on exploring how campuses should handle students with disabilities and of the civil rights of students with disabilities (Rights of Students with Disabilities in Higher Education, July 2013). However, little research exists on the attitudes of students with disabilities toward students with disabilities. In this study, a participant with an invisible physical disability received negative comments from another student with a disability when she parked in a handicapped space. Therefore, additional research is needed to explore these claims and assess how students with disabilities feel about the unequal treatment that might exist.

According to the literature, the perceptions of students without disabilities concerning students with disabilities influence how students without disabilities behave toward, understand, and treat students with disabilities (Belch, 2004). Therefore,
additional literature on this subject should continue to measure perceptions, changing ideas, and changing societal views about the disabled population. The perceptions of the general population continue to be negative toward those with disabilities. Hence, collecting and communicating awareness and additional information is important so that attitude changes can occur. When the attitudes and perceptions of the general university population change, including the attitudes of those with disabilities and those who may become disabled, changes in attitudes toward students with disabilities may emerge and affect the general population as well. When students leave the institution, they may have a greater awareness and sensitivity toward the disabled population.

Research has shown that self-advocacy is important in helping all students, including those with disabilities, succeed in higher education settings (Adams & Proctor, 2010). Yet, many of these students leave high school without the skills necessary to advocate for themselves effectively. According to Adams and Proctor (2010), students transition from high school environments in which they can be passive to active environments where there is an expectation they will be active in supporting their own disabilities. In this research study, participants took the primary active role of identifying themselves as having disabilities and requesting specific, appropriate, and necessary accommodations (Adams & Proctor, 2010; Jung, 2003; Katsiyannis et al., 2009; USGOA, 2009), and then utilizing the services provided (Smith et al., 2002; Weymeyer & Garner, 2003). Therefore, continual research of skills that promote self-advocacy and where these skills were learned is suggested.

Students transition into college alone; they need to take charge of self-advocacy and initiate their education and rights (Smith et al., 2002). Students must begin to
prepare themselves to take advantage of the programs and services being offered. Students with disabilities must request accommodations through the disability support office by identifying their disability and then providing accommodation letters to faculty members teaching their classes (Brinckerhoff et al., 1993). However, students usually experience a lack of understanding and acceptance by faculty, staff, and peers. Therefore, more research is needed on teaching students with and without disabilities to advocate for themselves prior to entering postsecondary settings. Again, this is important for students with disabilities and those without, because each will need to understand their needs, communicate their needs, and know how to get the resources they need after they leave college.

Educators in higher education must ask the following questions pertaining to Astin’s student involvement theory: (a) Do disabled students who live in campus housing have the appropriate accommodations so that they may get involved? (b) Does the institution provide academic and athletic involvement for disabled students? (c) Are there social experiences at the university where students with disabilities can be involved just like any other student at that institution? (d) Do university officials, both faculty and staff, understand students with disabilities and the unique needs they bring? (e) Are there ways students with disabilities can get involved without feeling marginalized? (Astin, 1993; 1999). Future researchers should focus on finding ongoing answers.

Educators should be concerned about what happens to students that the institution cannot accommodate. The law does allow institutions to deny enrollment to students whose disabilities cannot be accommodated. However, Grace’s experience was evidence that the issue exists. Although she switched her major until she found a major that could
accommodate her disability, she mentioned other students with physical disabilities who had dropped out confirming the literature that matriculation may decline (Boutin, 2008; Brinkerhoff, McGuire, & Shaw, 2002; DaDeppo, 2009; Getzel, 2008; Schutz, 2002; Stodden, 2005; Wagner, Newman, Cameto, Garza, & Levine, 2005; Whelley, 2002). They either transferred to another institution or did not complete their education. As the college-going rate of disabled students grows, college and university administrators should stay abreast of and continuously monitor the disabled student population that comes into the institution and seek ways to retain and graduate them. The goal of any education institution is to graduate productive citizens. Achieving this goal will require the institution and students with disabilities working together.

Future Implications

From the research findings, the following implications emerged. Institutional leaders should examine ways to make all majors accessible for students with physical disabilities. As mentioned, Grace was a graphic design major. She enjoyed drawing and wanted to pursue it as a career; however, she was the first student with a severe physical disability in the Art department. The faculty did not know how to instruct her, and the department did not have any special equipment to accommodate her learning. In addition, Grace lived off-campus because she refused to live in the one building designated for students with disabilities. The separation from other students caused her to feel segregated. Therefore, universal design in academic and residential buildings so students with disabilities have housing options comparable to their non-disabled peers and universal instructional design so all materials and texts are digital are suggested.
Another implication involves applying universal design and universal instructional design across campuses, including in classrooms and residence halls, such as computer stimulated lab experiences, accessible lab benches, faculty utilizing Blackboard, and providing tables in classrooms to accommodate these students. Expansion efforts in residence halls and rooms should include automatic doors with clickers, bed lifts, elevators, and ADA accessible bathrooms on every floor. A student in a wheelchair should have the option to live in the same building with friends or participate in living and learning communities with special interest populations, such as honors college. In addition, student residents with temporary physical disabilities, such as injured student-athletes, should have the option to remain in their current rooms. Other expansion efforts across campus could include renovations of current buildings and new construction of buildings to include ADA features, such as automatic door entrances located in the front of buildings (Rights of Students with Disabilities in Higher Education, July 2013).

Students also mentioned feeling segregated because their need for accommodations is noticeable by having to sit at the front of the classroom, ask for an electronic version of the class lecture, and again live on the first floor of the residential hall. Therefore, collaborating with other offices, such as the campus writing center, to offer disability service training, presenting at new faculty and staff orientations, and allowing accommodations, such as not counting a qualified medical reason as an excused absence despite a “3 or more absence” policy and allowing service animals in the resident hall despite a “no pets” policy, we show accommodating those with physical disabilities is not just designated to the disability office (Rights of Students with Disabilities in Higher Education, July 2013).
Moreover, forwarding accommodation letters before the semester starts and providing safe zones for students with disabilities to speak with counselors similar to other student groups, such as African American, Latino, and LGBTQ students, is suggested because the disability office should not bear the sole responsibility to support those with disabilities alone nor be expected to.

Other recommendations provided by the participants in the study include professors being caring and attentive to students to recognize patterns in their behavior, such as absences and to recognize when there may be a problem. Recommended solutions to problems may involve professors upholding to their own communication policy in course syllabi related to timely response to e-mails and telephone inquiries, institutions offering major specific courses in the same building or general location at certain times in the day, providing mentors for students with disabilities, increasing the comfort level of students with disabilities to address issues, and providing information about the services that the disability services office provides. These services could include information about academic accommodations that students can receive assistance with, such as the possibility of a course reduction, scheduling classes in relation to building location and providing reliable campus transportation in assisting students with getting to their classes in academic buildings. Institutions could also provide a checklist of services for students with temporary or recent physical disabilities (Rights of Students with Disabilities in Higher Education, July 2013).

As the population of students with disabilities grows on college campuses, college and university administrators should address retention and graduation efforts with action plans. Annual open forums and panel discussions with administrators, faculty, the
disability service office, and student affairs professionals should occur often and include representatives from the disabled student population in these conversations. Administrators should support renovations and new building construction that focus on universal design in the campus’s strategic plan and advocate for students with disabilities when seeking funding. Faculty should be aware of the limitations of disabled students and continually seek ways to use technology to make the way they teach inclusive for all students (Rights of Students with Disabilities in Higher Education, July 2013). Student affairs and disability accommodations professionals should offer training on how to work with disabled students for new faculty orientation, student organizations, and others that work with students with disabilities, such as housing professional staff and resident assistants. Student affairs professionals should also make university-sponsored activities more accessible, such as having mobile ramps to help students with disabilities access uneven surfaces (Rights of Students with Disabilities in Higher Education, July 2013). In addition, retention offices should implement programming focused on the issues of students with disabilities that cater to the interests of disabled students, such as providing advisors for this population to serve as mentors similar as those provided to other at-risk groups such as first-generation students.

Other retention efforts may include creating an organization for students with disabilities with an advisor or graduate assistant from the disability service office, pairing students with representatives from the disability office, and recruiting campus volunteers to serve as mentors and counselors. The disability support office should offer assistive technology, such as braille keyboards and displays, and provide interpreters at university-sponsored events (Rights of Students with Disabilities in Higher Education, July 2013).
In cases where funding is unavailable for special equipment, the disability office should offer students the opportunity to rent equipment or borrow documents and texts in braille (Rights of Students with Disabilities in Higher Education, July 2013).

Students with disabilities should be allowed and encouraged to sit on decision-making panels discussing the implementation of disability accommodations, accessibility, and assistive technology on campus (Rights of Students with Disabilities in Higher Education, July 2013). For example, the disability office should offer annual satisfaction surveys, and the university survey should include ADA-type questions as part of the university’s annual satisfaction survey to assess the needs of students with disabilities and invite their suggestions for improvements, thereby further providing voice to students with disabilities and promoting their self-advocacy. We can help eliminate these attitudes by being knowledgeable “of the nature of the student’s disability; . . . alternatives of accommodating the student; and exercise professional judgement” (Rights of Students with Disabilities in Higher Education, July 2013, p. 25) in deciding whether appropriate accommodations would give any unfair advantages. There should also be open forums at which nondisabled and students with disabilities can talk about types of disabilities and perceptions and misconceptions regarding those with disabilities to promote positive, healthy interactions (Rights of Students with Disabilities in Higher Education, July 2013).

Summary

Among college students with reported physical disabilities, how do self-advocacy and motivation skills influence each other and the overall college experience? As Harper concluded, self-advocacy and motivation exist together:
You definitely need to have motivation before you can self-advocate, because pretty much after that, it’s a cycle, because you are like, oh, I advocated for myself, you know. I can do this, and it motivates you further, but I feel like, you have to have enough motivation in the first place to get the cycle going.

Noah and other participants in this study—for example, Harper, who still dropped out of college even with positive interactions and wanting to live life differently compared to her mother—showed that motivation can come from external factors, such as family, friends, and mentors, but must come from the individual as well. Grace acknowledged she did not attend an educational training center or receive any rehabilitation to learn to manage her physical disability. She noted she would have benefited from learning skills to help manage her cerebral palsy, but acknowledged being motivated to learn those skills on her own, such as communicating, actively listening in class, and advocating for herself and others with physical disabilities. Further, Parker was pushed to speak up for himself concerning his disability and needs because of his motivation to be successful in college, and in turn, helped improve policies for other students. Although college success requires the assistance of parents and institutions, the outcome depends mainly upon the students and their understanding of the changes going on around them, such as being active participants in their learning. Once students have gained information about services their institutions provide to accommodate their disabilities, students can then move toward establishing academic and social independence and college success (Schutz, 2002; Smith et al., 2002).
APPENDIX A - INTERVIEW QUESTIONS

1. What is your academic major?

2. What is your academic classification?

3. What is your disability and how has it affected your ability to perform academically and in other areas of your life?

4. Describe positive experiences critical to understanding how your disability has affected who you are today.

5. Describe negative experiences critical to understanding how your disability has affected who you are today.

6. Describe your strengths. What do you do best in school, your social life, and other areas of your life?

7. Describe your weaknesses. What and where do you have the greatest difficulty, both in and out of class?

8. What accommodations might benefit your ability to function academically and in your personal life?

9. What are your rights and responsibilities as a college student?

10. Who are the people you go to for help? Are their backgrounds similar or different from you?

11. Describe the reasons why you decided to attend this University and your academic journey thus far.

12. Describe your interaction with the University, faculty, and/or staff before enrolling (orientation, private tour).
13. Describe your interaction both positive and negative with the University, faculty, and/or staff in and out of the classroom since enrolling.

14. Describe characteristics of a good professor and how you learn in the classroom.

15. Describe your experiences dealing with the disability services office and requesting necessary accommodations from faculty.

16. Describe ways the University provides you the support and accommodations you need to thrive academically and socially.

17. Describe how you prepare for class assignments and test.

18. Describe situations where your disability provided challenges for you in the classroom, residence hall, etc. and how you handled them.

19. Describe any barriers to organizations or activities as a result of your disability.

20. Describe any other activities, amenities, or opportunities you feel will benefit students with disabilities on campus.

21. Describe any ways you have shared your experiences with others.

22. Describe your goals after college and your plan to accomplish them.
NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 20.111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the “Adverse Effect Report Form”.
- If approved, the maximum period of approval is limited to twelve months.

Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 16021903
PROJECT TITLE: The Contributions of Self-Advocacy and Motivation to the Experiences of Higher Education Students with Physical Disabilities
PROJECT TYPE: New Project
RESEARCHER(S): Latecha Scott
COLLEGE/DIVISION: College of Education and Psychology
DEPARTMENT: Educational Studies and Research
FUNDING AGENCY/SPONSOR: N/A
IRB COMMITTEE ACTION: Exempt Review Approval
PERIOD OF APPROVAL: 03/11/2016 to 03/10/2017
Lawrence A. Hosman, Ph.D.
Institutional Review Board
REFERENCES


177


