Intersectionality: A critical qualitative exploration of
the experiences of LGBTQ persons with disabilities
at the collegiate level

Amanda Bell

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Intersectionality: A Critical Qualitative Exploration of the Experiences of LGBTQ Persons with Disabilities at the Collegiate Level

by

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Dissertation

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Ypsilanti, Michigan
Dedication

I dedicate this dissertation to my parents, because without them I would not have survived K-12, let alone higher education. Thank you for being the greatest advocates and support system a person could ever ask for. I do not think I will ever be able to fully convey how grateful I am for the sacrifices you made for me in life.
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Lastly, thank you to the participants who shared their experiences and made this study possible.
Abstract

This study sought to contribute to the growing awareness surrounding the barriers, challenges, and needs of LGBTQ persons with disabilities at the collegiate level. The purpose of this research was to capture the lived experiences of LGBTQ persons with disabilities who were enrolled at postsecondary institutions throughout the United States. Currently, only a few studies have focused on these experiences. This critical qualitative study explored the experiences of LGBTQ persons with disabilities in higher education, specifically how their intersectional identities influenced their postsecondary experiences. The experiences of participants emphasized the roles that other people had in both their LGBTQ disabled identity development and their collegiate experience. To understand the role that others played in these experiences, the guiding theoretical perspectives for this study focused on the development of identity and/or self through social interaction. These experiences were explored through the frameworks of George Herbert Mead, Herbert Blumer and Erving Goffman.

A critical qualitative approach was adopted for this study because this methodology supported the exploration of the systemic barriers that exist for LGBTQ persons with disabilities in higher education, while advocating for transformative change that supports the access and rights of this population. A combination of face-to-face interviews and observation were adopted to learn about participant’s experiences in higher education; however, because of confidentiality concerns, it was difficult to gain access to both LGBTQ and/or disabled activities.

The findings from this study underline the current postsecondary climate for LGBTQ students with disabilities and how it impacts their experiences in higher education. Each participant’s experience was unique, yet many shared experiences that emerged from the narratives emphasize the role the others play in both the identity formation and disclosure of
LGBTQ collegians with disabilities. Participants also spoke about the nature of their interactions with peers, university staff, administrators, and faculty about their identities. Several implications and recommendations emerged from the findings of this study. The experiences of participants emphasized the importance creating an inclusive campus environment through the establishment of safe spaces. As well as the implementation of policies, practices, and services that acknowledge the diverse make-up of all students, including LGBTQ collegians with disabilities. Specifically, the experiences of participants in this study stresses the significance that others play in the lives of students, and how proactive steps like faculty workshops can help facilitate inclusive pedagogical practices.
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Chapter 1: Introduction and Background

Currently, the presence of students with disabilities at postsecondary institutions is greater than ever before. Approximately 11% of students who attend college identify as disabled (National Center of Educational Statistics [NCES], 2016). Nearly 16% of collegians with disabilities are non-traditional students (i.e., 30 years of age or older), who chose to attend two-year colleges. They attend community colleges because of their reputation for being equal opportunity institutions of higher learning that serve all citizens because of their “open-access admission policies” (Hoachlander, Sikora, Horn, & Carroll, 2003; Heath, 2013; Rendon, 2000). Of the 13 million students attending community colleges, 12% are classified as a person with a disability (American Association of Community Colleges [AAAC], 2016). The increased postsecondary presence is significant for persons with disabilities, because there is a strong correlation between educational attainment and employment status. According to a report from the Institute for Education Sciences (2011), 83% of persons with disabilities who were employed attained a postsecondary certificate or degree. Unfortunately, 31% of persons with disabilities drop-out before completing their respective program of study. Although these statistics provide a snapshot of the challenges persons with disabilities experience related to access, they do not fully capture the diversity that exists within the disabled populations. Like other minority groups, collegians with disabilities possess other identity descriptors that influence their postsecondary experience, such as race and disability type. Approximately, 12% of collegians with disabilities identify as African American, 10.4% identify as Latino American, 14.4% identify as Native American, 8% identify as Asian, 14.9% as Pacific Islander, and 11.3% identify as belonging to two or more racial groups (NCES, 2016). In addition to racial characteristics, statistics reveal that a disproportionate number of collegians with disabilities have an impairment that is hidden
or invisible to the naked eye, such as learning disabilities, Attention Deficit Disorder (ADD), Attention Deficit Hyperactive Disorder (ADHD), or mental and psychiatric conditions (Raue & Lewis, 2011). Existing research reveals that barriers exist for individuals with invisible disabilities (Heiligenstein, Guenther, Levy, Savino, & Fulwiler, 1999; Henderson, 2001; Izzo, Hertzfeld, Simmons-Reed, & Aaron, 2001; Wolf, 2001). The study from Wolf (2001) discusses how individuals with invisible disabilities grapple with issues such as ineffective study skills, time management, organization, processing, as well as issues related to self-esteem and perceived stigma.

In addition to the barriers, that individual with invisible disabilities experience, scholars identify some of the potential issues that racial minorities with disabilities, such as African Americans with disabilities, encounter within the educational context. Reid and Knight (2006) explore the paradox that exists, within the educational context for African Americans with disabilities. They discuss how African American are disproportionately present in K-12 special education programs, while being absent from colleges and universities. In their discussion of the postsecondary participation of African Americans, they discuss how current practices that expect individual actions or behaviors decidedly benefit White privileged individuals who have the financial means and abilities to provide documentation of disability to advocate for disability services. Although the discussion of racial minorities with disabilities within the postsecondary context is limited, the presence of racial minorities with disabilities has been included in both the statistical and empirical discussion of the experiences of persons with disabilities in education, whereas until recently there was virtually no discussion of LGBTQ collegians with disabilities.
Statement of Problem

Currently, policies, programming, and support services intended for persons with disabilities have a broad focus. Disability support offices focus on providing persons with disabilities with the accommodations and services they need at the postsecondary level. These accommodations are based upon Section 504 of the Rehabilitation Act of 1973 Subpart E (Pub. L. No. 93-112, 34 C.F.R.), the Americans with Disabilities Act of 1990 (Pub. L. 101-336 [July 1990]; 42 U.S.C. 12101), and the recent Americans with Disabilities Act Amendment of 2008 (Pub. L. No. 110-325 [S 3406]), which outlines how colleges should accommodate persons with disabilities. While disability offices provide services to persons with disabilities in accordance with the mandates, there are several problems with how disability offices currently function. One challenge is that these offices focus only on how a person’s disability is going to impair his/her performance in the classroom. Disability offices overlook how a person’s disabled identity will influence his/her overall experiences in colleges, especially in instances when someone identifies as a member of multiple minority populations, such as LGBTQ and disabled. For LGBTQ persons with disabilities like the participant profiled by Henry, Fuerth, and Figliozzi (2010), disability offices fail to offer an environment where students feel they can discuss their experiences as LGBTQ persons with disabilities.

These same challenges exist in LGBTQ offices, groups, and programming. In recent years, colleges and universities have attempted to support the needs of LGBTQ people attending higher education by establishing LGBTQ-focused offices. Approximately 193 LGBTQ offices have been established at different postsecondary institutions throughout the United States to support the needs of LGBTQ persons attending college (Consortium of Higher Education LGBTQ Resource Professionals, 2016). While these offices illustrate postsecondary institutions’
emerging commitment to supporting the needs of LGBTQ students, frequently these offices
overlook the needs of LGBTQ persons with disabilities (Henry et al., 2010). Another factor that
has contributed to student affairs practitioners’ understanding of the needs of LGBTQ students in
college is studies focusing on campus environments or “climates” for LGBTQ persons. Rankin,
Blumenfeld, Weber, and Frazer (2010) conducted a national survey in an attempt to understand
6,000 LGBTQ people’s experiences in higher education throughout the United States. In its
exploration of the experiences of LGBTQ persons in higher education, the survey recognized the
presence of LGBTQ persons of color and LGBTQ persons with disabilities at the postsecondary
level. Despite acknowledging the presence of both groups of persons, the survey’s discussion of
LGBTQ persons with disabilities was limited, whereas their discussion of the experiences of
LGBTQ persons of color considered how the intersection of these identities influences a person’s
experiences with harassment. This oversight is problematic because the researchers disregard the
intersectional identities of nine percent of the survey’s respondents who identified as disabled. I
argue that omission is the consequence of how the researchers view disability.

When describing their participant pool, the survey stated that “Nine percent reported the
presence of a disability that substantially limited a daily life activity” (Rankin et al., 2010, p. 9).
The description is consistent with the medicalization of disability, which treats disability as a
personal medical problem rather than a socially-produced identity (Linton, 1998). The medical
lens of disability places an emphasis on an individual’s physical and/or cognitive impairments,
and how these impairments limit his/her abilities, while overlooking the impact of the
environment. When discussing disability through a medical lens, people disregard how social
and environmental barriers prevent a disabled person’s participation in society. For example,
when a building is built and stairs are installed instead of a ramp, the installation of stairs is a barrier that was created by the architect and/or builder.

Currently, higher education institutions adopt services and practices that individualize disability and influence the participation of collegians with disabilities. These practices influence how persons with disabilities receive academic services and accommodations. According to the Association of Higher Education and Disability (AHEAD), to receive services and/or accommodations in higher education, persons with disabilities are responsible for reaching out to the appropriate office at their respective schools. After students provide documentation of their disability, the disability specialist at the university provides them with a letter that outlines the academic accommodations they are eligible for, which the student is then required to present to his/her instructors to receive accommodations. These policies are an example of how colleges and universities treat disability as a challenge that a student needs to overcome or manage, rather than an identity that is subject to discrimination.

**Purpose of Study**

As is discussed in greater detail in chapter 3, my interest in exploring the experiences of LGBTQ persons with disabilities stems from my experiences both as a collegian with a disability and as a disability services practitioner. In both these roles, I encountered college students with disabilities who identified with a secondary minority group. From these interactions, I recognized that there was an absence of literature about dual minorities with disabilities at the collegiate level. Consequently, this prompted me to conduct research that would help fill this gap. As a graduate student, I conducted a pilot study that featured persons with disabilities who identified with a second minority group. While completing the study, there was a lack of interest from racial minorities with disabilities to participate in the pilot studies, whereas LGBTQ
persons with disabilities were eager to share their experiences. Therefore, when it came time to select a focus for this study, I decided to focus on LGBTQ persons with disabilities because of past experiences. This study contributes to emerging discussion and awareness of the experiences of individuals with disabilities belonging to the LGBTQ population at the collegiate level. Through exploring the experiences of LGBTQ persons with disabilities attending universities throughout the United States, this study provided insight into the challenges that LGBTQ persons with disabilities experience in higher education across the United States. The goal of this study was to change how colleges and universities serve and support LGBTQ persons with disabilities by adding to the growing discourse and awareness surrounding the experiences of LGBTQ collegians with disabilities. By sharing the stories of LGBTQ persons with disabilities attending colleges and universities throughout the United States, this study sought to help colleges and universities recognize that they need to provide support and services to individuals identifying as both LGBTQ and disabled, instead of overlooking the needs of these students.

**Theoretical Framework**

This study sought to understand how these intersecting identities influenced an individual’s collegiate experience. A key part of this exploration was understanding the role that others play in an individual’s identity construction. The guiding theoretical perspectives for this study focused on the development of identity and/or self through social interaction. The theories that George Herbert Mead outlined in *Mind, Self, and Society* (1967) serve as the overarching theories for this study. Mead’s theories recognize the role that social interaction plays in the development of a person’s self and identity. Specifically, his theories were useful in understanding the role that social interaction plays on the construction of identities such as
gender, sexuality, and disability. Herbert Blumer and Erving Goffman developed theories based on Mead’s work that explored the role that social interaction plays on an individual’s development of self. This section discusses these theorists who were influenced by Mead’s work and their connection to LGBTQ persons with disabilities who are featured in this study.

**Mead.**

**Society and self.** For Mead, people’s experiences are the result of a larger social process, without which the individual or self would be unable to develop. According to Mead (1967), the family is an essential element of society, because without the familial unit, organized society would not be possible. The organized groups or communities that support the development of self also support the establishment of society. Mead argued that the development of self is a product of social experience or interactions; without these social interactions, people would be unable to develop a self or self-consciousness. He said that people can be conscious without being self-conscious; people become self-conscious when they accept the attitudes that others have about them within their social environment. When individuals develop a self, they become an object to themselves, which allows them to be reflexive and have both internal and/or external interactions. According to Mead, the development of self is a process that occurs in stages.

The first stage is called imitation, which is where infants learn from watching and mimicking parents or family members. After imitation, the play stage emerges when children acquire language, as well as the meaning of select symbols, and they are using their imagination. The play stage moves into the game stage, when a child must be able to place him/herself in the roles of multiple persons simultaneously and can understand the association between these roles. Understanding the language of these individuals helps a person embrace these roles and interpret
the behavior of these individuals. The final stage in the development of self involves what Mead called the “generalized other.” According to Mead (1967),

The organized community or social group which gives to the individual his unity of self may be called “the generalized other.” The attitude of the generalized other is the attitude of the whole community. Thus, for example, in the case of such a social group as a ball team, the team is the generalized other in so far as it enters—as an organized process or social activity—into the experience of any one of the individual members of it. (p. 154)

A person’s self develops based on the beliefs and behaviors of the generalized other (i.e., social groups) that he/she is affiliated with. For Mead (1967), the self that arises because of the generalized other is called the “me.” Development of the “me” occurs in a person’s subconscious; it is the result of the person observing the behaviors of a generalized other and forming a self that is in accordance with the generalized other. The “me” monitors the “I,” which involves a person’s reaction to a circumstance or community. These reactions are unpredictable, spontaneous, and represent the impulsiveness of an individual. Mead explained that an individual’s “final me” (p. 187) emerges when his/her attitudes are completely reflective of the generalized other. In his book Mind, Self, and Society, Mead used an example of a politician to explain the development of the “final me.” In Mead’s example, the politician created a project that reflected both the politician’s attitudes and the attitudes of the broader community.

The final stage of the development of self is “the realization of self in the social situation in which it arises” (Mead, 1967, p. 200). For Mead, the self and/or selves that develop are the product of social interactions and reflect these interactions. This recognition of self can occur in numerous ways. One is through recognizing the self in relationship to others. Another is through
the “positions” (e.g., second baseman) an individual occupies in his/her respective social
group(s).

**Mind.** A person’s mind is not the product of biology or genetics but society. People’s
minds develop through social interaction. The mind helps an individual interpret the actions of
others and alter his/her behaviors in response to these actions. An individual’s mind helps
him/her interpret gestures, which have no meaning until the gesture elicits the same response
between two individuals. Simply put, the gesture must carry the same meaning for each organism
or individual engaged in the interaction. Moreover, significant gestures involve a consciousness
among the organisms. This consciousness is possible through a vocal gesture, which involves a
person making a verbal statement that elicits a similar response from the individual hearing the
statement.

Once an individual has internalized both a “me” and the generalized other, vocal gestures
provide individuals with the ability to hear their gestures in the way others hear them. These
types of gestures are also useful because they allow an individual to have an internal dialogue,
which allows him/her to anticipate how someone may react to a gesture before it is made. Mead
(1967) posited that a vocal gesture allows a person to reflect on an interaction through the act of
speaking and hearing. A vocal gesture is a word or a phrase. For example, when a child is about
to touch a lit candle and is told “don’t touch,” and both the person who gave the directive and the
child hear the command the same way, this shared understanding makes the vocal gesture
significant. Once the vocal gestures become significant, the development of language is possible,
which is an essential element of the human experience because “the stimulus is one that can react
upon the speaking individual as it reacts upon the other” (Mead, 1967, p. 69). He claimed that
the mind develops because of both vocal gestures and accepting roles. This occurs in the
development of self, which is discussed in the next section.

**Blumer.** Herbert Blumer (1969) developed both the term and principles of symbolic
interactionism; however, Mead’s analysis of social interaction guided Blumer’s thinking and the
development of three principles of symbolic interactionism. Symbolic interactionism provides a
framework for understanding how people’s actions and behaviors are informed by social
interactions (Blumer, 1969; Mead, 1967). Blumer identified three underlying principles of
symbolic interactionism:

1) Humans act toward things on the basis of the meanings they ascribe to those things; 2) The meaning of such things is derived from, or arises out of, the social interaction that one has with others and the society; and 3) These meanings are handled in, and modified through, an interpretative process used by the person in dealing with the things he/she encounters. (p. 7)

The first premise recognizes that people’s actions towards others reflect the meaning people draw from others’ behavior. In the second premise, Blumer (1969) discussed “how the meanings are the result of social interactions, and that the process of drawing meaning from social interactions is a continuous process that is rooted in interpretations.” The third premise reiterates Mead’s discussion about mentality in Mind, Self, and Society surrounding the internal and external dialogue a person has about meaning. Mead (1967) said,

Mentality on our approach simply comes in when the organism can point out meanings to others and to himself. This is the point at which mind appears, or if you like, emerges . . . It is absurd to look at the mind simply from the standpoint
of the individual human organism; for, although it has its focus there, it is essentially a social phenomenon; even its biological functions are primarily social. (pp. 132–133)

In addition to the three premises, Blumer (1969) identified “root images” that grounded symbolic interactionism. The first is “nature of human society or human group life” (Blumer, 1969, p. 6), which discussed the infinite number of acts that people engage in through their life spans that are based on their interactions with others. These acts can be completed independently or collectively; however, they are rooted in social interactions.

The second root image is “nature of social interaction,” which involves interactions between individuals; through this interactive process, people draw meaning. In his discussion of social interaction, Blumer (1969) extended Mead’s philosophies related to the conversation of gestures and significant symbols; however, Blumer referred to these actions as “non-symbolic interactions” or “symbolic interactions” (p. 8). According to Blumer, a non-symbolic interaction involves an individual responding to the action or behavior of another person without processing the action, whereas a symbolic interaction occurs when an individual processes the action and then responds.

The third root image is “the nature of objects,” which focuses on the objects that are a part of person’s world or lived experience. Blumer (1969) identifies three types objects: physical object (e.g., a pencil), social object (e.g., a person), and abstract object (e.g., a thought). The meanings attached to each of the objects vary between people and are determined by their interactions with others. Another is “the Human Being as an Acting Organism”; this root image echoes Mead’s position on the development of self, as well as his discussion of the self-object dynamic. Like Mead, Blumer contends that for a human being to be an acting organism, he/she
must develop a self, and like Mead, he believes that the self-object relationship is something that emerges from social interaction. Along the same lines, another root image is “the Nature of Human Action,” which, as Mead does, emphasizes the interpretations and/or meaning individuals draw from people’s actions, as well as the roles people adopt during social interaction. The last root image, the “interlinkage of action,” focuses on how an individual action has the potential to be transformed into joint action, which is at the core of social interaction.

Goffman. Erving Goffman, like Blumer, acknowledged the role that social interaction plays on the development of self and/or identities, such as LGBTQ and disability status. In his book The Presentation of Self in Everyday Life, Goffman (1959) discussed how social interaction is akin to the theater, because people in their everyday life play roles, much like theatrical actors. To explain the dynamic between individual action and social interaction, Goffman developed the Dramaturgical Model of Social Life, which suggests that people’s lived experiences play out through a sequence of performances. He identified main concepts that are associated with this model: performance, setting, appearance, manner, front, back, and off stage. The concept of performance refers to an individual’s actions or behaviors in front of others. Appearance provides insight into a person’s position, ability status, sexual orientation, or gender identity within an environment. The concept of manner focuses on how a person behaves within a given context. In some instances, a person’s appearance can be antithetical to his/her manner, which can cause others to be confused. The front stage represents an individual’s performance or behaviors, which helps to define the situation for the audience. The back stage refers to the fact that a performer’s behaviors may be different back stage than they were front stage. Finally, off stage refers to how people’s performances or behaviors can change when they meet members of the audience in different settings. For example, when participants encountered me when we were
not meeting for an interview, their actions or behaviors towards me changed, and some of them did not acknowledge me. As this section illustrates, the Dramaturgical Model of Social Life is applicable to the experiences of LGBTQ collegians with disabilities because of how these individuals perform based on the setting.

Like the Dramaturgical Model of Social Life, the concept of stigma as discussed by Goffman (1963) applies to the experiences of persons with disabilities and/or LGBTQ persons. Goffman suggested that society or the generalized other establish what personal characteristics, behaviors, or beliefs are normal. When an individual fails to possess any of these behaviors, beliefs, or characteristics, the individual is stigmatized. A person’s beliefs related to his/her identity influence how he/she deals with stigma. Similar to Mead (1967), Goffman (1963) argued that the aforementioned beliefs are shaped by social interactions with people or the generalized other. These interactions with the generalized other inform the attributes that people perceive as normal, and if an individual does not possess these attributes, he/she is stigmatized. According to Goffman, there are three types of stigmas: abominations of the body, blemishes of individual character, and tribal stigma. An abomination of the body encompasses physical disabilities and homosexual activity because both are inconsistent with culturally perpetuated attitudes about how a person should use his/her body and how it should look. Blemishes of individual character include homosexuality and cognitive impairments because the behaviors associated with these “conditions” are antithetical to socially accepted behaviors or actions. Last, tribal stigma is associated with race, nationality, and religious beliefs, which can be passed down through a family and/or a culture’s history. Tribal stigmas are also believed to be associated with identities that can adversely influence people’s attitudes towards a family and/or culture, such as LGBTQ and/or disability status.
Persons with disabilities and/or members of the LGBTQ population are subject to the first two forms of stigma: abominations of the body and blemishes of individual character. Individuals identifying as LGBTQ and disabled live in a society that is dominated by heterosexual and non-disabled perspectives that stigmatize people associated with either of these populations (Herek, 1990; Linton, 1998). Underhile and Cowles (1998) echoed key elements of Goffman’s (1963) arguments surrounding the stigmatization of LGBTQ persons and persons with disabilities when they discussed how people with disabilities are reduced by the “sum of their parts” and LGBTQ persons are “diminished by their sexual behavior” (p. 172). The stigma surrounding LGBTQ and/or the disabled identity on college campus results in LGBTQ persons with disabilities managing the stigma associated with their dual identity. In Miller’s (2015) study, participants were focused on managing the stigma that was associated with their identities, specifically their disabled identities.

The theories discussed in this section served as the framework for understanding the postsecondary experiences of the participants who are featured in this study and the impact that social interactions have on these experiences. These theories provide insight into how LGBTQ collegians with disabilities construct their identities and alter their behaviors based on interactions they have with others within a higher education environment.

**Research Questions**

The guiding research question for this study were as follows:

- How does belonging to both the disabled and LGBTQ populations influence an individual’s collegiate experience?

- When and why did student participants develop and disclose their LGBTQ and disabled identities?
• How do student participants construct their identities?
• How do student participants experience others’ perceptions of their identity?

Chapter Organization

Currently, the exploration of the experiences of LGBTQ persons with disabilities in higher education occurs from a broad perspective; however, there are several parallels in the experiences of persons belonging to these populations. Both LGBTQ and persons with disabilities encounter challenges surrounding services, policies, and campus attitudes. By exploring the background, purpose, and significance of this study, as well as the statement of the problem, theoretical framework, and guiding research questions, this chapter provides a context for how these challenges can influence the collegiate experience of someone who identifies with both populations.

Chapter 2 discusses the current literature that explores LGBTQ and persons with disabilities at the collegiate level, which informs this research. In the first portion of the chapter, we discuss both the theoretical frameworks used for this study and how the application of these theories supports an understanding of the experiences of LGBTQ persons with disabilities. Additionally, existing research focusing on identity development, persons with disabilities at the collegiate level, and LGBTQ persons in higher education is presented. Last, I will discuss emergent research focusing on LGBTQ persons with disabilities in higher education.

Chapter 3 discusses the research methods that were adopted for this study. The first portion of this chapter focuses on both the rationale for adopting a critical qualitative approach and my interest in exploring the experiences of LGBTQ persons with disabilities. Also addressed are critical reflexivity, subjectivity, and interpretive strategies I adopted throughout the data
collection process. Last is a discussion of trustworthiness, reliability, and ethical concerns associated with the methods of this study.

Chapters 4 and 5 features participant narratives focusing on both the unique and common experiences that each person had as an LGBTQ person with a disability pursuing their undergraduate and graduate degrees. The narratives in Chapter 4 are centered on the experiences of six participants who were completing their undergraduate education. These individuals attended post-secondary schools in the Midwest and the East Coast regions of the United States. Likewise, the experiences discussed in Chapter 5 represent the experiences of four graduate students from the East, Midwest, Pacific Northwest, and Southern regions of the United States.

Chapter 6 provides a thematic analysis of the common themes that emerged from the participant’s narratives. These themes are identity development, recognition of intersectional identities, invisibility of identities, exploration of identities through curriculum, disclosure of LGBTQ and/or disability status, and interactions with faculty, peers, and support staff surrounding identities. In addition to outlining the emergent themes from this study, I also discuss how the findings from this study support and/or contributes to existing studies focusing on the experiences of LGBTQ persons with disabilities in higher education. The seventh and final chapter discusses the limitations of this study and implications for research and practice.
Chapter 2: Literature Review

This study sought to explore the experiences of LGBTQ collegians with disabilities throughout the United States. As mentioned in the previous chapter, research historically has overlooked LGBTQ persons with disabilities in higher education, and this study contributes to a growing discourse about the experiences of this population. For this study, the exploration of the experiences of the LGBTQ persons with disabilities attending higher education occurred through a critical, qualitative lens, which recognizes the history of marginalization that this population has experienced within the postsecondary setting. This literature review discusses research that explores and considers the experiences of this LGBTQ disabled population at the collegiate level. Since past research has treated these two identities as mutually exclusive, this chapter also discusses existing research focusing on the LGBTQ or disabled population within the context of higher education separately while highlighting the intersection among these populations.

Current State of Disability Rights in the United States

In her article entitled “Becoming Disabled”, Garland-Thomson (2016) argued that in the United States, “We have a much clearer collective notion of what it means to be a woman or an African-American, gay or transgender person than we do of what it means to be disabled” (p. 1). This lack of clarity related to the disabled identity has adversely impacted the rights of Americans with disabilities. While disability rights experienced their origins in the 1960s and culminated in the late 1980s with the ratification of mandates such as the Rehabilitation Act of 1973 (Section 504), Subpart E (Pub. L. No. 93-112, 34 C.F.R.), the Americans with disabilities Act of 1990 (Pub. L. 101-336 [July 1990]; 42 U.S.C. 12101), and the recent Americans with Disabilities Act Amendment of 2008 (Pub. L. No. 110-325 [S 3406]), which broadened the definition of disability to include individuals with conditions such as diabetes, cancer, epilepsy,
and increased people’s ability to seek services and protection as an American with Disabilities (Shapiro, 2011; U.S. Equal Employment Opportunity Commission [EEOC], 2008), the fight for disability rights in the United States has been stagnant. Americans with disabilities experience limited access and equality to basic rights such as employment and higher education. Data from the US Census Bureau (2012) revealed that less than one half of individuals aged 21 to 64 with a disability are employed (41.1%), whereas 79.1% of people in this age group without disabilities are employed. Internationally, however, disability rights have continued to progress with the ratification and implementation of mandates such as the UN’s Convention on the Rights of Persons with Disabilities in 2006 (UNICEF, 2007). The impetus behind the treaty was that persons with disabilities are the largest minority in the world, and many cultures ignore their rights (UN Enable, 2013).

The UN General Assembly adopted the Convention on the Rights of Persons with Disabilities (CRPD) in December of 2006. Gallegos (2012) discussed how the UN perceived this as a milestone because the CRPD is the first human rights treaty of the new millennium. Moreover, the CRPD is one of the UN’s initiatives to protect human rights and is the first one to explicitly address the rights of persons with disabilities (UN Enable, 2013). According to the UN’s website, the purpose of the CRPD is to ensure that individuals with long-term physical, mental, intellectual, or sensory impairment are able to engage in society. For persons with disabilities to do this requires the removal of social and physical barriers that challenge societal participation. The main principles of the CRPD, as outlined by the UN, include respect for inherent dignity, individual autonomy including the freedom to make one’s own choices and independence of persons, non-discrimination, full and effective participation and inclusion in society; respect for difference and acceptance of persons with disabilities as part of human
diversity and humanity, equality of opportunity, accessibility, equality between men and women; respect for the evolving capacities of children with disabilities, and respect for the right of children with disabilities to preserve their identities.

Coinciding with these principles are obligations that countries that sign and ratify the CRPD must embrace. These obligations include implementation of mandates or legislation that support the principles of the CRPD, to ensure that all government or federal policies consider the rights of persons with disabilities, commit to not engage in practices that are antithetical to principles of the CRPD, to strive to eliminate discrimination against individuals with disabilities, support research and development that benefits persons with disabilities and their participation in society, and to support professional development and/or training of employees and professionals who work with individuals with disabilities.

The recent approval of the UN’s CRPD has positively influenced the global and national disability rights movement. In 2009, the United States government signed the treaty but had not ratified the document, which illustrates how people throughout the United States continue to overlook the barriers that restrict Americans with disabilities, basic human rights, such as education.

**Educational Barriers for Students with Disabilities at Two- and Four-Year Institutions**

**Academic preparedness.** As a result of open-access policies, two-year institutions offer support services designed to accommodate the diverse needs of people with disabilities, whereas four-year universities or colleges simply modify the services provided to all students (Chang & Logan, 2002). Despite the open-access policies that support the participation of persons with disabilities at community colleges, Garrison-Wade and Lehmann (2009) found that many students with disabilities who were attending community colleges thought that their previous
educational experiences did not prepare them for college level classes. In their study, participants stated that they believed that their high school coursework did not prepare them for college courses.

Current research focusing on collegians with disabilities emphasizes personal attributes (i.e., self-determination and advocacy). Self-determination is a concept that has been readily embraced by special educators to explain post-high school outcomes. Wehmeyer and Schwartz (1998) suggested that self-determination levels among high school students impact their life trajectory post-high school, such as when they attend higher education institutions. Likewise, Field (1996) contended that self-determination contributes to a disabled person’s “successful transition” into higher education because the level of self-determination disabled persons possess influences their ability to advocate for themselves. A relationship exists between self-determination and self-advocacy; when a person is capable of advocating for him/herself, this skill builds self-determination (Field, 1996; Wehmeyer & Schwartz, 1998). Further corroborating the linkage between self-advocacy and self-determination are findings from Getzel and Thoma (2008) that revealed that collegians with disabilities believed successful advocacy involved self-determination. Additionally, numerous studies have identified a correlation between self-determination and student success at post-secondary institutions (Getzel & Thoma, 2008; Izzo & Lamb, 2002).

A major deficiency of extant research surrounding this issue is that it focuses on the actions of the individual rather than how the generalized other influences their actions. These studies fail to consider that self-determination and self-advocacy are cyclical skills. If someone is in an environment that contests his/her rights as a person with a disability or vice versa, this experience will potentially impact that person’s ability to engage in the self-determination and
self-advocacy that everyone possesses. As Crowley and Bacon (2013) argued, “Individualistic, skill-based understandings of self-determination gloss over the contextual, socially constructed world. There is little mention of how dominant ideologies, unjust educational practices, and ableist assumptions influence whether a person can act in a self-determined manner” (p. 470).

**Accommodations process.** A major barrier for persons with disabilities when they enter two- or four-year postsecondary settings is that there is a significant shift in how accommodations are offered and provided. Throughout their K-12 experience, students with disabilities are bystanders in the accommodation process, because often their services are determined and arranged by parents and teachers. In the K-12 environment, schools are expected to identify when a student has a disability through a practice called child-find (Holland & Merrell, 1998). After students are identified as having a disability, they are provided services through either a 504 or Individualized Education Plan (IEP). Within this environment, students with disabilities are not expected to self-identify or self-advocate to receive support services for their disability (AHEAD, 2016).

Current studies focusing on accommodations at the collegiate level examine institutional processes and procedures and students’ attitudes towards these processes. Exploring institutional policies recognizes how educational practices influence the behavior of students with disabilities in higher education. Barnard-Brak, Lechtenberger, and Lan (2010) posited that students engaged in a myriad of behaviors that facilitated successful navigation through the accommodation process, including reciting a scripted speech when disclosing their disability to professors, making concessions related to accommodations, and minimizing the impact of their disability on their academic experience. Although some students are anxious about advocacy, a study from Norton (1997) suggested that students with disabilities attending community colleges were
apprehensive about discussing accommodations with faculty. Similarly, Barnard-Brak, Lechtenberger, and Lan (2010) found that collegians with disabilities at four-year institutions were reluctant to discuss the nature of the disability with individuals outside of the disabled community. The perceived stigma that surrounds disability is a disincentive for collegians with disabilities to seek support services.

During registration, students are required to provide corroborating medical documentation or assessments from professionals that describe the nature of their disability, how it impairs their learning, and why accommodations are needed (Gill, 2007). Once these students provide sufficient evidence that they have a disability protected by the ADA, the disability specialist at the university provides them with a letter that outlines the academic accommodations they are eligible for, which they are then required to present to their instructors to receive accommodations.

There are several types of documentation that a student can provide to receive academic services. According to the Association of Higher Education and Disability (AHEAD), there are three types of documentation: student self-report, observation and interaction, and third-party document. The student self-report requires a person to speak fluently about how his/her experiences as a person with a disability, including experiences with disability services and accommodations. Observation and interaction involve the disability support professional, determining through an interactive process what accommodations are appropriate and effective for a student with a disability. Last, documentation from a third party, such as a doctor, psychologist, or psychiatrist, helps provide insight into a student’s educational history, as well as accommodation and/or support services received in the past. The practices above are examples of how higher education institutions perpetuate the medicalization of a disability because they place
all of the emphasis on how a person’s disability impacts them, while overlooking the reality that there are institutional practices that impede participation in higher education on the part of a person with a disability.

The study from Barnard-Brak, Lechtenberger, and Lan (2010) provides insight into the challenges persons with disabilities encounter when requesting services. The students talked about how the stigma attached to being disabled led them to minimize their disability and the concessions they had to make to receive services. While the students featured in the study from Barnard-Brak, Lechtenberger, and Lan (2010) were on pace to graduate, they experienced several challenges when they used accommodations. Additionally, while the strategies they used allowed them to progress academically, they sacrificed some of the services outlined in their letter of accommodation.

**Barriers.** While the sacrifices that participants made in the study from Barnard-Brak, Lechtenberger, and Lan (2010) can be attributed to the stigma associated with disability, these sacrifices are also linked to the barriers that exist in higher education for persons with disabilities. Nichols and Quaye (2009) argued that collegians with disabilities experienced many barriers in higher education that were associated with their disabled status, including institutional, physical, and attitudinal barriers. According to Nichols and Quaye, institutional barriers are associated with disability accommodations, and physical barriers are environmental conditions that prevent people with disabilities from accessing campus buildings. There are barriers associated with accommodations; however, the goal of disability service offices at postsecondary institutions is to help eliminate both the institutional and physical barriers that exist for collegians identifying as disabled. While these offices attempt to eliminate institutional and physical barriers through the accommodation and support services they offer, they have
historically overlooked the attitudinal barriers related to student behaviors (i.e., self-
determination and/or self-advocacy) and faculty attitudes towards accommodations.

Numerous studies have found that negative attitudes among faculty members are one of
many reasons students with disabilities fail to succeed in college (Belch, 2004; Lombardi, 2010).
Others involve faculty assumptions about the college readiness of persons with disabilities;
Lombardi found that faculty members believe they are ill-prepared for college, because studies
have revealed that students with disabilities lag their non-disabled peers regarding academic
readiness.

Understanding the importance of the faculty–student relationship is an important
component in the effort to retain students with disabilities. Zhang et al. (2010) identified four
important factors that affect a faculty member’s attitudes towards the accommodation process:
their understanding of disability laws, perceived support from the university, personal attitude
towards students with disabilities, and comfort level related to interacting with students with
disabilities (p. 276). Each of these factors can have a positive or adverse effect on a student’s
attitude towards requesting accommodations. A recent study revealed that the way a student
perceived a professor’s attitude towards students receiving accommodations affected the
student’s willingness to request accommodations (Hartman-Hall & Haaga, 2002). Strong
interpersonal connections help students and professors have interactions that are more
meaningful. Faculty members must be aware of the effect their attitude has on students in their
classes. Past negative experiences affected the probability that a student would request help again
(Hartman-Hall & Haaga, 2002). In one study, in spite of faculty possessing positive attitudes
towards providing accommodations, they did not actively advertise the availability of the
services (Murray, Wren, & Keys, 2008). Because of this, some students with disabilities
perceived that the professor did not care about providing accommodations. Most perceived that extensive accommodations greatly altered coursework or requirements (Murray, Wren, & Keys, 2008).

Additionally, studies (Baggett, 1994; Gitlow, 2001) have revealed that faculty are more willing to provide accommodations to individuals with visible conditions, such as mobility/physical, hearing, and visual impairments, than those with invisible conditions. The lack of willingness to accommodate people with invisible disabilities can be attributed to faculty members having limited contact and/or understanding of the disabled experience. One study found that 75% of the faculty who were surveyed had limited contact with students with disabilities, as well as a vague understanding of the accommodation process and/or disability laws (Baggett, 1994; Leyser, Vogel, Wyland, & Brulle, 1998; Murray, Wren, & Keys, 2008).

**Visibility.** Extant research focuses on the challenges that people with invisible disabilities experience in higher education (Heiligenstein, Guenther, Levy, Savino, & Fulwiler, 1999; Henderson, 2001; Izzo, Hertzfeld, Simmons-Reed, and Aaron, 2001; Wolf, 2001). Although the studies discuss invisible disabilities as a broader category, many of the current research focusing on collegians with invisible disabilities discusses specific types of impairments such as ADHD, learning disabilities, and Autism Spectrum Disorder (ASD). Studies focusing on collegians with ADHD revealed that these students experience some challenges associated with academic performance and persistence. Studies have found that collegians with ADHD are likely to have lower grade point averages (GPA) and academic-related problems, such as academic probation (Heiligenstein et al., 1999). Like collegians with ADHD, persons with learning disabilities in higher education comprise a large percentage of persons with disabilities attending higher education; however, people with learning disabilities experience academic challenges in higher
education, such as a reluctance to seek accommodations. (Henderson, 2001). Since their disability is invisible, collegians with autism and learning disabilities may elect to hide their disability or fail to seek accommodations because of the perceived stigma associated with having a disability (Barnard-Brak, Lan, & Sulak, 2010; Field, 1996; Goffman, 1963). Consequently, these individuals may not seek disability services because they do not view themselves as disabled. These challenges and experiences provide insight into the lack of retention among collegians with disabilities. Hurst and Smerdon (2000) found that half of students with disabilities persist in their chosen postsecondary programs while nearly two thirds of their counterparts without disabilities persist.

While studies outline the challenges that exist for people with invisible disabilities in higher education, their discussion of disability occurs from a binary perspective (i.e., invisible vs. visible) instead of recognizing that disability like gender and sexual orientation can be fluid, this is especially true for chronic health disabilities that change daily. Wendell (1997) explains:

Chronic or life-threatening illness need not always be disabling...such as people with epilepsy seizures are completely controlled by medication or people with multiple sclerosis whose disease is in remission and therefore presents no disabling symptoms during a given period of time. (p.19)

The fluidity of disability that some people experience influences how their disability is perceived by the generalized other. For example, a person with Multiple Sclerosis (MS) who is in remission may not appear to have any visual cues (e.g., a limp, the use of a cane, or wheelchair), which suggests to the generalized other that he/she has a disability thus, they are perceived to be an able-bodied person. When the person’s MS is no longer in remission, and his/her body begins to display the visual cues that are associated with disability, the attitudes of...
the generalized other shift based on the recognition that an individual has a disabiling condition. These attitudinal changes are a source of anxiety for individuals with disabilities that are concerned about being outing. As Livneh, Martz, and Wilson (2001) found, individuals with invisible disabilities experience higher levels of anxiety because they were fearful that their disability would be discovered by others within the collegiate environment.

State of LGBTQ Rights in the United States

Since taking office in 2008, President Obama and his administration have contributed to the rights and access of LGBTQ persons in the United States of America. These contributions include hate crime prevention legislation; increased health benefits for LGBTQ people and their partners; overturning Don’t Ask, Don’t Tell; anti-discrimination laws; and equal housing rights (The White House, 2017). President Obama and his administration have also impacted the participation of LGBTQ persons in education. In January 2016, the Department of Education announced that it was creating a database containing a list of educational institutions in the United States that received a federal exemption from civil rights laws, which enables them to discriminate against people based on LGBTQ status. Additionally, the Departments of Justice and Education sent a letter to schools throughout the United States that receive federal funding, clarifying their legal obligation to transgender students under Title IX (Pub. L. No. 92-318, 86 Stat. 235). Despite approval and/or implementation of the policies and mandates, there are still no comprehensive federal mandates that directly support the rights and participation of LGBTQ persons in higher education.

Participation and Experiences of LGBTQ Persons in Higher Education

Windmeyer, Humphrey, and Barker (2013) estimate that approximately 10% of collegians identify as LGBTQ, but an exact percentage of LGBTQ persons attending two- and
four-year institutions is unknown. As Sanlo (2012) indicated, “Few community colleges acknowledge the presence of LGBTQ students, faculty, and staff on their campuses, and there is extraordinarily little data or documented experiences of this population” (p. 47). Like LGBTQ students attending four-year institutions, LGBTQ collegians at two-year institutions experience barriers associated with their LGBTQ status. These barriers include identity development and the campus climate. This section explores the current literature associated with these barriers and their impact on the participation and experiences of LGBTQ collegians at two- and four-year institutions.

**LGBTQ college student identity development.** Scholars of student development have conducted several research studies focusing on LGBTQ identity development in higher education in recent years (Renn, 2010). As Renn (2010) discussed, these studies have explored LGBTQ student identity development (D’Augelli, 1991; Stevens, 2004) and associated subtopics such as career development (Tomlinson & Fassinger, 2003), spirituality and/or religion (Love, Bock, Jannarone, & Richardson, 2005), and leadership (Renn, 2007).

In addition to these studies, student development scholars have written books dedicated to student development theories. In 1998, Evans, Forney and Guido-Dibrito wrote the first edition of *Student Development in College: Theory, Research, and Practice*, which was adopted by faculty who teach future student affairs practitioners as well as current practitioners who are interested in learning about identity development. Among the topics that the text discusses are psychosocial and identity theories that provide insight into the identity development of college students, including LGBTQ identities. These psychosocial and identity formation models are a resource that is adopted by student affairs to help guide both their practice and programming intended to support student development (Evans, Forney, & Guido-Dibrito, 1998). When
discussing the identity development of LGBTQ collegians, Evans, Forney, and Guido-Dibrito (1998) chose Cass’s model of homosexual identity formation (1979) to explore LGBTQ identity formation. Cass (1979) created a model that considers the stages of identity formation for collegians who identify with the LGBTQ community. In her model, she argued that a person may participate in homosexual acts but may not identify as homosexual. Cass’s model considers an individual’s perceptions surrounding his/her identity, as well as the perceptions held by others. This position aligns with theories like Mead’s (1967) conception of the generalized other. Mead posited that the generalized other is the final stage of a person’s development of self. During this stage a person embraces the roles of others within the social group, as well as their attitudes. Queer theorists like Butler (2006) share a similar position. She contended that society, rather than biology, determines a person’s sex and gender. People illustrate that they embrace these socially assigned identities by the actions or behaviors they perform. These socially constructed identities influence how LGBTQ individuals perceive their sexual orientation because society views heterosexuality as the chosen sexual orientation.

While the concepts discussed in Cass’s (1979) model echo the arguments of scholars like Mead (1967) and Butler (2006), models like Cass’s (1979) are problematic because, as Bilodeau and Renn (2005) suggested, they discussed LGBTQ identity formation as a linear process, whereas queer theorists argue that queer identity occurs on a continuum and is constantly developing and changing over a person’s lifespan (Bilodeau & Renn, 2005; Rich, 1978). For this reason, Bilodeau and Renn (2005) argued that D’Auggelli’s (1994) model of sexual orientation and lifespan identity development is a useful framework for understanding the identity development of LGBTQ college students because it recognizes that people’s identity evolves and changes over their lifetime. Thus, later editions of Student Development in College: Theory,
Research, and Practice (Patton, Renn, Guido, Quaye, Evans, & Forney, 2016) included social identity development theories that separated the development of sexual and gender identity.

**Campus climate.** Throughout the United States, colleges and universities are making efforts to support the needs of LGBTQ persons because the average age of a person “coming out” is 20, which is college age (Pew Research Center, 2013). The shift in postsecondary practices is an example of what Mead (1967) called altering the “generalized other,” because schools are changing their practices based on the behaviors and needs of LGBTQ youth. The growing LGBTQ population has prompted the development of tools that would support the evaluation of policies, programming, and/or support offices that their respective schools were implementing to support the growing number of LGBTQ persons (Campus Pride, 2016). According to Campus Pride (2016), this need was the impetus behind the development of the Campus Pride Index in 2001, which evaluates the policies above, student support programming, and support offices. In higher education, individuals belonging to the LGBTQ population experience challenges associated with campus environment or climate. Campus climate studies have served as the impetus behind LGBTQ college support services. These offices continue to rely on campus climate studies to highlight the experiences of LGBTQ persons in higher education. While these studies shed light on the experiences of LGBTQ persons in higher education, they often focus on single campuses. A 2010 study conducted by Rankin, Blumenfeld, Weber, and Frazer suggests that people belonging to the LGBTQ population are more likely to have negative attitudes towards their campus’s environment than individuals who identify as heterosexual. Additionally, the study found that individuals belonging to the LGBTQ population experience harassment and discrimination on college campuses at higher rates than other populations, especially those who belong to multiple minority groups. Results from the study
showed that LGBTQ people who identify as a dual minority were less comfortable than their LGBTQ white counterparts within their respective campus community.

The availability of LGBTQ-centered services or spaces is important because these services offer safe spaces for LGBTQ students during a period when individuals are becoming conscious of their sexual orientation, which begins to develop during the teenage and college years (D’Augelli, 1991; Miller 2015). These safe spaces are especially important because harassment or discrimination is common for LGBTQ collegians who are visible or out as a member of the LGBTQ population (D’Augelli, 1992). For collegians identifying with the LGBTQ population, when a student is open to his/her membership in the LGBTQ community, the student experiences increased instances of harassment and discrimination from individuals with the collegiate environment (D’Augelli, 1992). Harassment and discrimination serve as a detractor for persons belonging to LGBTQ to disclose their identity. Negative attitudes towards LGBTQ persons in higher education contribute to a hostile campus environment for LGBTQ collegians at both two- and four-year schools.

These hostile environments adversely impact LGBTQ students’ identity development, mental and physical health, and academic performance (Nelson, 2010; Rankin, 2003). These instances of harassment and/or discrimination against LGBTQ persons on college campuses have received increased attention after the suicides of LGBTQ college students, like Tyler Clementi, a freshman at Rutgers University (Knickerbocker, 2001).

While a growing number of LGBTQ centers have been established at colleges and universities throughout the United States, until recently it was difficult to ascertain how inclusive campuses were for LGBTQ persons. This has become easier because of the development of the Campus Pride Index. In 2007, the Campus Pride Index was developed to help postsecondary
schools create safe and inclusive campus environments for LGBTQ persons while enabling prospective LGBTQ students and their parents to make informed decisions about the postsecondary schools they attend. Currently, most of the 200-plus schools included in the Campus Pride Index (2016) are in four-year institutions; only 18 of these postsecondary institutions are community colleges. Moreover, apart from two schools, these community colleges had rankings that suggested that they were not LGBTQ-friendly campuses. A study from Zamani-Gallaher and Choudhuri (2016) found that faculty, staff, and administrators at community colleges experienced difficulties associated with establishing LGBTQ support services, programming, and/or spaces. Among the factors that contributed to the inability to create LGBTQ support services, programming, and/or spaces was LGBTQ students’ inability to find time to participate in these activities. Finding time to participate in LGBTQ-focused programming and services is a challenge for LGBTQ persons at two-year institutions because typically these individuals are non-traditional age individuals who are commuting to and from campus, and when they are not in school, they have other responsibilities, such as employment. Since these individuals are unable to take advantage of university support services, it reiterates the importance of the classroom environment. A study from Garvey, Taylor, and Rankin (2015) discussed the role that a classroom environment can play in fostering a sense of inclusion among diverse populations at two-year colleges, such as LGBTQ collegians when access to student support services and programming are unavailable or inaccessible. They propose that establishing an environment that uses inclusive language and behaviors supports student involvement and retention.

Another challenge associated with current LGBTQ services is that students who identified as transgender perceived that their university lacked programming and resources
focusing on transgender issues (McKinney, 2005). Beemyn (2003) argued that persons working at LGBTQ centers, as well as other faculty and staff within the collegiate environment, fail to understand the unique needs of transgender students. Before an LGBTQ center provides programming for transgender students, persons working in the center must understand the experiences of transgender persons, which will help these centers provide services focused on including needs of transgender students (Beemyn, 2003). Additionally, Beemyn (2004) urged colleges and universities to extend this training to college faculty, administrators, and staff because they will be interacting with transgender students attending college.

Training all faculty, administrators, and staff members about the transgender student population is important because while all LGBTQ students are subject to experience discrimination, transgender students are particularly at risk. Respondents from Rankin, Blumenfeld, Weber, and Frazer’s (2010) study who identified as transgender or did not ascribe to a gender experienced higher instances of harassment because of their gender identity. In recognition of these challenges, colleges and universities have responded by building gender-neutral bathrooms and accompanying maps for students to reference when they are on campus. Additionally, across the United States, colleges and universities have amended their campus non-discrimination and student health insurance policies to include transgender individuals (Campus Pride, 2016). While colleges and universities have altered their policies to include transgender students, Beemyn and Pettitt (2006) argued that colleges and universities have yet to acknowledge and/or support the needs of transgender students. Consequently, they propose that colleges and universities support each other in their efforts to create trans-inclusive campuses by sharing resources and learning from each other’s actions (Beemyn & Pettitt, 2006).
**Intersectionality: The Emergence of Research Focusing on LGBTQ Persons with Disabilities**

In the past, research focusing on LGBTQ and disabled persons broadly focused on disability or queer status and failed to consider how belonging to both the LGBTQ and disabled population impacts students. Additionally, colleges and universities have historically overlooked the reality that their students may belong to or identify with multiple minority populations, which impacts both their access to higher education as well as their collegiate experience. Intersectionality speaks to the challenges associated with belonging to multiple minority groups and how a person’s status as a dual minority influences his/her position within society (Crenshaw, 1989; Rosenblum, 2009).

Crenshaw (1989) contended that theoretical, political, and social perspectives of marginalized groups do not consider the experiences of subgroups with intersecting identities within society. Historically, scholars examine the subjugation of marginalized groups (e.g., White women, Black males, White homosexual men, disabled White men) from the perspective of privileged members. Crenshaw suggested that persons who identify with more than one subjugated group should not have their experience generalized based upon the experiences of the privileged members. Acknowledging the intersectionality of identities allows the recognition of the uniqueness of experiences with discrimination that people identifying with multiple marginalized groups have. Her arguments regarding intersectionality apply to the experiences of LGBTQ persons with disabilities. Queer and disability theorists like Rosenblum (2009) and Siebers (2008) argued that queer and disability theory can inform the theory of intersectionality and vice versa because both disability and queer identities intersect with other identities; however, until recently, this position had not translated to research. Like other minority groups
within the United States, discussions about the experiences of persons with disabilities occur from a broad perspective; however, persons with disabilities possess other identity descriptors that influence their social participation. For persons with disabilities who identify with a second minority group (e.g., African American, Latino American, and Native American), higher education is more elusive. According to the NCES (2012), since 2007, fewer than 30% of college students with disabilities are classified as a member of an ethnic minority group. While the postsecondary presence of ethnic minorities with disabilities is limited, educational data acknowledge their existence, but these statistics overlook the postsecondary access of persons with disabilities belonging to the LGBTQ population; therefore, the educational participation of LGBTQ members identifying as disabled is statistically unknown. Extant research focused on the impact of disability status, sexual orientation, or gender identity and overlooked the intersectionality of identities within this group.

This is gradually changing with the emergence of articles and studies focusing on the collegiate experiences of LGBTQ persons with disabilities at the collegiate level. Harley, Nowak, Gassaway, and Savage (2002) discussed the multiple identities of persons with disabilities belonging to the LGBTQ community within the collegiate environment. Their article highlighted the challenges that persons belonging to the LGBTQ and disabled community experience at the collegiate level, such as harassment and discrimination. This harassment and discrimination is reflective of broader social attitudes surrounding disability and LGBTQ status, and the belief that disability and LGBTQ status are undesirable.

Miller (2015) conducted a qualitative study focusing on the experiences of 25 LGBTQ collegians with disabilities from a large research university. Miller’s (2015) study is an important contribution to the growing discourse surrounding the experiences of LGBTQ persons with
disabilities at the collegiate level because it features a large sample population, which was absent in the previous study from Henry et al., (2010). These studies have helped highlight the previously ignored experiences and challenges of LGBTQ persons with disabilities in higher education. A common theme and/or findings from these studies focusing on LGBTQ collegians with disabilities (Henry et al., 2010; Miller, 2015) were participants’ identity development and/or construction and its impact on their collegiate experience.

While research focusing on the identity development of LGBTQ persons with disabilities is beginning to emerge (Whitney, 2006), these studies have yet to impact the policies, procedures, and services that are intended to support LGBTQ persons and/or persons with disabilities. Findings from Henry et al., (2010) and Miller (2015) bring attention to the fact that current LGBTQ student services and/or groups overlook the needs of disabled LGBT people. Henry et al., (2010) discussed how their participant felt he was adequately supported as a disabled person but not as a gay person, which reiterates Harley et al., (2002) discussion of the experiences of LGBTQ persons with disabilities in higher education. Harley et al., (2002) main argument is that LGBTQ collegians with disabilities are “accommodated for their disability, while simultaneously being marginalized because of their sexual orientation” (p. 525). This statement reflects the experience of the participant featured in the study by Henry et al., (2010) who spoke about how he received accommodation services from the disability support office, but they failed to offer support for his LGBTQ identity. Like the participant of Henry et al., (2010), participants from Miller (2015) spoke about their experiences with disability services, specifically how the office failed to offer a sense of community. Instead participants felt that the office was reminiscent of a medical facility where people were expected to provide documentation to access services. The experiences of the participants profiled in the study
highlight the fact that disability support offices focus on how a person’s disability impacts his or her academic experience while disregarding the attitudinal and institutional barriers that exist within the postsecondary environment because of these identities. Miller (2015) discussed how some participants with invisible disabilities chose to keep their disability hidden and pass as non-disabled. This finding reiterated previous findings of Barnard-Brak, Lan, and Sulak (2010), which suggested that collegians with disabilities chose to keep their disability hidden because of the perceived stigma associated with disability. When students with disabilities adopt the attitude that accommodations are negative to coincide with the attitudes of their professors, they are forming what Mead (1967) identified as a “self” in relation to the norms or behaviors of their social group. At this stage, people reflect upon their position in the social group; during this reflection, they think about their position as it relates to the other members within the group. This reflective process is what Mead termed the “me.” Likewise, a person’s actions as a member of his or her social group are determined by the “I,” which represents the impulsiveness of an individual. An example of the dynamic between a person’s “I” and “me” is when a person with a disability chooses to conceal his or her disability because the person’s “me” views the disability as a personal shortcoming. The initial decision to request accommodations is an example of the “I,” but the person’s position and respective social groups determine their future actions. Currently, disability services place an emphasis on providing accommodations that will support a student in the classroom, while failing to support the development of student identities. Although this type of support is important for all collegians with disabilities, it is especially important for LGBTQ persons with disabilities because, as the findings from Henry et al., (2010) revealed, currently LGBTQ centers and/or support services do not offer adequate support for LGBTQ persons with disabilities.
The literature reviewed in this chapter explored the past and present experiences of LGBTQ and/or persons with disabilities in higher education while exploring how policies, practices, and services have impacted the collegiate experiences of people belonging to both the LGBTQ and/or disabled populations. Additionally, this chapter explored the emergent research focusing on the experiences of LGBTQ persons with disabilities.
Chapter 3: Methodology

This study was a critical qualitative exploration of LGBTQ collegians with disabilities’ experiences in higher education. At the onset of this study, I intended on conducting a critical ethnography, because critical ethnographies explore the unjust treatment of historically subjugated groups or environments and advocate for the rights of the members of the marginalized groups or conditions (McLaren & Trueba, 2000).

The research design was inspired by critical ethnography; however, unlike critical ethnographic studies, this study did not feature prolonged observation which is traditionally associated with critical ethnography. This study is a collaboration between me and the participants to create awareness of the experiences, barriers, challenges, and needs of LGBTQ persons with disabilities at the collegiate level. A primary goal of this study was similar to critical ethnographic inquiry, which is to produce a study that has political intent or alters people’s consciousness about the population of interest. For this goal to be achieved, researchers need to abandon the notion that they are a detached researcher (Foley, 2002). Instead, they should adopt the role that Foley (2002) advocates: a co-collaborator with their participants.

For this study, participant experiences were predominately explored through face-to-face interviews, and background questionnaires. The purpose of the background questionnaires was to collect demographic information about the study participants such as contact information, gender, age, sexual orientation, disability status, and degree program. Demographic information was not discussed in participants’ personal narratives but helped provide a context for their lived experience (see Appendix A). This chapter outlines the rationale for a critical qualitative approach for the exploration of the experiences of LGBTQ collegians with disabilities.
Rationale for Qualitative Inquiry

Over the span of my academic career, I have held a belief that conducting research studies is a privilege. A qualitative study provides participants with an opportunity to share their lived experiences. This type of platform is especially important for marginalized individuals like LGBTQ persons with disabilities because their experiences have historically been overlooked and unheard. One of my goals as a researcher was to provide LGBTQ persons with disabilities an opportunity to share their experiences attending higher education, in their own words.

Another benefit and challenge associated with conducting research is that, as a researcher, I chose how I wanted to investigate or explore a topic and to disseminate this information. For me, a qualitative approach was appropriate because qualitative inquiry supports the exploration of the college experiences of LGBTQ persons with disabilities from their perspective. By sharing this perspective, this research has the potential to reframe social perspectives and to encourage the consideration of the intricacies that are present within a person’s identity make-up (Zambrana & Dill, 2009). Currently, colleges and universities overlook the multi-layers that contribute to a person’s identity make-up such as an LGBTQ person with a disability in higher education. By sharing the experiences of LGBTQ persons with disabilities at the collegiate level, this study has the potential to inform the policies, student programming, and procedures that university officials and student affairs practitioners adopt at their respective institutions to support these students.

Dilemmas

As I discussed in the previous section, choosing a qualitative approach for this study was important because I wanted to provide individuals who have previously been silenced with an opportunity to be heard. In spite of this goal, while in the field I experienced dilemmas associated with my research design. Upon reflection, these dilemmas emerged because I
overlooked the varying abilities of the individual’s potentially participating in this study. My previous pilot studies, which explored the experiences of persons with disabilities identifying with another minority group (i.e., African Americans with disabilities and LGBTQ persons with disabilities) did not expose these issues. In these previous studies, I had not encountered any major challenges associated with my design; however, this was not the case for this study.

One dilemma was that a few prospective participants who were interested in participating in the study identified as deaf or hard of hearing LGBTQ persons who needed ASL interpreters to participate in this study, but I did not have the resources to fulfill this accommodation. In the previous studies, none of the participants had requested American Sign Language (ASL) interpreter services, so I did not explore any financial options that would support fulfilling this accommodation. Thus, when two students who identified as deaf reached out because they were interested in participating in this study, I was presented with a quandary as a researcher. I did not want to exclude anyone from participating, but I did not include this accommodation in my human subject application. These individuals expressed interest in participating in this study towards the end of the data collection process, and while I wanted to accommodate their needs, I did not feel that it was practical to stall the data collection phase of this study for weeks while I reapplied for human subject approval and secured funding for ASL interpreter costs.

The use of technology also presented a dilemma during the interview process because there were instances when technical difficulties interfered with the interview process. As someone who has a mobility impairment and is unable to drive or travel independently, it was difficult to physically meet my participants, who also experienced transportation barriers. Consequently, technology played an integral role in the data collection process; however, the use of technology posed several dilemmas. One challenge associated with the use of technology was
interpreting the time difference that existed between me and my participants. On one occasion, when I scheduled an interview with Haley, we agreed to Skype at a certain time, and I miscalculated the time difference. Fortunately, she was understanding and we were able to reschedule. From that point on, when I arranged an interview with a participant, I wrote both time zones (if we were in different ones) in my email confirming our interview. Additionally, while interviewing participants, there were instances when technical difficulties interfered with audio. When this occurred, I was faced with the challenge of trying to find a way to proceed with the interview while maintaining the interview protocol. In these instances, I typed my questions and the participant typed his/her response in the messenger window of Skype. Initially, I was concerned that typing the questions and answers instead of speaking would adversely impact the depth of the answers, but I was pleasantly surprised that these answers were detailed and richly described their collegiate experiences. Although the technical difficulties presented challenges during the interview process, the solutions to these challenges demonstrated that creativity and flexibility during the data collection process is needed to accommodate the diverse needs of participants with disabilities.

**Positionality and Personal Interest in Intersectionality**

During my postsecondary career, I have studied and worked in college student affairs, where I noticed that when disability was considered it was from an accessibility or accommodation perspective while being overlooked as an identity category. This oversight was frustrating to me, as someone with a disability, because while I was born disabled, I, like many of my disabled peers have grappled with my disabled identity as a college student, yet there were limited spaces to explore my identity as a student.
When I began to work in disability services as a graduate, I encountered students who were experiencing challenges associated with their disabled identities, especially those identifying as dual minorities (e.g., LGBTQ persons with disabilities, African Americans with disabilities, etc.). These challenges were reminiscent of the experiences of one of my peers, Miranda, who identified as an LGBTQ person with a disability. Miranda openly spoke about her dual minority status and how it influenced her life and collegiate experience. Several of the students that I met reminded me of Miranda and the challenges that exist in higher education for dual minorities with disabilities. As a member of the disabled population, I saw my friends and peers struggle to participate in student organizations and find courses that supported their LGBTQ disabled identity because often subpopulations (e.g., LGBTQ persons with disabilities and others) were overlooked by these groups. This trend has persisted in higher education. After realizing this, I began to focusing my energies as an emerging scholar on discussing and researching the experiences of persons with disabilities, specifically those who identify with a second minority population.

When I began identifying participants for two pilot studies that were conducted prior to this study, I found that many of the individuals who were willing to speak to me identified as LGBTQ persons with disabilities. While the sample populations for these two studies were small, the lack of interest from racial minorities with disabilities made me once again doubt my ability to connect with racial minorities with disabilities. This doubt developed after an interaction I had in one of my earlier graduate classes when one of my African American peers challenged my perspective on the historic marginalization of minoritized populations in the United States. When I shared my opinions as a person with a disability, instead of seeing me as a fellow subjugated individual, she promptly challenged my perspective by questioning my
legitimacy as a minoritized individual. She questioned, “How would you know? You’re just in a wheelchair.” Although, I fully acknowledge that I experience privilege associated with my white middle class upbringing, I had always felt that the discrimination I experience as a disabled person provided me a personal context to understand the systemic subjugation that minorities experience in the United States.

Yet, this interaction with my peer was a startling revelation that others may not view me as a member of a marginalized population. I soon learned that my interaction with my classmate was reminiscent of earlier interactions that transpired during the Disability Rights Movement. According to Shapiro (2011), a group called American Disabled for Accessible Public Transit (ADAPT), sought to get all city buses throughout the United States equipped with wheelchair lifts however, this cause failed to garner support from fellow Civil Rights Activist, including Rosa Parks. While Rosa Parks initially agreed to participate in a protest that they were organizing in Detroit, Shapiro (2011) described how her willingness to participate in the protest wavered. He explained:

[Rosa Parks] agreed but then, after pressure from Detroit Mayor Coleman Young, who was seeking to please the visiting APTA convention sent a letter of withdrawal that blasted ADAPT for its civil disobedience tactics, which would “embarrass” the city’s “guests” (Shapiro, 2011, p.128).

The previous interaction with my classmate, in conjunction with my new historical awareness, made me reluctant to explore the experiences of individuals with disabilities who identified with historically subjugated races and/or classes. For this reason, I decided to explore the experiences of LGBTQ persons with disabilities because in my previous interactions with LGBTQ persons with disabilities like Miranda, my sexual orientation as a heterosexual was a
non-issue, and people like her had been overlooked. Outside of a few studies the experiences of LGBTQ collegians with disabilities had virtually been unexplored.

This gap in research is representative of the current practices and programming in higher education that I observed first hand as a student. Throughout my collegiate experience, I continuously observed the universities I attended overlooked the experiences of these persons in their multicultural curriculum. Apart from a handful of graduate courses, which were often taught by the same instructors, none of my courses acknowledged the experiences of LGBTQ persons and/or persons with disabilities in education. As someone who was earning degrees in Educational Leadership and Educational Studies, I found this oversight both troubling and disturbing. It is an example of how our schools, colleges, and universities are influenced by socially perpetuated attitudes surrounding disability and LGBTQ status. Goffman (1963) pointed out that these social attitudes treat disability and LGBTQ status as abnormal and individual flaws impacting a person’s bodily functions and/or behaviors.

In the rare instances when a college or a university discusses the experiences of LGBTQ and/or persons with disability, it is in courses focusing on special education, disability studies, queer studies, human sexuality, or other special topics courses focusing on disability and/or LGBTQ status. Further exacerbating the exclusion of the disabled and/or LGBTQ perspective is that the classes focusing on these populations rarely consider the intersection between disability and LGBTQ status. For example, Linton (1998) argues that courses focusing on human sexuality frequently omit the sexual behaviors of persons with disabilities.

**Critical Reflexivity and Subjectivity**

When I began this study, I planned to monitor my subjective “I” as well as my “warm and cool spots” Peshkin (1988) discussed with fidelity. I recognized that my identity as a
disabled person who identifies as heterosexual could “filter, skew, shape, block, transform, construe and misconstrue” (Peshkin, 1988, p. 17) my interactions with the participants I interview and my analysis of their experiences. To help tame my subjectivity, I engaged in what Creswell and Miller (2000) call researcher reflexivity. Researcher reflexivity involved me discussing my personal interest in this research, which included disclosing my experiences, biases, and beliefs surrounding LGBTQ persons with disabilities. I wrote about my experiences as an undergraduate in my research journal. I reflected on the challenges that my LGBTQ friends with disabilities experienced and how these experiences served as the impetus behind this study.

The continual monitoring of my positionality was important because as a qualitative researcher it is my responsibility to place the experiences of my participants at the forefront of my research, while my position as a person with a disability had the potential to influence how I interpreted the experiences of others. At the beginning of this study, I was hyperaware of my position as a person with a disability, because I did not want my experiences to adversely influence my ability to understand the meaning that participants constructed through their lived experiences. As a researcher, I sought to place these experiences at the forefront of this study as Glesne (2006) suggested.

Unfortunately, this hyperawareness was to my detriment, because I was so focused on keeping the separation between researcher and participant that I struggled to connect with my participants. The watershed moment for me was when I interviewed Kit, whom I had previously interviewed for another study. When I was struggling to find participants, I began to reach out to college students I knew who identified as LGBTQ persons with disabilities, like Kit, asking if they would be willing to discuss their current experiences. Kit responded and agreed to meet me one day in the middle of the fall semester; after spending the whole day together, I looked back
at my field notes and transcripts. Upon reviewing these materials, I noticed that there was an ease to our conversation that was absent from my previous interviews. This so-called “ease” was present because throughout the day that we spoke, amidst my questions about her experiences in college and in life as an LGBTQ person with a disability, Kit asked questions too. She asked questions about my service dog and whether she could acquire a dog for her anxiety. Kit also spoke about difficulties she was experiencing with disability services, which I had insight about because of my previous experiences working in disability services in higher education. During my initial review of the data that I collected from the day that I spent with Kit, I felt guilty that I had not heeded the advice of scholars like Peshkin (1988) and Glesne (2006), who advocate for researchers to continuously monitor their positionality.

My anxiety over monitoring my positionality continued throughout the interview process when participants would ask about my disability. Participants like Scott would ask questions like, “Are you on the spectrum too?” When I replied, “No, I have cerebral palsy,” he responded, “Oh cool. My cousin has cerebral palsy.” Later in our discussion, Scott was talking about how his school’s LGBTQ center had limited programming for LGBTQ persons with disabilities. While he was discussing this oversight, I made a notation in my field journal about universities treating disability as a condition that needed accommodation rather than an identity. I told Scott about my thoughts and asked him to share his feelings about it. Looking back at the transcripts from the interview, I see that this question prompted a rich narrative from Scott about how his university viewed disability. I wrote about my interactions with participants like Kit and Scott in my research journal so that I could continue as Peshkin (1988) suggests; I wanted to remain aware of how my position influenced my research. While I was very apprehensive about this influence, scholars like Foley (2002) and Behar (1997) began to ease some of my concerns.
Foley (2002) highlighted the different types of reflexivity in critical ethnography inquiry: confessional, intertextual, and theoretical. Although this study was not a critical ethnography, the reflexive practices that Foley (2002) associated with critical ethnographic inquiry were applicable for my position as a researcher that was exploring a population that I was affiliated with. Each of the reflexive practices that Foley (2002) outlined recognized that when in the field, I, as researcher, was susceptible to my emotions and perspectives. Rather than engage in practices that suppressed or tamed my feelings, I engaged in what Behar (1997) called “confessional reflexivity,” which is when researchers recognizes that when in the field, his/her perceptions and emotions make them vulnerable and influence his/her interpretations (Behar, 1997). Behar suggested that instead of separating personal experiences from theoretical frameworks, drawing upon my shared experiences with my participants would inform my understanding or observations of the culture of interest (1997). As a member of the disabled population, confessional reflexivity played an integral role in this research because my disabled identity made me vulnerable and empathetic to how my participants’ disabilities influenced their collegiate experience. While in the field, I identified with the experiences of participants; therefore, by engaging in disciplined subjectivity, I made a concerted effort to ensure that I did not influence the experiences of my participants. It was important to me that I let them share their experiences without inserting myself into their experiences.

Another form of reflexivity that I used was intertextual reflexivity, which involves situating one’s research in existing studies or research. The use of intertextual reflexivity is also a common practice among researchers conducting ethnographic inquiry. When using intertextual reflexivity as a researcher, I must acknowledge how my academic discipline influences my thinking and writing (Foley, 2002). While research focusing on the experiences of collegians
with disabilities belonging to the LGBTQ community is in its nascent phase, I recognize that my research focusing on the experiences of these communities within the collegiate level is influenced by a myriad of theorists and existing research such as scholarly work from Crenshaw (1989) and Mead (1967).

In addition to monitoring my positionality in my research journal, throughout the data collection, the use of open-ended questions helped prevent my personal bias from influencing the interview process. Another strategy that I embraced was mirroring what the participants said to prompt a richer, more detailed narrative. The follow-up interviews featured semi-structured questions and formulated questions that were open-ended to ensure the focus remained the participant’s experiences.

**Interpretations**

In the book To Kill a Mockingbird, Atticus Finch said, “You never really understand a person until you consider things from his point of view . . . until you climb into his skin and walk around in it” (Lee, 1960, p. 33). This concept of understanding and interpreting a person’s lived experience from his/her perspective is the goal of qualitative research. Qualitative inquiry is, at its core, an interpretative method of research. Interpretation is an important element of qualitative inquiry because my responsibility as a researcher was to interpret each participant’s experience in higher education. These interpretations span beyond sharing findings from field observations and participant narratives from interviews. Interpretation required me, as the researcher, to understand how a participant created meaning from his/her social experience (Hatch, 2002). While interpretation is an important part of qualitative inquiry, it is challenging. Geertz (1973) discusses these challenges through his example (borrowed from Malinowski) of interpreting a wink versus a blink. If a person blinks, it is a natural human action; whereas when
a person winks, he/she is engaging in a form of nonverbal communication. Depending on the context, a wink can hold a multitude of meanings. It is the researcher’s role to differentiate between a wink and a blink by understanding the context of a participant’s lived experience. Geertz’s argument was especially salient for my research, because a disabled person’s body movement is not always intentional. For example, my field notes helped with this differentiation because I would make notations about nonverbal cues participants made, which I asked participants about to confirm or disconfirm my interpretations. These field notes also helped me engage in a process that Geertz (1973) calls “emic analysis,” which involves setting aside my assumptions about someone’s experience and seeing it from his/her perspective.

**Trustworthiness and Reliability of Data**

Adopting criteria to ensure trustworthiness, consensual validation, and rigor, which are principles of qualitative research to support the credibility of this study, was important for this study because of my status as a person with a disability. By using strategies like thick description, structural corroboration, consensual validation, and reflexivity, I supported my interpretation of the data that I collected while in the field (Denzin, 1989; Eisner, 1991). It is necessary for me to discuss thick description first because my use of it is an important element of the other strategies I adopted, like structural corroboration (Eisner, 1991). Geertz (1973) argued that a researcher’s data reflect his/her interpretation of a participant’s construction of their lived experience. For this study, my data were disseminated in the participant narratives and thematic analysis, which are featured in Chapters 4 through 6. When writing these narratives, I used thick description to “establish the significance of . . . [a participant’s] experience. In thick description, the voices, feelings, actions, and meanings of interacting individuals are heard” (Denzin, 1989, p. 83).
Each of the emergent themes were supported through thick description and concrete verbatim, which gave this study structural corroboration and supports consensual validation (Eisner, 1991). As a person with a disability who is studying a subculture of the disabled population, I wanted to ensure that the voices and experiences of my participants were accurately interpreted, discussed, and disseminated. The thematic quotes from the face-to-face interviews and field observations, which are featured in Chapters 4 through 6, bolstered the ability to readily accept the interpretations or conclusions that I presented.

While the use of quotes and thick description supports my observations and interpretation of the experiences of LGBTQ persons with disabilities at the collegiate level, my inclusion of the access that LGBTQ and disabled persons’ experience was equally important. Providing detailed information related to the history of LGBTQ persons with disabilities gave a historical context for the challenges these individuals experience in college.

**Ethical Concerns and Human Subjects**

When conducting any research study, ethical considerations regarding the wellbeing of participants were needed. I took extra measures to ensure that participants were protected because this study focused on what is considered a “special population.” In instances when an individual was perceived to be educationally disadvantaged or at risk, which is the case for LGBTQ persons with disabilities, additional precautions were needed to protect participants. Therefore, I intentionally chose collegians with disabilities belonging to the LGBTQ population who were 18 years and older, with limited cognitive impairments. Students voluntarily participated in the study, and their identity was protected using pseudonyms that concealed their real names and the schools they attended. Confidentiality was maintained by using this pseudonym when transcribing the interview and dissemination of findings.
Human Subjects Approval

A human subject (Institutional Review Board [IRB]) application and materials (see Appendixes) were submitted to the graduate school. Once IRB approval for the study was obtained (see Appendix B), I began to identify prospective participants. Potential participants learned about the study through an informational e-mail (see Appendix C) sent through university offices that are affiliated with the populations of interest (e.g., disability support offices, centers for diversity and community outreach, and student activity groups focusing on disability or LGBTQ status), or through fliers posted throughout their campus (see Appendix D). Individuals who were interested in participating in my study were asked to contact me by e-mail. At no point did I ask colleges or universities to identify students’ names; I made certain to ensure that their privacy was maintained as stipulated by FERPA and HIPAA. Additionally, advertising my study in LGBTQ-focused publications allowed interested individuals the opportunity to choose whether they wanted to participate. Because my study focused on a special population, my proposed methodology sought to ensure that participants felt safe and understood that at any time they were able and welcome to terminate their participation in the study.

At the beginning of the interview, I reiterated to participants that they were free to end the interview at any point and that their identities would remain anonymous using a pseudonym. I provided them with the informed consent form (see Appendix E). Using open-ended questions allowed participants to choose whether and how they would discuss their experiences in ways that would help them feel in control.

Storage

I kept interview audiotapes, field notes, demographic questionnaires, and pseudonym keys in a locked box separate from the transcripts for the semester. These materials were
destroyed after the study. When the audio recordings were transcribed, the only individuals who had access to these transcriptions were a transcriptionist and I.

**Data Collection**

After selecting critical ethnography as the chosen method to explore the experiences of LGBTQ persons with disabilities at the collegiate level, I used Foley’s (2002) methodological framework for critical ethnography as a guide for my data collection. Foley stated that data collection for critical ethnographic inquiry coincides with strategies used in traditional ethnographic research, which involves intensive fieldwork consisting of prolonged observations or in-depth interviews (2002). Unlike a traditional ethnography, Foley said that through these prolonged observations or in-depth interviews, critical ethnographic inquiry seeks to provide a focused account of the experiences within social institutions and/or subgroups.

**Strategy for Identifying Organizations and Postsecondary Institutions**

I worked on several pilot studies focusing on persons with disabilities at the collegiate level. These studies helped prepare me for the challenges that exist when conducting research focusing on the disabled. With this knowledge, I decided to use a broad approach when identifying organizations and postsecondary institutions that I would contact to identify participants. Prospective participants were identified using what Glesne (2006) defines as snowball, chain, or network sampling, which involves contacting people who can help identify prospective participants (Glesne, 2006). This sampling strategy was appropriate for this study, because LGBTQ persons with disabilities are a hidden population that is difficult to identify. Using the snowball, chain, or network sampling approach, I contacted colleagues, peers, and disability and LGBTQ centers at colleges or universities throughout the United States via email or in person, asking if they would distribute information about my study.
In addition to these offices, I contacted groups associated with the disabled and LGBTQ student populations. Via email or social network (see Appendix C), I contacted organizations that are affiliated with the LGBTQ and disabled populations, such as Affirmations (an LGBTQ community center), an online community called neuroqueer, the Society for Disability Studies (SDS) Queer Society, the Consortium of Higher Education LGBTQ Resource Professionals, and the Autistic Self-Advocacy Network (ASAN), asking that they distribute information about the study to prospective participants.

**Identifying and Selecting Participants**

For this study, my goal was to identify approximately 10 to 15 collegians from two- or four-year institutions who had either invisible or visible disabilities or both, to participate in three interviews for this critical ethnography. By focusing on a smaller sample size, I had the ability to conduct multiple interviews that deeply explored the collegiate experience of participants. A total of 21 prospective participants from around the United States contacted me via email, expressing their interest in this study after they learned about my study from advertisements posted on disability and/or LGBTQ related list servs or through fliers that were posted by disability and LGBTQ support offices at colleges. Of the 21, only 10 participated. The 10 participants selected for this study were individuals who met the following criteria: They were 18 years or older, they were currently enrolled in college, they identified as disabled and LGBTQ, and they were willing to participate in face-to-face interviews in person or virtually to discuss their experiences in college. There were many reasons why 11 of the 21 prospective participants did not participate in the study. Seven of the participants did not want to participate in the study after learning that it required face-to-face interviews, instead of a survey. One individual was not currently enrolled in higher education. Another individual did not want to
participate after learning that I identified as heterosexual or straight because, as she wrote, “straight people ask weird questions.” Two individuals were interested in participating in the study but were apprehensive about participating in audio-recorded, face-to-face interviews because they were deaf. The ten who remained interested participated in face-to-face interviews. In instances when we were unable to physically meet for a face-to-face interview, I used Skype, Google Video Chat, and FaceTime to conduct the interview.

The participant pool was composed of eight females and two males with invisible disabilities. While my initial goal was to have a sample population that featured a diverse participant pool, the individuals who volunteered to participate in this study were predominantly white females with invisible disabilities, and these individuals attended four-year institutions. Although I reached out to community colleges throughout the US, there was a lack of willingness from the disability support offices to distribute information about this study. As previously mentioned, none of the participants who were associated with LGBTQ and/or disability based organizations attended two-year institutions. Therefore, the collegiate experiences of the participants featured in this study were situated exclusively within the context of four-year universities.

While this participant population does not reflect the experiences of disabled people at community colleges, it is representative of the current overall college population. As of 2012, 44% of persons attending college were female (National Center for Educational Statistics [NCES], 2013). Additionally, the NCES (2011) reported that seven percent of persons with disabilities attending higher education had a mobility or physical impairment. A large proportion of persons with disabilities attending higher education have disabilities that are not visible, such as learning disabilities (31%), ADHD or ADD (18%), mental illness, psychological or
psychiatric condition (15%), and health impairment or chronic health condition (11%; NCES, 2011). The sample population from this study was reflective of these statistics because it featured individuals with chronic health conditions, learning disabilities, ADD, and psychological or psychiatric conditions. After analyzing the postsecondary experiences of the participants featured in this study, it became clear that the invisibility of their identities, specifically their disabled identity, prompted me to alter the title to reflect this finding.

The experiences of participants were organized by their class standing (undergraduate and graduate) because during the analysis process, it became clear that the age and/or academic standing of participants influenced their experiences as an LGBTQ person with a disability. A common theme in this study was that a participant’s age impacted his/her identity formation and/or construction, specifically, a participant’s perceptions of his/her identity. Therefore, I felt it was appropriate to separate the narratives based on age and/or academic standing (undergraduate and graduate).

**Challenges Finding Participants and Events to Observe**

While I reached out to several postsecondary institutions and organizations, finding people to participate in this dissertation study was difficult. One challenge was that some of the people who contacted me identified with my population of interest; however, they had already graduated from institutes of higher education. Additionally, some of these graduates did not identify as LGBTQ and disabled when they were in college. After realizing that identifying participants was going to be challenging, I began sending emails to professors at universities throughout the US asking that they share information about the study with their students. Another strategy that I embraced was emailing and visiting advising and other campus support
offices to help identify perspective participants. When I visited these offices, I asked if they would post the research flier for the study. These offices honored my request.

The intent of this study was to capture the multiple perspectives representing the experiences of collegians with disabilities who also belonged to the LGBTQ population. While the goal was to explore the experiences of LGBTQ persons with disabilities at the collegiate level that represented other diverse populations, this was challenging because I used convenience and snowball sampling techniques. These sampling methods were necessary for investigating the LGBTQ disabled population, which is an invisible population; however, these techniques breed scrutiny. As a researcher, I recognized the potential pitfalls associated with these sampling methods. While my hope was to attract a diverse participant population by reaching out to numerous organizations within postsecondary institutions and the broader community organizations throughout the US, achieving this goal was difficult.

Another challenge was finding on-campus events and/or participants who would allow me to observe their activities on campus. When I contacted student groups and LGBTQ centers, I was informed about campus and group events that were open to the public but was not granted access to group meetings. The rationale behind not allowing me to observe these meetings was that my status as an outsider of the LGBTQ population would make attendees uneasy about discussing their experiences as an LGBTQ person. A common practice among qualitative researchers is to engage in prolonged immersion because it helps develop connections and a sense of trust among participants. For researchers like myself who want to understand the experiences of a populations through observation, it is important to, as Glesne (2006) said, be “logging time” (p. 58) by participating in activities and events associated with this population; by being present, you help prospective participants become comfortable with you.
While “logging time” or immersing oneself with a population of interest is an integral part of establishing trust and access, I soon realized that when studying closeted or invisible populations such as LGBTQ persons with disabilities, this is challenging. Students who belong to the disabled and LGBTQ populations are hesitant to share their experiences with outsiders because of the stigma that they experience because of their identities. Consequently, people affiliated with these populations traditionally are very selective about to whom and how they disclose their identities. As someone who has worked in disability services as an advisor throughout my career in higher education, I frequently interacted with students who were concerned about people learning about their status as disabled. Likewise, in a conversation with Miller (2015), he spoke about how his interactions with students he worked with prompted his interest in exploration of the experiences of individuals identifying as LGBTQ persons with disabilities. He spoke about how some of his advisees would share their experiences as a dual minority and the challenges they experienced. My interactions and Miller’s (2015) are examples of how persons identifying as disabled LGBTQ share their experiences only where they feel safe and protected. Additionally, as a practitioner who has worked with individuals identifying as disabled and/or LGBTQ, we are held to high standards regarding confidentiality and privacy laws. These standards restrict how and whether we share student information, which is why the directors and/or coordinators of disability or LGBTQ offices were hesitant to provide me access to meetings that were not intended for the public. Consequently, my observations of campus activities were limited to informational sessions that educated people about the LGBTQ population. A few participants allowed me to accompany them as they walked to class, which helped me gain an understanding of their respective college experience, but unfortunately, these observations only occurred with two participants.
Observations

Initially, I selected observation as one of my chosen methods of data collection, because Spradley (1980) stated that observation helps researchers gain an understanding of their culture of interest. This understanding develops from observing and listening to those associated with the culture (i.e., LGBTQ persons with disabilities) and making interpretations based upon these observations and cultural artifacts that may be present (Spradley, 1980). Spradley (1980) suggested that in ethnography, the concept of observation is about a researcher inserting himself/herself into the culture of interest; however, it was difficult to gain access into LGBTQ groups because group organizers were concerned that my presence would adversely influence the safe space that these groups provided LGBTQ persons.

Therefore, I altered my initial approach surrounding my field observation from being an active observer to one who was more discreet, as Spradley (1980) discussed. My observations of the LGBTQ and disabled communities occurred during college and/or university public activities that focused on individuals belonging to these populations or by shadowing a participant for a day to understand his/her experience as a college student. When I attended events or shadowed participants, I recorded how they interacted with others, how they reacted to their surroundings, and how the institutions supported them.

These observations were recorded in my field journal. Before beginning data collection, I believed that field observations would play an integral role in my study. As a researcher, I thought these notes would influence how I understood the participants’ experiences as LGBTQ persons with disabilities; however, observing participants proved to be challenging. One obstacle was that 7 of the 10 participants came from outside of the Midwest, which made it difficult to observe their experiences in person. Second, several groups were hesitant about allowing me to
observe LGBTQ groups; therefore, I attended university-sponsored LGBTQ events at different postsecondary institutions to assist me in understanding the broader challenges and issues within the LGBTQ population. For example, when I was conducting observations for this study, one of the institutions where I observed was hosting intersectionality identity workshops. These workshops focused on minority populations such as Native American women, Muslim American women, and women in the LGBTQ community; however, the experiences of persons with disabilities identifying with other populations was overlooked. This oversight was startling because the school’s director of disability services told me that approximately 1,200, or 20%, of students were registered with the university’s disability services offices (R. Ward, personal communication, March 2015). While these events furthered my understanding, they did little to further my comprehension of the collegiate experiences of LGBTQ persons with disabilities, because they did acknowledge the potential intersectionality between the LGBTQ and disabled identities.

Through this process, I found my field notes to be helpful in various ways. Within these journal entries, I noted commonly used jargon within the LGBTQ population, which assisted me during interviews and data analysis. Additionally, in conjunction with my research journal, it supported reflexive practices. Maintaining both a detailed research journal and field notes helped me remain cognizant of my subjectivity and how it influenced my interpretation of each participant’s unique experiences.

Interviews

I conducted face-to-face interviews to learn about my participants and understand their experiences as a higher education student with a disability within the LGBTQ community. Interviewing is another chosen method for data collection because interviews allow researchers
to learn about social issues from the perspective of the individuals who experience them (Seidman, 2006). To ensure that the experiences of the participants were captured, I conducted multiple face-to-face interviews with participants, which allowed me to provide a detailed account of the experiences of participant population. The structure of these interviews was based upon Seidman’s (2006) three-interview framework.

According to Seidman (2006), the intent of the first interview is to focus on a participant’s life history to gain insight into a person’s life. Since the focus of this inquiry was to explore the experiences of LGBTQ persons with disabilities at the collegiate level, the initial interview should aim to explore the participants’ lived experiences before attending college. The focus of the second interview is to explore the participants’ current experiences; therefore, participants were asked about their experiences within the collegiate setting. During the third and final interview, each participant was asked to reflect upon their prior experiences and the meaning they associate with these experiences. During each interview, participants were asked a combination of semi-structured, open-ended, and follow-up questions, which are included in Appendix F. The duration of each interview was approximately 40-90 minutes.

While my initial goal was to interview each participant three times, the implementation was not achievable. Of the 10 people interviewed, only 3 subjects were interviewed more than once. The remaining 7 participants were interviewed once. Of the 3 interviewed more than once, two subjects were interviewed for a prolonged period over one day with breaks between to each phase due to schedule restrictions. I interviewed the seven remaining subjects each once with the intention to interview them again, but they did not respond to my emails and/or skype messages requesting a follow-up interview. Of the 7 participants, one of them replied to one of my emails and apologized for her lack of communication and stated that she was very busy and
overwhelmed with school and work. This statement from my participant reminded me of something a college student with a disability said during one of my observations about “not having enough spoons to get through some days.” Her comment about “spoons” was referring to a theory called the spoon theory.

Christine Miserandino’s spoon theory emerged from an analogy that she used to illustrate to how having lupus influences her daily life compared to one of her able-bodied peers. This illustration involved Miserando grabbing spoons from tables at a restaurant to help her friend understand how her lupus impacts her life. The main arguments of the spoon theory are that because of an illness or impairment, every action and/or behavior that a disabled person engages in costs them a spoon, unlike their able-bodied counterparts. Spoon theory is an example of disabled people altering social attitudes surrounding disability. By looking at this theory from the perspective of George Herbert Mead (1967) or through a “Meadian” lens, Miserando is attempting to alter the generalized others’ (i.e., her friends) understanding of disability. Persons like the ones I observed, who belong to the disabled population, have embraced the Spoon Theory because it offers a tangible way to alter the generalized others’ (i.e., people without a disability) understanding of how having an illness or impairment influences an individual’s life.

**Demographic Questionnaire**

In addition to field observations and narratives from face-to-face, open-ended interviews, I used a background questionnaire (see Appendix A) to collect demographic information about the study participants such as contact information, gender, age, sexual orientation, disability status, and degree program. I used this questionnaire to further corroborate my understanding of each participant’s identity formation and/or construction, as well as their academic standing. These questionnaires served as a useful point of reference throughout the interviewing and
analysis phases of this study. For example, before my interview with Liza, she sent me her completed informed consent form and her questionnaire. From her answers, I could gain some insight into Liza’s academic standing as student, enrolled in both undergraduate and graduate course work, as well as where she was in term of her identity formation. In her e-mail she wrote: “I’m Autistic and some sort of Queer (so I still can’t figure out the differences between bi and pan well enough to know which describes my own romantic orientation, and I’m asexual).” Since our interview was going to take place virtually using Skype, having this initial understanding of Liza’s experiences was useful because it can be difficult to establish a rapport with someone when interacting through video chat.

**Data Analysis**

Throughout the data collection process, I continually reviewed and analyzed my data. Carspecken (2002) suggested that, when conducting a critical ethnographic study through analysis and input from group members, a researcher should recreate his/her culture of interest. During the analysis, a researcher should consider how the culture of interest challenges and perpetuates social systems of oppressions (Carspecken, 2002). Additionally, a researcher conducting a critical ethnography should explore how a person alters his/her culture in order to adapt to social institutions and structures. As a researcher exploring LGBTQ persons with disabilities at the collegiate level, embracing the strategies that Carspecken (2002) outlined supported a critical exploration of how participants’ behaviors and actions are influenced and altered by the culture of the postsecondary institutions they are attending.

Glesne (2006) advocated for researchers to engage in data analysis while they are collecting data. I adopted this philosophy for this dissertation study because I was conducting multiple interviews with participants over a prolonged period. Throughout the data collection
process, I continually reviewed my field notes, the audio recordings, and transcripts from all of the interviews, which helped me to begin to identify commonalities between the participants’ experiences. Another benefit of analyzing the data throughout the data collection process was that it helped me ensure that the participant’s perspective was represented. While representing the voices and perspectives of participants is an essential element of all qualitative research, there is an added emphasis on representation when conducting critical ethnography because these studies are about providing a voice to the voiceless. Guajardo and Guajardo (2002) argued that critical ethnography is about providing members of a subjugated group the power and capacity to create understanding about their experiences. By engaging in prolonged and continuous analysis throughout the data collection process, I could ask participants about how they defined their sexual orientation and/or gender identity, as well as the terms they preferred. For example, when speaking with Kit, she described her identity by saying:

I kind of fluctuate between using the term “gay” and “pansexual” because I am dating a girl and I have been with her for three years . . . the way I described to people is that I don’t care about what’s between your legs; I care about what’s in your heart and what comes out your mouth and your values.

After each interview, I recorded my initial thoughts about the interview, as well as any challenges that transpired during the interview process and any other issues relevant to the data collection process and/or my positionality. Additionally, when I returned home for the night I reviewed my field notes and audio files. When reviewing these materials, I took notes in my research journal that discussed unanswered question and potential warm and cool spots that I had not considered after the interview. Additionally, I used my research journal to record tentative questions that emerged after listening to the first interview. This helped me to develop semi-
structured questions for the follow-up interview that sought to further explore the experiences of collegians with disabilities belonging to the LGBTQ community. After the second and third interview, I repeated the same analytical process. Additionally, at the conclusion of each interview, I transcribed it using Siri dictation software on an iPad. Upon completing the initial transcriptions, I read them and compared the text with the audio files to confirm that they matched.

After the interview process, initial, line-by-line, and focused coding, which are traditionally used in grounded theory, were adopted to identify emergent themes (Charmaz, 2006). Borrowing from grounded theory was useful for this study because of my position as a person with a disability; the coding method encouraged me to critically analyze and question my interpretations of the data. During the first phase of coding, a combination of initial and line-by-line coding was used to identify common terms or concepts that emerged from the narratives. Once this phase was completed, focused coding was done to identify frequently used terms that are representative of common experiences and/or themes. After completing the focused coding, tables were created in Microsoft Word to organize the narrative based on themes. The following themes emerged from interviewing these individuals about their collegiate experience: a) identity formation and development, b) invisibility of identities, c) microaggressions, and d) changing pedagogy and practices.

**Organization of Themes**

Although these four themes are discussed in greater detail in Chapter 6, I have included an example of the tables that I created to organize the quotes that reflected these themes. Each table featured a participant narrative reflective of the six themes that emerged from my thematic analysis of the transcripts for my interviews with the ten participants. An example of these tables
is included in Appendices G and H, but I have included an excerpt of the table I created for the theme of identity formation and development:

I started, well I don’t know if the word is getting or more realizing my feelings for guys around when I was fourteen. Um I . . . at that time [I] identified as gay. I now use the word queer, just to kind of be more, I don’t know if the word is expansive, but like . . . not so narrow is, I guess is the thing. . .

The above quote from Scott, one of the study participants, speaks to a common experience among all participants irrespective of their age, class standing, gender identity, and/or sexual orientation as they also spoke about the evolution of their identities. The quote from Scott represents how he constructed his queer identity. One subtheme I discuss in greater detail in Chapter 6 that emerged from the broader theme of identity formation/construction was that participants did not view their identities as intersectional or intersecting, and consequently, except for Michala, they spoke about the formation/construction of their identities separately.
Chapter 4: The Undergraduates

This chapter profiles the experiences of six undergraduates who identify as LGBTQ persons with disabilities. These individuals represent the experiences of LGBTQ persons with disabilities at regional and private postsecondary institutions in the Michigan, Rhode Island, and New York. The experiences of the undergraduate students are presented separately from the graduate students, because unlike the graduate students, the dual identities of these six undergraduates were still emerging.

While the experiences of these individuals were unique, they shared commonalities involving parental support, the emergence of their LGBTQ identities, the evolution of these identities, their interactions with their peers, and their participation in campus organizations and services. The language used in this chapter to refer to the participant identity statuses reflected how they referred to themselves and the evolution of their identity formation construction.

Kit

Kit is 20 years old, completing her third year of college in Michigan. She is studying social work with a specialty in gerontology. Kit self-identifies as pansexual with PTSD and social anxiety, which she categorized as a psychological and/or emotional impairment in the background questionnaire. She is a woman who has several aspirations for herself, but her disability has made achieving these goals difficult because she lacks adequate support from family who are not empathetic about her disability and how it impacts her daily life. Unfortunately, she has failed to connect with her peers at her college in Michigan, which has been disappointing because at the beginning of her collegiate experience she had high expectations for college life.
On the day of our interview, I met Kit in the lobby of her college’s main library amidst the hustle and bustle of students filing in and out. Before our interview, I knew about Kit’s PTSD and anxiety from our previous emails and interactions; however, after spending the day with her and gaining insight as to how her disabilities influence her daily, I admired her determination and resilience. These personal traits were evident when she ventured out in public settings to attend classes towards her degree in social work and gerontology or to meet me to share her experiences in college. For Kit, attending college, going to work, or meeting someone for coffee caused her to have an anxiety attack, which she described as “debilitating.”

“I want to be a social worker . . . I love the old people.” Despite her “debilitating” PTSD and anxiety, Kit remained committed to earning her degree in social work and gerontology because, as she said, “I want to be a social worker . . . I love the old people.” Kit’s love for the elderly stems from her relationship with her grandmother, who raised her when her mother was being treated for cancer. Her grandmother was a constant who made her feel safe; the bond with her grandmother is the impetus behind her pursuing her field of study, which she hopes to continue in graduate school where she is open to exploring disability as a field of study. She said,

When I go to ABC, God willing, and I can concentrate in a different area, maybe I’ll see if I can concentrate in disabilities and see . . . what I want to do. Because I know, I want to be a social worker. . . . But what exactly do I want to do? How much more of an impact could I have . . . in the disabled community?

Her identification with the LGBTQ population emerged during her high school years and has remained fluid over the years. She explained,
I kind of fluctuate between using the term “gay” and “pansexual” because I am dating a girl, and I have been with her for three years . . . the way I describe to people is that I don’t care about what’s between your legs. I care about what’s in your heart and what comes out your mouth and your values.

Kit was formally diagnosed with PTSD and anxiety during her freshman year of college but has had symptoms of these conditions since she was 8. Kit suffers from PTSD and anxiety because she was abused as a child and was sexually assaulted by her boyfriend in high school. As a result of these conditions, Kit has “severe panic attacks” which prevent her from participating in daily activities like work and school. Further exacerbating the adverse impact of her conditions is the lack of support she has received from her family members. Kit’s family members acknowledge her anxiety but do not believe that she was sexually assaulted. This contributed significantly to her PTSD. While her parents recognized that Kit had anxiety issues, they failed to offer her the support needed to manage it. Kit can only recall one instance when her parents offered support when she was having a panic attack:

I actually just had pretty severe panic attack a few days ago . . . I thought they were going to be all over me about it, but they were pretty supportive. My dad just told me to go upstairs and watch the Lion King and calm down, to go to bed. And he gave me medicine. My mom was pretty much the same way. They both kind of subtly were like, “Yeah, you should have gone to work.” But . . . my aunt who works there with me. She called me into her office and was like, “What kind of baby shit pussy move was that you not coming into work? Because you’re a little freaked out about school, like you still should have come in.”
“Suck it up buttercup.” Her family’s inconsistent reactions to her panic attacks made her apprehensive about confiding in them about her anxiety and how much it limits her daily life. She stated,

I’m so afraid to . . . talk to my parents about my anxiety because they don’t see it as debilitating. My dad just applied for federal disability aid, and he got denied. So if I tell him that I had a panic attack, his response is always, “Suck it up, buttercup.” It’s like they don’t see it . . . if I do that I will be defeated before I even start because I don’t have the support that I need. What I need, I need to get on meds, I need to get therapy.

Unfortunately, even in instances when Kit reached out to counselors and/or therapists, they have not always been receptive to her dual identity status as a pansexual person with PTSD and anxiety. When she was in high school, she had a counselor who helped her cope with her disabilities. When she confided in him about her developing identity as a member of the LGBTQ population, the counselor chastised her for sexual orientation rather than offering guidance and support. She recalled:

I was talking to a counselor and I finally came out. I was like, “Look I have been dating this girl for a couple of months and you know we have been fighting a lot.” And he basically was like, “Well you know that’s not right, you know you can’t do that. No wonder you’re having all of these issues and you’re anxious and stuff all the time, because you know that you’re wrong.” That was really terrible and I looked up to him for years and I had been going to him for years. And I never saw him again because I was so upset and hurt by how he was acting.

The only person who offered Kit support for her anxiety and PTSD was her on-again-off-again girlfriend, Mya. Mya helped Kit cope with her panic attacks. Kit explained:
I had the bad panic attack, and [Mya] had to leave for work, I was beside myself because she left. Like I was totally fine. I had my head on her lap, she was playing with my hair. We were watching the Lion King, she was helping me, you know, breathe; she patted my back for me to breathe in and pat it once for me to breathe out, so that she was helping control my breathing. As soon as she left for work, I lost my shit.

Kit has dated Mya on and off since they were in high school. When describing how she and Mya started dating, Kit said,

We just kind of fell together . . . and we have been on and off since then. We had about seven or eight months that we were off for a while, because of trust issues and everything. We just got back together, and we actually have our first date in two weeks.

One of the causes for their trust issues was that they struggled to find time together because they were hiding their LGBTQ status and romantic relationship from their parents, who were not accepting of the LGBTQ population. Kit tried to broach the topic of her sexuality with her parents, but anytime she mentioned LGBTQ people, her parents’ opinions about this population served as a detractor. She explained,

Even though we don’t go to church my mom’s like, “You know gay relationships they start off really fiery and then they die out. And then there’s a lot of infidelity with gay people, and it’s just a choice,” and all this other stuff. And my dad always quotes the Bible, and it’s like, “Listen, we haven’t gone to church since I was eight; don’t go getting all high and mighty.”

Like Kit’s parents, Mya’s parents were not supportive of the LGBTQ population. Kit said that Mya’s parents “suspected” that something more than friendship was happening between
Mya and her, which caused them to not allow Mya to see Kit. Thus, Mya and Kit snuck around and spent time together when Mya’s parents were out of town.

“Opportunity to “become her own person.”” Kit’s anxiety, PTSD, and status as a closeted member of the LGBTQ population made it difficult to meet people who also identified as LGBTQ. She viewed college as an opportunity to “become her own person” and explore her LGBTQ identity. Kit attended campus open houses during high school and was excited when she saw that the university had programming for LGBTQ students like her. Kit was excited to meet other individuals who identified with the LGBTQ community because outside of her girlfriend, she knew very few LGBTQ persons. However, when she went to an LGBTQ student group event, her anxiety and PTSD prevented her from staying. She explained,

I want to join the LGBTQ club but there are so many people. If there’s more than three people I just freak . . . out. It’s just like “Noooooooooo people. Get me in a little room by myself.” The anxiety is getting in the way of going.

Despite not being able to participate in the LGBTQ student groups because of her anxiety, during the early months of Kit’s collegiate experience, she liked living on campus away from her parents. She was establishing a friendship with her roommate Kelley; however, this changed at the end of her freshman year. Kit’s positive relationship with Kelley became negative when Kelley began failing classes and was faced with the prospect of failing out of the university. Kit and Kelley began fighting over hygiene and other personal behaviors, which led Kelley to move out. After Kelley moved out there was friction with her new roommate, Sue, who would unplug Kit’s refrigerator when she went home for the weekend because it was too noisy. Kit went to the area complex director requesting to be moved, but she said, “The ACD over
there . . . was not helping me move out.” After three weeks of living with her new roommate, Kit had a severe panic attack that caused her to be hospitalized. Kit recalled,

I went to [the health center] in the middle of a panic attack, I had cut myself. And I was in such a frenzy that Dr. K gave me a tranquilizer to help me chill . . . out. And I sat there and I threw up. And like my heart muscles were like not doing well, because my heart had been pounding nonstop for like three weeks on end.

After her week-long hospitalization, she moved into the honors dorm. Initially her new residence was an improvement, but things began to change when her “only sensible roommate,” Lesley, went to Florida for the Disney College Program. After Lesley left, Kit struggled with her remaining roommates’ living habits. Her anxiety was exacerbated when her roommates stayed up late rehearsing lines and watching movies. Kit struggled to communicate how these behaviors negatively impacted her anxiety, but she felt that they were not respectful of her needs.

“It follows me everywhere I go.” Throughout Kit’s collegiate experience, people’s failure to understand her disability and to provide the support she needs has been a constant. After she was diagnosed with PTSD and anxiety early in her college career, she went to the disability office on campus to receive accommodations for extra time on tests, which were a major source of anxiety for her. The office, however, was unwilling to provide the accommodations such as extended time on assignments and exams. She said the office did not want to provide her with extensions on assignments and tests because she did not have a learning disability. Unfortunately, the negative experiences Kit encountered surrounding accommodation services were also present in the classroom. Kit spoke about receiving “nonverbal” cues that caused her to feel that she needed to tell professors about her disability and defend why she needed services. She explained:
Sometimes when I hand people my disability letter . . . I feel . . . they’re like, “Oh she’s using the Disability Resource Center to be a goody two shoes.” You know that’s sort of the impression I get from some professors, and if they press and say, “Why do you need to use these services?” I say, “Well, I have anxiety about time management. And I have PTSD.” And they would say, “What does the PTSD have to do with classes?” I would say, “Because it follows me everywhere I go.”

Kit believed that her negative experiences with faculty were the result of having a hidden disability. She argued that people embrace the socially perpetuated belief that disabilities exist only if they are visible. She said:

I’m sorry to be crude but if you’re not in a wheelchair, you’re not disabled. No matter how people look at it, I am disabled and handicapped in a lot of ways. Just because I don’t look it doesn’t mean that I am not in a lot of ways.

Despite these negative experiences with professors, Kit remembered one professor who was accommodating, Professor X. She remembered giving the accommodation letter to Professor X, who encouraged Kit to come speak with her about any concerns or accommodations that she needed throughout the semester. She recalled,

I did have a professor, Professor X, I love her to death. I gave her the letter and she was like, “If you need anything, you come to me. Anything at all.” And there was something . . . I missed an exam, it was during that week that I was off. I emailed, I called her and I was crying. And I was like, “Professor X, I am going to miss your exam and I’m sorry.” She set up a specific time, when she didn’t have to be on campus. She set up a time that worked for me to sit in this comfy teachers’ lounge . . . for me to do my exam. Alone.
And she put a sign on the door that said, “Student Testing” sort of stuff and she gave me like a half of an hour extension, and was like, “Take as much time as you need.”

Kit’s interactions with Professor X were among the few bright spots of her college experience. After many failed attempts living on campus and negative interactions with professors and other individuals with the campus community, Kit felt “isolated” at her college and had very few friends. This feeling of isolation led Kit to move back home with her parents, where she remains closeted and isolated. Outside of her girlfriend, Kit has very few friends from the LGBTQ population because her anxiety prevents her from comfortably interacting with others.

Her anxiety makes participating in day-to-day activities difficult. When I spent the day with Kit, I observed how debilitating her anxiety was. When lunchtime arrived, Kit was apprehensive about visiting the food court on campus because of all the people who would be present. I recognized that the task of getting lunch was overwhelming Kit; I offered to go buy her lunch and bring it back to the room where we were meeting. After offering, Kit looked relieved that she was going to be able to get lunch without having to deal with the crowds of people. Later in the day, I escorted Kit to one of her classes. As we began walking to her class, she was relaxed and talkative; however, as we neared the classroom, she grew quiet and nervous. Observing Kit struggle with what many, including me, would consider basic everyday activities, I gained an appreciation for how much her disabilities influenced her life and limited her ability to connect with others. While she wanted to openly identify as an LGBTQ person with a disability, her disability created a vicious cycle that influences how she manages her dual identity status as a pansexual with PTSD and anxiety. She summed it up best when she told me, “If I don’t know
you enough to explain my anxiety to you, how . . . am I going to tell you about my sexual orientation?"

Avirya

Avirya is a 20 year-old in her third year of college student in Michigan. She is a double major in psychology and women’s studies and a minor in communication. Aviryra identifies as a Jewish person who is hard of hearing and has learning, mobility, and chronic health disabilities. She also identifies as “not straight,” but when asked to pick a category, she said, “I am sort of between pan and lesbian. I get the spectrum thing because I go back and forth a lot.” While her LGBTQ identity is still crystallizing, Avirya has a clear understanding of her disabled identity, which has been helpful during her collegiate experience, when her disability impacts her in courses like science labs. Her fluency about her disability is the result of her parents having the same condition and being very supportive of this part of her identity. Conversely, her parents were not supportive of LGBTQ identities, which led Avirya to keep her identity hidden until she left for college. Although Avirya is more open about her dual identity statuses with her peers and faculty in college, she does recognize that attitudes about these identities vary from person to person. Consequently, her decision to disclose her identity status varies based on the course and/or situation. Avirya cited supportive faculty as playing an integral role in helping her manage or cope with the wide range of interactions.

When we met at a coffee shop on her campus, I asked her if she would like anything to drink; she hesitated for a second because she was unable to have caffeine because of her disability, so she opted for a glass of water. Once she began to tell me about herself, I learned that Avirya is an active and vibrant young woman. On top of being a double major taking a full-course load, Avirya is involved in several activities outside of school. She worked 16–20 hours
as a media assistant for a nearby university’s graduate marketing communication department, and she was involved with many academic organizations at ABC University, because, as she tells me, “I don’t do well with boredom.”

**Free to identify.** When Aviry discusses the development of her LGBTQ identity she discusses how she always had a sense that she was different than others who ascribed to traditional heteronormative beliefs. She explained:

I feel like this is such a cliché thing, [but] I always knew that I wasn’t just like everybody else. Not like all the other girls who just liked boys . . . I knew I had feelings for girls but I couldn’t express that in the environment I was in. . . . I started to identify to very . . . close friends in very small doses. Kind of hinting at things and small mentions here and there when I was probably 16 . . . but it really wasn’t until I moved out of my parents’ house at 18 that I was free to openly identify.

Aviry’s parents embraced religious beliefs that were against identifying as LGBTQ. Aviry told me that she was “kind of half out to [her] parents” because of their Jewish beliefs. She had a supportive girlfriend who helped her understand elements of her identity that her parents were against. She explained,

My girlfriend . . . she has . . . chronic health problems, and is openly not straight. She also identifies as pan, but not straight . . . we were talking about this the other day, but we’ve actually been really instrumental in helping the other identify with different things they weren’t able to. She really struggles to identify with her disability . . . her disability is the result of an accident. She didn’t have 20 years to grow up with it, she had this all placed on her very quickly . . . she has really struggled to identify with her disability and find
any pride in it. And I, coming from a very conservative Christian family, struggle to find pride in my sexual orientation. So we have helped each other figure out those issues.

Since coming to college, Avirya has been partially out to her parents, because they were aware of her affiliation with the LGBTQ population and the relationships she’s formed with individuals like her girlfriend, but they openly and actively avoided discussing her identity as a “not straight” person. She explained,

So I’m kind of half out to my parents; they know but we have never had a conversation about it, because my parents will make lots of comments about my gay friends, or my gay friend “Lacy,” my girlfriend. But they can’t even fathom identifying me as gay . . . It’s [her LGBTQ status] something that is not talked about very openly. We very openly talk about how we don’t talk about it.

While Avirya’s parents did not support her status as not straight, they were supportive of her Ehlers-Danlos syndrome (EDS) diagnosis. She said,

We talk about my disability because genetically I get it from my mother, my Ehlers-Danlos Syndrome. So she has it. Both of her parents have it, and my father has a mild form of it too. So it’s very rare, my type is one and the statistics vary but generally one in 250,000 people. My mother’s type is one in 50,000 and my father’s is one in 100,000, so I just got all of them.

Avirya was diagnosed with EDS when she was 15. She described this three-year journey as “a really hard process, being told that you’re crazy, and that you’re lying, and that you’re making things up.” Avirya attributed the skepticism to the “invisibility” of her disabilities, which was why she believes her diagnosis was so important; she said, “Having that diagnosis in place was so awesome, because I have proof. Now you have to believe me.”
About a year after her diagnosis with EDS, Aviry found a doctor who provided her with a more detailed diagnosis. She said,

He ended up diagnosing me with, let me think of my laundry list: I have Ehlers-Danlos syndrome, fibromyalgia, complex regional pain syndrome in my arm, POTS, which is postural orthostatic tachycardia syndrome, so I stand up and fall down. And then I can’t regulate my body temperature, so if it’s hot outside I am hot; if it’s cold outside I am freezing.

Working with this new doctor helped her manage her health, which improved greatly because of diet changes and other holistic practices. In addition, living with health conditions like hearing loss, which has continued to worsen over time, has contributed to Aviry adopting practices like lip-reading, which help her understand what people are saying. She explained, Even though I am talking with you, I am reading your lips when you speak. So it’s something I do without thinking about. So I am usually—speech is something that is pretty standard, so even if I miss something I can always fill it in with something I think went there.

In these moments when Aviry speaks about losing her hearing, which is something that others would view as devastating, her sense of humor shines. She told me that were times that her lip-reading skills puts her in some “awkward situations” in classes like women’s studies, because she misread someone’s lips when they were speaking. Despite the awkwardness, Aviry said that her hearing loss is “probably my most entertaining disability if I have to pick one that is entertaining, I really wouldn’t give up that one.”

**Perceptions of disability and “not-straightness.”** As a person who identifies as a “not straight” person with a disability, Aviry is keenly aware of the social attitudes surrounding identifying as disabled and LGBTQ. She said,
I think people’s perceptions of disability and LGBTQ issues or not-straightness is very . . . individual. I think it is based in our expectations within our culture . . . we picture the American dream to be 2.5 very healthy kids, that are straight and grow up and marry opposite sex partners. We don’t really account for anything else in there. And that’s not many people’s American dream; I mean that just isn’t very practical. That isn’t reality. So I think we as a society fail to acknowledge that there are people that will . . . never ever fit in that perfect little box.

In her experiences as a “not straight” person with multiple disabilities, Avrya has found that people’s opinions are dependent on the individual and that there is “no gray area” surrounding people’s acceptable of disability and/or sexual orientation. She said,

You either are totally cool with hanging out with someone who walks with a cane because their vision isn’t good or someone who signs while they speak, or even has an invisible disability, or sometimes needs to take a break on a bench. Or you’re not…and the same is true about LGBTQ, you either are very comfortable with gay people, and as long as I don’t have to have sex with who you want to have sex with, I don’t care. Or you think you should get in the bed with them to stop them . . . I was of the opinion for a while that if you were comfortable with one, you were generally comfortable with the other . . . I am starting to really question that a little bit, because I have learned that there really are some people who are comfortable with disability and comfortable with gay people and not comfortable at all with the other.

While Avrya recognized that for many, disability and identifying as “not straight” are not desirable or are considered abnormal, she embraces these identities. For her, her disabilities are “very normal” and she chooses “to treat [her EDS] as a non-issue . . . unless it becomes one.”
One of these instances when her disabilities became an “issue” in college was during Avirya’s biology class when she had to dissect animals that were soaked in formaldehyde, which she is allergic to because of her EDS; she said, “My skin is weird and soaks everything up.”

When it came time to dissect the animals, Avirya had to self-identify because of the invisibility of her disability. Avirya recognizes that by not having a visible disability, she is in a position of “privilege within the disabled community”; as she puts it, “I can hide . . . my disabilities pretty easily, but at the same time I can’t.” Her inability to “hide” her disability emerged in her biology lab because her EDS was going to prevent her from dissecting an animal; however, Avirya viewed this situation as an opportunity to open up to others about her EDS and how it impacted her. Avirya’s openness about her LGBTQ and disability status varies by class. She said,

I am in psych and women’s studies classes, and communication classes, so we always talk about these different things. Like disability and LGBT issues, so when things come up I am always happy to qualify my experience. Saying “I find this to be offensive” or “I feel like we should whatever,” but I always take it kind of one situation at a time. I never plan it, so if something happens and I feel like it would be valuable for people in the class to see a disabled person up close or see a gay person up close, then I note it. And if I feel like it would add anything to the conversation at all, I note it. But if I feel like it’s going to be disruptive or cause controversy . . . if it’s going to take away from the topic, then I am not willing to discuss it.

“Crippled dyke.” Her “willingness” to discuss her identities lessened when she felt threatened by other students based on the comments that they made about disabled and LGBTQ persons. Avirya recalled a semester when she was in a class with a guy who “valued ableism”
and thought the Holocaust was “valuable.” As a person who identified as a Jewish “not straight” person with a disability, Avirya chose not to discuss her identities after hearing her peer’s opinions surrounding disability and the Holocaust. Unfortunately, Avirya has had other negative interactions with classmates surrounding the disability and LGBTQ identities. She told me about a recent encounter that she had with one of her classmates after class:

I had a terrible experience with one of my peers in a classroom . . . at that point I was openly disabled. I was not openly not straight. So I talked about my disability all the time and then I started talking about my girlfriend, [and] she followed me out of the classroom after class, and I thought she was just curious. She was very rude and followed me, and called me all of these terrible things, and kept talking about how sad she was for my girlfriend to be dating a “crippled dyke.”

“I don’t look Jewish, I don’t look gay, and I don’t look disabled . . .” Another type of interaction that Avirya discussed was the interactions she has had with her professors. Like Kit, Avirya’s experiences with her professors are mixed. Some of her interactions have been negative because some of her professors believed that she was lying about her identities. Avirya remembered a time when she asked to be excused for Rosh Hashanah and Yom Kippur and recalled the professor saying, “You don’t look Jewish, you don’t look gay, and you don’t look disabled so you must be lying about one of them.” Like Kit’s relationship with Professor X, Avirya established a relationship with one of her professors who was openly gay and had adopted kids who were disabled. Her professor’s insight into the experiences of “not straight” people and persons with disabilities has been valuable for Avirya because, as she put it, He’s one of those people that you can go to at the end of the day and say, “I don’t know what to do with this professor, who is saying I am not Jewish, gay, or disabled enough to ask off time or
to receive accommodations,” and in those situations [he’s one of] the few professors or peers that really get it.

**Michala**

Michala is a 20-year-old in her third year of college in Michigan. She is majoring in psychology with a minor in human sexuality. She self-identifies as an African-American, bisexual woman with a chronic health impairment. Michala positively spoke about her collegiate experience because she has met other LGBTQ collegians who have supported her LGBTQ development, through the interactions she has had with her peers and her coursework.

I spoke with Michala on the Wednesday before Thanksgiving via Skype. She was speaking with me from her apartment that she shared with her roommate. I soon found out that her roommate was one of the few individuals who were aware of Michala’s juvenile rheumatoid arthritis (JRA) and how it influenced her daily life. She said,

> My roommate . . . sees it every day. And she helps me to the bathroom, or she used to help me to the bathroom, she used to help me a lot. And I think probably without her, I don’t know if I would have gotten through freshman year. So the only experience I can bring up right now is my roommate, and she was completely empathetic toward me. And she helped me completely.

In addition to helping Michala when her JRA made completing daily tasks difficult, her roommate, who Michala met on her first day of college, helped Michala feel at ease about her sexual orientation. She reflected,

> I came to college, and my roommate was bisexual, my first roommate, the first person I met in college. And from that point on I knew that I was going to enjoy the different people, what they have to offer in experience to me, it’s become so much easier.
The connection Michala has established with her roommate was a departure from her experiences in high school where she felt alone. She said, “I thought I was the only person going through it,” which caused her to keep her bisexuality hidden and minimize the impact of her JRA.

Even though Michala was diagnosed with JRA when she was 8 years old and has had symptoms related to her JRA since she was 4 years old, she was unwilling in high school to, as she put it, “ask for preferential treatment.” Her attitudes surrounding her JRA began to change when she entered college. She said, “I know better now; I got my handicap sticker and I am flaunting it. But when . . . you grow with it, you don’t know that options are available for you.” Like her evolving attitude surrounding her JRA, enrolling in college helped Michala’s feelings towards her bisexuality evolve.

A place to grow. For Michala, college has provided an environment where she has been able to grow and explore her bisexual identity and meet people, as she put it, “who…are more accepting . . . to find other people like me and that has made me making me feel better about it.” Her experience was so positive in college that she believes all LGBTQ youth should attend; she said, “I think the best thing to do if you’re identifying as LGBTQ in high school is to go and experience college life. Because that’s the most accepting community you will probably ever be a part of.” This “accepting community” included other bisexual people that she has met during her time in college.

She has met these individuals through her coursework, which has been a bright spot for Michala. She said, “[That] I am getting credit for learning about the things that make up the biggest parts of me is awesome.” Initially, Michala selected a major in psychology and a queer studies minor but switched to a minor in human sexuality because she wanted to explore the
experiences of LGBTQ women of color like herself. Taking classes focusing on human sexuality has provided Michala with the opportunity to explore a part of her identity that she hid in past years. She said, “I never had the high school coming-out thing, and there wasn’t anything really as far as that goes that affected me during high school, because bisexuality is something that people can easily hide.”

While these classes have encouraged Michala to be open about her identity as bisexual, she has remained aware of the negative stigma that existed surrounding bisexuality but also remained hopeful. She explained,

There are still people, somehow who believe that bisexuality isn’t like a thing that actually exists, which to me I don’t understand how straight people exist . . . I don’t understand it the same way a straight person doesn’t understand a gay person. The same way gay and straight people don’t understand bisexuals. Like I don’t understand why everyone isn’t bisexual. It’s just me, and that’s okay. But I don’t like it when people try and tell me that, I mean I have heard it all, like the whole “greedy thing.” For the most part people are accepting, but there are . . . always those couple of people who are actively against it.

As Michala shared her love of college, she cited the various groups and courses a person could participate in to “try and find” themselves in higher education. She said, “In different aspects, not just LGBTQ but like everything, if you like this, I bet you there’s someone else on campus that will like that too.” Despite her appreciation for all of the diverse coursework and activities on campus, when I asked Michala if she could elaborate on her involvement in these groups, she told me that her limited mobility prohibits her participation:
I park to where I don’t need to walk as much. I schedule my classes in no more than two buildings a day. I just take classes. I am not in a specific club; I find it really difficult for me anyway to join clubs, because that’s just more . . . I’m sorry to say it’s just more walking. Walking is such a task for me. If I got meetings, I probably won’t go to the meetings because there’s like no way . . . I do as little as possible.

**Openness about bisexuality.** At college, she is very open with her peers; Michala has yet to share her bisexuality with her parents, because she did not want to alter how they viewed her role as an advocate for the queer movement. She explained,

The reason I haven’t come out is that because right now I am advocating for the queer movement to my parents; that’s how they view me. If I were to come out to them, then I would become a part of the queer movement, and then perhaps they would feel that … straight people aren’t advocating for this. And why should they take interest in something, just because I am a part of it.

Michala presenting herself as an advocate for the queer movement to her parents is reflective of Goffman’s (1959) dramaturgical model of social life, because when she is with her parents she is performing or portraying herself as an advocate of the queer movement without acknowledging her affiliation with the LGBTQ population. Conversely, when she is in the classroom setting among her peers, her performance changes because she portrays herself as both an advocate and a bisexual.

**Scott**

Scott is a 20-year-old in his third year of college in New York. He is majoring in sociology and self-identifies as a queer autistic. Each of these identities emerged during his adolescence; however, his autism was not diagnosed until after he was approached by a peer who
heard through “gossip” that he was autistic. Since finding out about his autism, Scott has pursued information, specifically campus resources for collegians with autism. Throughout his collegiate experience, he has actively participated in his school’s program for LGBTQ and persons with autism, yet he acknowledges that student services overlook people like him who identify as queer autistics. Additionally, while Scott believes his queer identity is visible to others, he admits that outside of the autistic program, his autistic identity is more hidden. I spoke with Scott, who lives on the East Coast, on a Saturday morning through Skype. Throughout our conversation, we experienced audio failure that prevented Scott from hearing the questions that I was asking. At the first sign of failure, I panicked because of this hiccup, but Scott remained determined to continue our interview. When we continued to have audio issues, he suggested that I type the questions, which I was asking aloud, so that he could see them, and record his responses. After finding this solution, Scott and I could continue the interview. I soon realized that the fortitude he illustrated when trying to find a solution for the audio difficulties was one of Scott’s defining personal characteristics: determination. His determination played an essential role in his identity formation as queer autistic, two identities that emerged during his high school years.

“Too many labels.” The formation of both his queer and autistic identities emerged during his adolescent years. Scott’s queer identity began to emerge at the age of 14, when he realized, as he put it, “I hadn’t really had so many crushes on girls.” After this realization, he began to identify as “gay,” but Scott’s LGBTQ identity construction has evolved. Over the years, he has embraced the term “queer . . . just to kind of be more, I don’t know if the word is expansive, but like . . . not so narrow.” In the beginning, he struggled to come out of the “sexuality closet” to people close to him like his family; however, he admitted that they knew about his sexual orientation, because of all of the hints he “anvil dropped” on them. When he
finally came out to his family, he said, “The family has generally been supportive . . . especially because there are other queer people in the family that we actually know that are gay, because they talk about it.” Scott’s autistic identity emerged from “gossip” when he was 15. He recalled,

I [was] sitting in my Italian class with a really good friend of mine . . . [he] was like, ‘Yeah, I talked to Jeff and Jeff said his mom told him . . . that she thinks you’re autistic.

Because of the way you have been acting during the vacation.

After speaking with his friend, Scott looked up the description for autism with his therapist. When he read it, he recalled thinking, “Oh! This is a basic description of all of my entire life.” When he told his mother about his recent discovery, she informed him that she suspected that he might be autistic; Scott vividly remembered his mother’s reasoning for not confirming her suspicions. He said, “And her exact words, I have never forgotten the quote: ‘You had too many labels to live with; I didn’t want to give you another one.’”

“There’s a thing for autistic students on this campus?!” Despite his mother’s hesitation to give Scott another label, Scott was formally diagnosed with autism in high school. This formal diagnosis was important, because it allowed him to receive services from his university’s autism program, which he learned about during his freshman orientation. He said, I was at . . . some . . . kind of orientation, and someone representing the program was sitting at the table . . . handing out a brochure. And I was like, “There’s a thing for autistic students on this campus?! What? Let me read this, entire brochure. In front of you instead of leaving.” (Laughs). I was also there with my mom, so after a while she was like, “Okay, next table.” And I was like, “I’m so getting back to this.”

Since learning about the grant-funded autism services program at his college, Scott has participated in the program throughout his three years in college. The program provided Scott
with the support he needed as a person with autism. This continual support was important for someone like Scott who, throughout his time in college, has become an active member in student leadership groups. Between balancing the coursework and the numerous leadership roles that he holds within student organizations on campus, he needed assistance balancing his schedule. When the director of the autism center announced that students could make appointments with a graduate intern to organize their academics, Scott seized the opportunity. Meeting with the graduate intern has helped him, as he put it, with “balancing my school work” by helping him learn how to use a planner and computer calendar programs to keep track of his assignment deadlines and his obligations to the various student leadership organizations he participates in.

**Role of support group.** In the beginning of his time in college, he used the individual one-on-one meetings with a therapist, which was a service he had in high school, and connected with a support group for persons with autism. This group helped Scott build relationships with other persons with autism at his college. These individuals helped him learn about his rights as an autistic person by helping him become aware of “organizations like Autistic Advocacy Network and Boycott Autism Speaks, and Autism Women’s network, and so many others.” One of his queer autistic peers shared a letter from Boycott Autism Speaks, which helped Scott become aware of the negative attitudes that popular organizations like Autism Speaks perpetuate. Among his contentions with Autism Speaks was “their whole cure ideology that they have got here.” As a queer autistic, Scott calls organizations like Autism Speaks “complete trash” because of how these organizations portray autism. Autism Speaks’ portrayal of autism reflects the socially perpetuated beliefs that disabilities like autism should be pitied or, as Scott said, “cured.” Another major issue he had with Autism Speaks was their failure to support families and autistic persons: “Only three percent of their budget goes towards supporting families and
people who are actually autistic . . . And . . . they have no autistic person running the organization, or on their board at all.” For autistic people like Scott, the exclusion of autistic people from the Autism Speaks board was reminiscent of the exclusion that disabled activists fought against during the Disability Rights Movement. During this movement, activists adopted the slogan “Nothing about Us, Without Us,” which advocated for the participation of disabled people in organizations and/or drafting of legislation that represented their rights (Autism Speaks, 2015).

“Hey! Maybe I exist.” While he met fellow queer autistics through the autism program’s support group, the recognition of the intersection of disability and queer status at Scott’s college was limited, “especially in queer spaces.” He said, “But it’s also just like, ‘Hey! Maybe I exist. Let’s talk about . . . no? No event space for that? Okay. Maybe later. Oh, it is later. Maybe later later.’” Over the three years he attended the university, he recalls only one instance where one of the queer student groups hosted a meeting focusing on queer persons with disabilities. As a queer autistic, while Scott enjoyed the various queer “spaces” that his school offered persons who identify with the queer and LGBTQ student populations, he admitted that they are “not super safe” for people like him. He elaborated, saying,

It’s not like I feel antagonized, but I also don’t feel like my “intersectional” community is there . . . there are other queer autistics who’ve been in the spaces. Before she graduated, a friend of mine, who is a . . . queer trans autistic woman. . . . I saw her there a lot.

Another limitation of the multiple queer spaces that Scott joined during his freshman year was their late meeting times. At the beginning of his sophomore year, Scott began commuting from home, which made staying for 10 p.m. meetings difficult. As someone who does not drive, he depended on his mother to drive him to and from school. He said, “It’s like, ‘well I really
want to do this . . . but I also don’t want to make my mom to wait that late . . . to pick me up’ . . . I haven’t gone back to queer spaces on campus for two years now.” He hopes to rejoin these clubs when he moves back on campus for his senior year.

“I am accepting myself now.” Scott’s friendships and knowledge of autism have grown, and he became more, as he said, “comfortable . . . with myself to be like, ‘You know what, I am accepting myself now.’” This acceptance has led him to begin to share his status as autistic. As he said, “Specifically last semester I started to be more open about being autistic . . . I started to be more open with friends, and like people in past internships, and that’s been great.”

Scott’s increased acceptance led him to pursue a research topic for his senior project focusing on how and/or if “people actually practice autism acceptance.” His interest in this topic led him to connect with a professor who studies disability on campus. This professor agreed to work with Scott on the project after he returns from sabbatical this coming fall. He said,

The professor . . . is like, ‘Hey! You are basically mine, but I have to go on sabbatical in the fall, so after I come back I am working with you. You’re mine now. I just want you to know that now.’

Liza

Liza is a 22-year-old who is completing fifth-year of college in Rhode Island. She is dual-enrolled in an undergraduate degree program in mechanical engineering and Chinese and a graduate program in math. Like Scott, Liza identifies as a queer autistic. When describing her developing LGBTQ and/or queer identity, Liza explains, “I’m autistic and some sort of queer . . . I still can’t figure out the differences between bi and pan well enough to know which describes my own romantic orientation, and I’m asexual.” Her autism went undiagnosed until high school, which she attributes to her intelligence level. When reflecting on her experiences as a queer
autistic in higher education, Liza admits that her experiences vary based on the situation and/or person.

I spoke to Liza on a hot, hazy day in August. She was the second person I interviewed for this project. When Liza contacted me, she identified herself as a college student who identifies as queer autistic. We agreed to speak to each other via Skype a few days later. Similar to my interview with Scott, the day that I spoke to Liza I was experiencing technical difficulties with our video connection. Once we connected through Skype, I began to ask Liza to tell me about herself; however, when I spoke there was a problem with audio feedback that caused a shrieking noise that was annoying and caused Liza to visibly cringe. I apologized for the technical problems and asked if it would be okay if I could reconnect. Like Scott, Liza was understanding and agreed to try our connection again. After connecting again, the buzzing noise subsided and we were able to finally begin the interview. Similar to other participants, she began by telling me about her dual-identity statuses and what she was studying in college, and I soon learned that Liza is dual-enrolled in an undergraduate and graduate program. She explained her rationale for enrolling in the math graduate program:

I . . . realized that I was super-duper into math, and I wanted to continue to take math, so I added a graduate math major, on top of the engineering and Chinese. I said, “I don’t actually want to be done with math. Can get a math degree, because I am going to be here for a while?”

“Gifted” or autistic? Like Scott, Liza identified as a queer person on the autism spectrum who was diagnosed during the latter part of her high school career. She attributed her delayed diagnosis to the fact that she had been labeled as “gifted” since she was young. Liza explained,
When I was eight actually, I read an article somewhere, I forget where, that mentioned autism, and it gave a description of a kid who was autistic. And I read it and I basically went, “Oh My God! That’s me.” And I asked my mom if I was autistic and she said, “No,” because as far as she knew I wasn’t. I mean, her generation would not think of super smart kids as the picture of autism. That kind of sat until high school . . . I do have records from speech and occupational therapy that are littered with autistic traits that they didn’t call that, but no one brought up the word autism yet. The school psychologist noticed and said that I probably was but didn’t do anything about it.

When I asked Liza to elaborate on why she selected to not “do anything” about seeking an official diagnosis in high school, she said, “A lot of IEP goals were restrictive in ways that sounded good to me. It was like, ‘Let’s not do that.’”

**Formation of a queer identity.** As with the other undergraduates I interviewed for this study, Liza’s queer identity began to evolve in high school. When she first contacted me, she openly admitted that she was still figuring out her LGBTQ identity. She elaborated on the evolution of her sexual orientation, saying,

I identified as asexual while I was in high school, but I didn’t really talk about . . . it really crystallized when I had my first boyfriend . . . the bi-romantic side happened more when I did a comparison of . . . the feelings that I have towards this guy . . . are romantic . . . before, it’s just been towards girls.

This initial questioning of her identity was consistent with a phase in the model from Cass (1979) called “identity confusion” because Liza was questioning how she had initially understood her identity formation as a queer person.
Experiences in higher education. Liza chose to attend a small state school, which “surprised” her guidance counselors because they thought she would attend a more highly ranked school, because of her intelligence level. When asked to describe her experiences as a queer autistic, she cited the “invisibility” of her identities influencing her experience; she said, “It was kind of invisibility on both accounts.” As a queer person, Liza said, “I’m out in the sense that it is not a secret, it’s just not particularly visible because if you are not dating anybody, your queerness is not that visible.” As an autistic person, she said the invisibility stems from the fact that “they were still passing me off as just gifted. Like that was pretty much the status until my second year of college, people were trying to pass me off as gifted.”

When I asked her to describe her experiences as someone who was a queer autistic, she said, “It’s been kind of variable, but mostly good.” She gave an example of both a positive and negative experience she had as someone who is on the spectrum. Her negative experience occurred while she was studying abroad, in China. She explained, “I did find out about some complications that were going on in meetings behind closed doors, including one of the professors saying approximately, ‘People like that shouldn’t be in college.’”

The professor’s attitude towards Liza’s autism was an example of cultural dissonance because the professor came from a culture that does not believe that all individuals are deserving of education, especially people with disabilities; however, because he was working for an American university, his beliefs and values conflicted with those of his employer. While Liza’s experience with her professor in China was negative, she shared a positive experience with professors back home at her university:

Teachers acting directly with me have been very good in interpreting my occasional nervous behaviors. One of the things that took people a little longer to figure out was how
to handle my ideas, because I am not always able to speak. And like in a language class, things around speaking are kind of important, so you can see why teachers would not always be sure what to do.

There was an instance in one of her language classes when she was unable to speak and her professor was “initially confused” but then he said, “You can’t talk right now, but you typed your answer. Okay, where do I start reading.” I pointed and he read out loud.

Lilly

Lilly is a 22 year-old in her final year of her undergraduate degree in Michigan. She is majoring in “computer science/computer engineering.” She self-identifies as a transgender autistic woman; however, she does not perceive these identities as intersectional because she never discusses them simultaneously. Similar to Scott, Lilly is active in student organizations at her university and has been since she was accepted. Lilly’s LGBTQ identity began to emerge when she was in middle school; however, many of her peers in K–12 were unsupportive, specifically of her trans identity. Similar to the experiences of participants like Michala, when she came to college, Lilly met other collegians who were supportive of her status as a transgender person. Additionally, at Lilly’s college, identifying as a person with autism was not out of the ordinary and consequently did not influence her collegiate experience. I meet Lilly on a Saturday afternoon in the early winter at a university in the Midwest holding a graduate open house. She was attending the open house because after she graduates in the fall of 2015, she hopes to pursue a graduate degree. When we spoke, she was considering three programs: a master’s in social work (MSW), a master’s in autism spectrum disorders (ASD), or a master’s in women and gender studies. She hopes to begin in the winter of 2016.
After she finished attending the graduate open house, Lilly and I planned to meet at a coffee shop in the school’s university center in the early afternoon. As I made my way towards the elevator, I spotted two young women looking at the bulletin boards. As she heard the noise of my electric wheelchair, one of the women turned and asked, “Are you Amanda?” I said, “Yes, are you Lilly?” She smiled and said, “Yes, I am.” She then introduced me to her girlfriend, Michelle, who accompanied Lilly to the open house. After we had all been introduced, we made our way to the elevators that would lead us to the coffee shop on the next floor. Once we got to the coffee shop, we found that the place was bustling with people who, like Lilly, were there to attend the open house. After we got drinks and looked for a place to sit, we found that the crowd of people made it difficult to find a spot that would accommodate Lilly, Michelle, me, and my service dog, Hartley. We finally settled on place to sit, and I asked Lilly to tell me about herself.

**Emergence of identities: Overlooking the intersections.** After Lilly told me about her plans to pursue a graduate degree, I asked her to tell me more about how her dual identities as an LGBTQ person with a disability emerged. Lilly identified as an autistic transgender woman; however, she rarely considered the intersection of her identities. She explained,

I have not thought about the intersection of being autistic and trans. I do discuss them often, but rarely do I discuss them together. I don’t think people look at them as intersecting identities. Being autistic is not an uncommon thing at [my school]. Half of the professors and half of the student population are on the autistic spectrum because we are a STEM school.

When she began to answer my initial question, she said, “Let’s start with the LGBTQ stuff.” I soon realized that the reason Lilly wanted to start by talking about the evolution of her
LGBTQ identity was because it was a part of her identity that had been taking shape since she was in middle school. She explained,

In middle school, I hadn’t had any gender identity issues yet. I thought I liked men as well as women, so I started identifying as bisexual when I was 12 or 13. I explored being trans and … I came out … when I was about 16 when I started my junior year in high school. I had participated in some online role-plays as a girl and then I discovered I was more comfortable doing that than presenting as a boy. So I started dressing as a girl online and finally I realized I was trans at the age of 17.

**People’s reactions.** She began to come out to her close friends during her senior year of high school, but unfortunately, many of them were not supportive of her emerging identity as a transgender person. She recalls, “A lot of them weren’t supportive at first. I went to a Catholic high school, and a lot of them were still stuck in the gender is immutable and innate thing…”

Lilly waited to tell her mother about her status as transgender until she enrolled in college, which “confused” her mother. Lilly explained, “She still is kind of because I identify as trans and as a lesbian. She said, ‘If you like girls why not just stay a guy?’”

In addition to being “confused” about Lilly’s status as a transgender woman, like Scott’s mother, Lilly’s mother had reservations about Lilly being diagnosed as autistic. When Lilly was about 4 or 5 years old, she was evaluated by a therapist for her school’s gifted student program; after the evaluation, the therapist “indicated to my mom that she thought I was in the autistic spectrum but my mom chose not to test any further.” Lilly explained her mother’s rationale for not pursuing a possible autism diagnosis. She said, “It was more about her wanting me to be normal. She wanted me to figure things out on my own and not rely on special ed classes.”
Despite her mother’s reservations, Lilly pursued a formal diagnosis after she experienced some bad mental health issues in 2013. She said,

I was being evaluated by a therapist, who actually had evaluated me for the gifted program when I was a kid, when I was younger. Since my diagnosis, I have dropped trying to feel that I am neurotypical and have stopped some of those behaviors. My mom sees that as playing into my diagnosis. I think she has gotten it totally wrong.

**Participation in student groups.** While her mom may not support and/or understand her dual identities as a transgender autistic, people in Lilly’s collegiate environment accepted each of her identities, especially her identity as a transgender person. When she was still in high school, she was introduced to her future college’s Allies group, which is a student group geared at supporting LGBTQ persons. She recalled,

I attended a prospective student event at [the college] and following a panel discussion was introduced to a person who was a member of the student Allies group. She talked with me afterwards and passed along the meeting times. As a prospective student I was able to become involved with the group before I attended [the college].

By participating in this group before her freshman year, she was able to get a glimpse of the positive environment and, like Scott, be aware of the safe spaces her future school offered. She stated,

Going to Allies as a high school student, seeing all of the supportive people that were there, made me feel better and made me aware of the support groups that were there. Seeing the supportive people that were there made me feel good about attending as well as being able to be openly trans.
Since she enrolled at the college, she has remained active in the college’s student life, especially because the school has remained supportive and values her perspective as a trans person. While the school remained supportive of her identities, like Scott, Lilly became overwhelmed by the craziness associated with being a student who is active in student organizations. She reflected, “This past year I was president but I am no longer president at Allies. I was getting overwhelmed with my workload as president and I wanted a younger lower-class person to become more involved in the leadership of the group the passing of the baton.”

This chapter shared the unique experiences of six undergraduates from the Midwest and East Coast regions of the United States. Despite their differences, these individuals had common experiences surrounding parental support, the emergence of both of their LGBTQ identities, the evolution of these identities, their interactions with their peers, and their participation in campus organizations and services, which helps to shed light on the unique needs of undergraduates belonging to this population.
Chapter 5: Graduate Student Narratives

In this chapter, the experiences of the four remaining participants are profiled. All of these individuals self-identified as graduate students. Two of the participants, Aaron and Maggie, were working on their master’s degrees. The other two participants, Haley and Jessie, were enrolled in a doctoral program. I chose to separate the experiences of these graduate level students from the undergraduate students previously profiled in Chapter 4. There were commonalities among the participants profiled in this chapter in regard to their identities and/or experiences associated with their dual identities, which prompted them to seek a graduate degree.

These participants were at a different stage of the LGBTQ identity formation. As in the previous chapter, while each participant’s experience was unique, they all shared commonalities. These commonalities included the emergence of their LGBTQ identities, the evolution of these identities, and their interactions with their peers and faculty members. The language I used in this chapter to refer to the participant’s identity statuses reflected how they referred to themselves and the evolution of their identity formation construction.

Aaron

Aaron is a 30-year-old graduate student in Ohio. He is in the final year of a dual-master’s program in social work and public health. Aaron identifies as a trans person with a mobility and chronic health disability. His LGBTQ identity emerged when he was an adolescent; however, he did not openly identify as a transgender person until after his accident, which changed his career goals, as well as how he felt about his LGBTQ status. Aaron’s experience as transgender person with disabilities at the graduate level has been, as he put it, “a bit interesting.” Like many of the other participants in this study, Aaron’s decision to disclose his identities was a result of the situation. When describing his disability, he told me,
I feel I am in kind of a weird in-between area, where I have a disability that impacts my life but I don’t consider myself to be disabled. I . . . identify as a person that has paralysis. Obviously, I am not a paraplegic or anything like that. I do say I have a spinal cord injury, mainly the way with the ongoing chronic health problems that I have. I have to see a doctor and lot of cost goes into maintaining my care.

Aaron’s disability is the result of a spinal cord injury from when he was 22, which caused equina syndrome. He described how people like him contract equina syndrome and how it impacts his mobility:

Basically . . . the spine either gets damaged or compressed at the point where it starts to branch out . . . into your pelvis and down the backs of your legs. So it restricts . . . motion and . . . the pelvic and the lower spine function and stuff . . . I can’t run or jump, but I can ride a bike . . . I can walk more or less but I do use a cane once in a while. I can’t feel sensation in my feet when I like walk on ice, so it becomes a problem.

Aaron’s spinal cord accident happened when he was uninsured, which caused him to incur $80,000 of debt from his hospital stay, which led him to become “rent bankrupt.” Consequently, Aaron had to work several low-paying jobs to support himself; however, he thinks this experience helped him gain an awareness of the inequalities that are present in the American healthcare system, which led him to pursue a dual-degree in public health and social work in graduate school.

“Deep in the closet.” In addition to influencing his career trajectory, his spinal cord injury (SCI) changed how Aaron looked at his gender identity. Before his injury, he said, “I was pretty deep in the closet in college.” Growing up in a conservative Christian town raised by equally conservative parents led Aaron to be “not really confident in [his] ability to live out [his]
life as trans” because he was always worried about all that he would “lose” if he were to openly identify as trans. After his accident, his attitude surrounding being trans began to change. Aaron told me that dealing with his injury led him to gain “a lot of confidence with coming out as trans[gender].” He said,

Dealing with spinal cord injury and everything like that helped me realize essentially if I did lose things that I could handle it and it made me kind of feel like there was nothing to lose by coming out as trans that I hadn't already lost. I felt it was worth taking the risk to be happy.

When he was 25, he formally began identifying as transgender, and he started taking testosterone when he was 27 before enrolling in graduate school. Aaron told me that his family members were very supportive of his status as transgender. He said, “My mom and my sisters are pretty comfortable with it, but for my dad, it's a little awkward. My mom saw how much happier I was.”

“A bit interesting.” Since both of his identity statuses are “invisible,” Aaron has been selective with when and how he disclosed his identities as transgender and disabled. He spoke about how early in his graduate program he began to disclose that he was transgender because of how the hormones influenced his appearance. He said: “When I first started transitioning I was in a grad program and looked about 14 . . . people . . . weren’t really sure how to address me; they didn’t know if I was boy genius coming to grad school.” Gradually, he began to change how and when he disclosed his identity as a disabled transgender person. He told me, “If I think it gives some context to what I’m talking about or if I just get to know somebody...” Although he admits that he is hesitant to discuss his trans-disabled identify, because of how people react to his identities, he explains,
I tend not to disclose generally because I don’t feel like explaining it or talking about it for safety reasons. Because a lot of the time people I find get a lot of inappropriate questions when I talk about having a spinal cord injury [more] than when I am talking about being trans. Honestly, I don’t feel like dealing with it. I’m not afraid to let people know about it; just sometimes I don't feel like dealing with it.

Throughout his time in graduate school, Aaron said that although his professors “mean well,” they have treated him as an “authority” on LGBTQ and disabled issues and he felt that this was “inappropriate.” He gave one example from a previous semester when he was asked to be interviewed by four different student groups interested in interviewing someone from the transgender population. After being repeatedly asked by his peers for interviews, Aaron spoke to his advisor, who was also the department head, about how his peers’ behavior was making him uncomfortable, which led them to revise department policies about interviewing peers.

Another “interesting” experience Aaron has had in graduate school as a transgender person with a disability related to people who were curious and had questions about his identities. Instead of speaking to Aaron, people would ask his friends about his disabled and trans identities. He said,

They said, “So Aaron is trans, so what does that mean?” Or like “Aaron has a spinal cord injury, do you know he does not have a wheelchair? Do you know what happened to him?” They won't approach me directly. They tend to approach my friends and ask questions of my friends. And my friends redirect the questions to me, but I never hear from those people. That can be kind of awkward to know that I am being talked about, but nobody will actually talk to me about those things.
Maggie

Maggie is a 37-year-old first-year graduate student in Michigan who identifies as a lesbian with scoliosis and ADD. She is working on a graduate degree in gender studies, which was one of her majors during her undergraduate. Maggie’s interest in pursuing a graduate degree originates from her experiences coming out and subsequent research that she conducted as an undergraduate, which explored the experiences of LGBTQ persons with substance abuse. While Maggie has accepted her status as a lesbian over the years, she has struggled to accept her disabilities and their impact on her daily life and educational experiences.

I met Maggie for a face-to-face interview during the fall. We agreed to meet at a coffee shop on her school’s campus. As we sat down for our interview, the shop’s speakers started blaring loud music, which derailed our conversation. It was in this moment that I got a glimpse of Maggie’s sense of humor; she apologized for getting distracted and explained that her background as a musician and her disability was to blame for her behavior. She said, “Sorry, ADD, and I am a musician. Sorry, I will not derail you . . . Okay, so what do you want to know?”

“Oh my God. I am gay.” When describing her LGBTQ identity, Maggie stated, “I identify as a lesbian, but I actually call myself gay, which gets policed like ‘Oh you’re a female, you’re a lesbian’ . . . Gay is more of this umbrella. Like instead of homosexual, say gay.” She goes on to further explain her personal preference for the term gay rather than the socially constructed term lesbian. “For me, I am 37, and . . . when I admitted it to myself I was like ‘Oh my God. I am gay.’” Her identity as gay was something Maggie attempted to suppress during her high school years, because except for one transgender student and one lesbian who attempted to take another girl to prom, her high school had “no out students.” Before coming out, Maggie struggled to cope with her status as a gay person. She recalled,
I was taking pills and drinking . . . it was like the early 1990s, Indiana, you just didn’t come out. So for me it was easier to drink and not think about it . . . The second I came out it was not there.

Maggie’s experiences as a closeted gay person have prompted her to focus a research project on “[LGBTQ] tolerance in schools.” While this study focused on the educational experience of students belonging to the LGBTQ population, another point of emphasis was the challenges LGBTQ youth experience. In addition to exploring the tolerance towards LGBTQ teens in the educational setting, in her study, Maggie explored addiction, suicides, homelessness, and domestic violence within LGBTQ relationships.

Maggie’s personal experiences and research highlighted some of the challenges and pressures LGBTQ people experience during the process of coming out. She and her friends have observed significant differences between her experiences as a young gay person and the experiences of young people today. As she said, “These 17-year-olds that are holding hands, like ‘Ah! I am happy and proud’. And we’re just like ‘Wow! We did not have that experience.’” She attributes these differing experiences to young people openly discussing LGBTQ issues, especially in schools. She explained,

My cousin graduates from high school this year. She said the teacher asked the kids how many people supported gay marriage. All thirty students raised their hands. And she said, “Four years before that you might have had one or two.” So it’s just the more we talk about things, the more we just have conversations, and people understand that they’re no different…

Although Maggie was hesitant as an adolescent to openly identify as gay, over the years she has embraced her identity as a gay person, and consequently, it has trickled down into her
academic interests. As an undergraduate, she earned a degree in anthropology and gender studies with a certification in social and cultural diversity. She selected her respective graduate program because of its “interdisciplinary focus”:

I looked into the graduate programs, and . . . it talked about being interdisciplinary, [the] gender studies program was interdisciplinary and they were looking at everything from sexuality, they offered a queer studies minor . . . like build your own program . . . I even saw things about disability studies, and even as an undergrad I wasn’t familiar with disability studies.

**A spine like nobody’s seen.** While her program’s interdisciplinary focus was her rationale for choosing her program, moving out of state to attend graduate school presented challenges for Maggie. These challenges were associated with her medical treatment for her scoliosis. Similar to many of the participants in this study, Maggie has lived with her disability for all of her life, which has resulted in multiple surgeries to help manage the impact of her condition. She explained,

It's kind of this thing where you have to forget what people know about scoliosis because . . . I have a spine like nobody’s seen . . . There is a 60-degree curvature that’s also rotated in the middle of my spine.

As a result of her scoliosis, Maggie has undergone a number of surgeries to help straighten and stabilize her spine. These surgeries involved metal rods being attached to the curvature in her spine. While her scoliosis causes “spine problems,” Maggie also experiences chronic pain, which until recently her doctors diagnosed as multiple sclerosis (MS). Maggie explained that her misdiagnosis occurred as the result of the pain medication she was prescribed. She said,
They did MRIs two weeks ago; there was no MS. All of these pain pills were giving me symptoms of MS. So they started treating for MS, but it was actually the result of the pain pills that were giving me these symptoms.

The doctors who prescribed these medications to manage her symptoms associated with these two conditions closely monitored how they impacted Maggie. When she moved out of state to attend graduate school, Maggie was too far from her doctor’s office and did not become established with a new doctor after she moved. Although the treatment for Maggie’s scoliosis required her to be frequently monitored and/or treated by a doctor, she was hesitant about visiting hospitals or other medical facilities because of her status as a lesbian with a disability. She explained,

The obstacle for me about being a lesbian with a disability has to do with doctors’ appointments. Can my partner come in? My partner had surgery; can I go in? It mostly has to do with doctors; I don’t know how I am going to be treated. I read . . . about doctors having the right not to treat somebody because they were . . . you know, homosexual.

Instead of establishing herself with a doctor after she moved, Maggie began to wean herself from her medication; thus, she began to experience chemical withdrawal symptoms. She said,

I actually went through detox and withdrawal. And so my thing was like, “I’m not addicted to pills...” And my partner was like, “It is chemical dependency. You have no control over this.” And it happened two weeks before the end of the semester . . . I ended up at the hospital the week before finals.
Being hospitalized as a result of her chemical withdrawal was something that caused Maggie stress for a number of reasons. One of the reasons was because of the stigma she believed exists surrounding pain-killers:

Nobody talks about students being on pain pills and how it affects their mood . . . I mean for me the worst part was . . . I was sick and . . . in pain, and . . . if you don’t have an understanding of . . . that, there’s all those stigmas attached to it. But it wasn’t an addiction . . . I have been on and off pain pills since 1998 . . . the last ones being four years of the instant release oxycodone, and the flexural.

Another reason was the stigma that is associated with sexual orientation and the medical field. Maggie spoke about her first visit to the hospital near the university that she is attending for graduate school. It is a Catholic hospital, and she acknowledged the apprehensiveness that she felt. She said,

I actually asked the nurse, “Because I am gay, do you have the right not to treat me?” And she goes, “Oh my God. No, we would never do that to you. Like, please understand.” I have actually been treated better . . . at the [Catholic hospital] than the more public hospitals.

Specifically, Maggie spoke about how the doctors treated her partner during her hospital visits. She said, “I have been impressed with the doctors, and the way that they talk to me, talk to my partner, as if she was my ‘husband’ which is really weird to say it that way, but they do include her.”

Last, another reason Maggie’s hospital stay was a source of stress was that it occurred near the end of the semester, during finals. Maggie told me she was worried about “flunking out
of school” as well as completing the semester in a way that reflected her work ethic; however, her disability made it difficult to finish the semester. She said,

I was going into finals, when I got sick . . . I have never been knocked down so hard during the semester. I know the work that I am capable of doing. [Now] I can’t do the work generally hardly at all, I don’t want to be judged by what I am turning in now, when I know what I am capable of doing . . . and then when it just got to the point where I just couldn’t do anything.

As a result of her health issues early in her graduate program, Maggie has started openly identifying as person with a mobility impairment, which has been a struggle for her, as she has traditionally elected to conceal her disability; she explained,

I am not taken serious because you can’t see what’s wrong with me so you don’t see. But you don’t see when I can’t get out of the bed in the morning, you can’t see that I can’t carry things, you can’t see, you know but just because you can’t see something doesn’t mean that it’s not there. And that I am not trying like hell, or that I am very self-conscious for you not to see it . . . and then just with the stigma, like fear of not getting work, and little things.

“Your body gets policed.” Another reason Maggie has been hesitant to openly identify as a person with a mobility impairment was as she explained,

I don’t want to accept that there is something wrong. So you don’t want to bring like the professors, I don’t want to bother them . . . I like to keep it to myself. I hide it very well . . . The second you tell somebody, that there is something wrong with you . . . Your body gets policed.
Despite her reservations, Maggie has begun to tell her professors about her disabilities because she has stopped using pain medications to manage her scoliosis. As a result, she is unable to overlook how her scoliosis impacts her daily life. She recognized that her pain medications allowed her to be in “denial” about her physical limitations due to scoliosis. She explained, “It’s always kind of been a state of denial for me about things too . . . my pain pills let me do a lot, but now I know it was just my brains way of telling me this is fun . . . I didn’t really understand that it was hurting me.”

Haley

Haley is a 27-year-old doctoral student studying social work in Colorado. In her initial email, she wrote that she was a person with “multiple disabilities who identifies as a queer femme.” Haley’s identity as a queer femme with multiple disabilities was inextricably linked to her identity as an academic and vice versa. As a doctoral student, her research is focused on these two populations that she “strongly identifies” with. Haley’s research focuses on “power, privilege, and oppression of folks with disabilities as well as members of the LGBTQ community.” Although Haley has a deep understanding of how conditions of power and privilege impact LGBTQ persons with disabilities, being a doctoral student forced her to push her body and self to do things even when it did not want to, because of the expectations and physical demands of her program. Despite this, Haley discussed how she felt that her cohort was a “safe space” where she could talk about her identities, and how it impacted her thinking and research interests.

Haley and I spoke on a warm July day over Skype. At the beginning of our conversation, we briefly discussed her research interests, which she mentioned in our earlier email correspondence, before she started to tell me about her dual identities. She began by explaining
that she has “three intersectional” disabled identities: petro femoral osteoarthritis, chronic migraines, and fibromyalgia. Haley explained that she has had migraines since she was 13. Currently, she has been prescribed daily medications and Botox injections, which have reduced her migraines from “about 5 to 6 migraines a week, with it I am down to about 2 to 3 a week.” In addition to the migraines, Haley has petro femoral osteoarthritis, which was formally diagnosed after meeting with multiple doctors. She explains, “A lot of people technically think of [it] . . . as old people arthritis but in a very young person.”

“I have good days and bad days.” When describing how her disabilities impact her life, Haley admitted that, “I have good days and bad days.” She continued, One of my biggest issues . . . as a Ph.D. student, it’s very different than any level of education . . . especially on the quarter system, which is ten weeks, missing a day of class is huge. And so if I am having a high pain day or a migraine it’s really difficult to even to be like “I need to miss class.”

Unfortunately for Haley, many of her professors “don’t understand” how her disabilities impact her daily life. This is especially exacerbated by the fact that, as Haley frames it, “I don’t look very disabled.” Despite the chronic pain associated with disabilities, specifically her fibromyalgia, which has caused Haley to experience “severe kidney infections,” she continued to attend classes. Haley explained,

I wound up going to classes for about four to five weeks of a quarter with a pretty severe kidney infection; I just showed up with my ice pack and my pain-killers . . . [it was an] “unless you’re in the hospital you should probably show up for class” kind of thing.

Despite having multiple disabilities, Haley has elected not to register for accommodations because, as she put it, “I don’t need them. I don’t need a note taker; I don’t need extra time.”
While Haley does not “need” accommodations, she has experienced institutional barriers, because she is not a registered student with a disability. One of these barriers occurred when the elevator broke in the building that housed her stats class, which was on the third floor. As someone who “cannot do stairs,” Haley recalled,

I was like, “I don’t know what to do” . . . so a member of my cohort showed up and it turns out the disability office or access center was actually on the 4th floor of that building. And so he was like “I am gonna run up the stairs and see what we can do for you.” . . . They’re like, “Well you need an appointment to see the director.” He’s like, “Well, this is an emergency situation.” And the director’s like, “I’ll make a second for you.” And he explains what’s happening, and the director says, “Well, you need to tell her to make an appointment at least three days in advance and a request for accommodations.”

Fortunately for Haley, the elevator started working shortly after her class started, but she recognized the irony surrounding her school’s disability services. She said, “I would have missed class, because of accessibility issues . . . despite the supposed disability center.” Haley’s experience with the university’s disability center was not the only incident when she felt that her university failed to remove structural or physical barriers to ensure that persons with mobility impairments like hers were able to successfully navigate the campus environment. She described another incident:

First of all, we have at least two students in chairs but school hadn’t started yet, but that didn’t mean they weren’t coming to print things or check their mailboxes. I was on campus for two or three days a week. And can I do a couple of stairs most days? Yes, but …nobody got emails saying the ramp was going to be closed.
“My queer journey.” Like her disabled identities, her “queer identity” began to form when Haley was a teenager. When describing her queer identity, Haley explained it as her “queer journey.” She also said: “I spent . . . time developing and owning my queer identity.” Furthermore, Haley spoke about the evolution of her queer identity:

I came out as bisexual my freshman year of college, so I think I was about 17 . . . I kind of went through the process of “I am definitely bisexual . . . ” but I didn’t have any sexual interactions with women until I was in grad school . . . during my master’s program. Then it was like definitely women, I am a lesbian . . . then I had a genderqueer identified partner, and went through that self-reflection of, “How can I be a lesbian if my partner doesn’t identify as a woman? Like that’s not really inclusive of my partner.” And [I] came up with the term pansexual . . . I was like, “Pansexual! That’s a really great word.” Except that it’s super inaccessible to people that are not in academia . . . especially back in 2006, [it] was very inaccessible to people outside of academia . . . so . . . I have identified as queer since then.

“Spaces where I feel safe.” In her academic life, Haley said, “I am very open about all of my identities.” However, she admits, “I am more open in spaces where I feel safe.” She provided an example of one of these spaces:

The critical sexuality space was a safe-feeling space for me; people were talking a lot about racial ethnic identity, about their citizen and noncitizen status. It was really a great classroom setting. Also the teacher being a queer Latino who is also fat was open about fatness. I met a woman in there—we are doing an ableism study together now—who does critical fat studies.
Through her observations and experiences at her university, Haley was constantly aware of the reality that identifying as a member of the queer and/or disabled population is not always accepted. Throughout our conversations, she provided a number of observations that speak to this reality. She recalled one instance when her school was having a business clothing drive that she felt was exclusionary of transgender people. She explained,

Last year they had a clothing drive for business clothing so anyone could donate business clothing. Anyone could come, graduate and undergraduate students . . . I am a queer person whose partner is a trans person and so that it is very like red alert . . . there [are] lots of ways it could’ve been couched, but it was very like clothes for men, clothes for. It goes back to microaggressions. It is incredibly messed up.

She believed that social work overlooked the disabled identity. These oversights became clear to Haley when she spoke about her interest in creating “a scale of microaggressions around ableism” during one of her social work classes:

We have a new professor in social work, and . . . we’re doing our little elevator speeches about our current projects and I was like, “Yeah I’m looking at creating a scale of microaggressions around ableism.” And she’s like, “Oh what was that word?” And I was like, “Oh microaggressions?” and started explaining it to her and she’s like, “No, ableism.” And I was like, “Okay,” right . . . social work and ableism was so out [of] her schema. The queer thing is much more accepted in social work than the disability thing, which is interesting, because one of the tenets of social work is social justice and all of that, but . . . because of how people with disabilities have been framed by social workers . . . We need to help them, save them . . . So sometimes it’s a hard negotiation.
Haley’s interaction with this new professor was not the only instance when faculty in the social work department illustrated their lack of knowledge surrounding ableism; even her advisor whose work focuses on “privilege” and was responsible for redesigning the “power privilege and oppression curriculum” used what Haley called “ablest language.” As she explained,

He does all of this work, particularly around the “Christian” privilege, “white” privilege, and heterosexual us/gender privilege, and so it made sense for him to be my advisor, but interestingly enough, in all of the presentations I’ve made over the past year and a half about reducing ableism in social work classrooms, in ableist micro aggression, he still uses the terms crazy and lame and all of that.

While some of the faculty members in the social work program continue to struggle with the concept of ableism, Haley has seen her peers begin to change their behaviors and language. She said,

It’s really cool, I have gotten to the point where my classmates check themselves when they say the word crazy, and then they’re like, “I didn’t mean to say that!” And I am open to being called out around other stuff, right, so we have developed a fairly safe space to talk about issues. . . . So I have had a lot of good allies come out of it.

For Haley, this idea of ableism being “institutional and systemic” goes beyond the language people use; it impacts pedagogical practices, such as in-class activities. She recalled a time when she was taking a class that involved people writing down answers on a sticky note and putting them on the board:

I was exhausted, was in pain, and was out of spoons . . . but I just did not want to be that one person that said, “Excuse me, can you come and get mine,” especially with the
invisibility of my disability. I think it is interpreted as being lazy or being bratty in the classroom. So they are so ingrained in how we do active learning.

Although the activity frustrated Haley, she treated it as an opportunity to alter the behaviors that faculty adopt that are exclusive rather than inclusive. At the end of the class session, she spoke with her professor about the activity, and the professor was “great” and applied Haley’s feedback to future activities. From that point on students could “make the choice to have to get up or not.” People could put the sticky note on the board themselves or hand it to the instructor who would put it up for them.

Jessie

Jessie is a 28-year-old sociology doctoral student attending a school in the state of Florida. She self-identifies as a lesbian with a learning disability. Both identities emerged at a young age; however, when she approached her mother about her attraction to women, her mother dismissed it as admiration rather than attraction. Like Maggie and Haley, Jessie’s research interest is connected to her dual identity statuses. As a doctoral student, Jesse is interested in medical sociology with a focus on health and illness and a specialization in disability. In addition to medical sociology, Jessie was interested in social psychology with a focus on identity. She explained, “Specifically queer identities and disability identities, and how LGBT and disability can intersect and how people negotiate those kind of intersections of identities, and how they’re expressed either hegemonically or queerly.” Jessie is passionate about her area of interest; however, many doctoral programs are structured in a way that prevents people with disabilities like Jessie’s from being successful. Therefore, she selected a university that had a program that was structured in a way that was supportive of her learning style.
Jessie and I spoke over Skype. We began by discussing her scholarly and research interests. Listening to Jessie speak about her specific academic interests with her sociology doctoral program, I was surprised to learn that academia was not always her chosen career path. During her adolescence, Jessie was a professional actor. She began acting at the age of 14, and as a result, she applied to colleges with only the intent to study theatre; however, in her senior year of high school, she realized that she didn’t want to be a professional actor the rest of her life. Jessie elaborated,

I had only applied to theater schools, and then one school for psychology as like a back-up plan, because I had always been kind of interested in sex therapy and counseling. And … I was getting stressed out about it because I didn’t think that was really what I wanted to do . . . I wanted to be able to have a family, and at that point I was identifying as bisexual, so I was dating both men and women. . . . then I graduated from high school, and I accepted the school that offered the program in psychology.

“I thought that an understanding of behavior sociologically was much more reasonable.” Jessie’s decision to pursue psychology over acting would be one that would alter her life in a few ways, one of which was how she constructed her LGBTQ and disabled identities. Jessie’s understanding of sexual orientation and/behaviors began to shift after she was introduced to sociology and feminist theories during college. When she started college, she was interested in sexual disorders, which is why she chose to major in psychology; however, her thinking surrounding sexual disorders began to change when she began to take sociology classes. She explained,

I was interested in . . . sexual disorders and that quickly changed when I started thinking about sociology. In answering these questions, from a systemic position . . . thinking
about answering questions from a sociological vantage point as opposed to a psychological vantage point, so what turned me off about . . . psychology was the focus on . . . the medical model and the individuals as opposed to focusing more on the social model. I didn’t like that individuals and their brains were being blamed for their personalities or for their behavior. . . . I thought that an understanding of behavior sociologically was much more reasonable. I thought that psychology didn’t stress...groups and interactions nearly enough. Even social psychology . . . so I switched over to sociology, because of that.

“If you were having feelings for men, then obviously you must be straight.” In addition to answering the questions, her studies impacted the formation of her LGBTQ identity, which began to emerge when she was a little girl. Jessie spoke about how her LGBTQ status began to form when she was ten years old. She recalled,

When I was 10, I told my mother that I was gay. And she told me that I probably wasn’t, that I just admired women . . . that I thought I had a crush on X, and that was the first time I ever spoke to anyone about it. And then I didn’t really think too much on it. I just had feelings for women but I also had feelings for men, so it was easy to kind of not identify as anything other than straight.

It wasn’t until Jessie entered high school that Jessie began to entertain the possibility that she was bisexual. She explained,

When I about 15 or so I started hanging . . . out with people that were a little bit older, and so were already starting to identify in different ways . . . or alternative ways. . . . I kind of started to understand myself as bisexual because I had feelings for men, and I was dating primarily men . . . but I knew that I had feelings for women.
While Jessie recognized that she had “feelings for women,” she got married; however, her feelings towards her husband began to change during college, when her LGBTQ identity evolved from a bisexual to a lesbian. She cited feminism as the impetus behind the evolution of her LGBTQ identity:

I came to the understanding that I was a lesbian through feminism . . . I had always identified as a feminist, but when I became even more aware about power dynamics, I just couldn’t have sex with men anymore. I just wasn’t attracted to not just my husband, but all men in general. I thought . . . the idea of sex with a man just started to feel wrong. And it just kind of . . . the bisexuality just kind of faded out. And I just stopped being attracted to men, and became only attracted to women.

Like her LGBTQ identity, Jessie’s disabled identity began to change during her higher education. Since she was a child, Jesse has had a learning disability. She described her specific learning disability:

It’s a nonverbal learning disorder, I have difficulty with nonverbal communication or I have difficulty with interpreting or imparting nonverbal communication. And anything social, but also written. Written word and reading, so it’s hard for me to read.

When she was in high school, Jessie utilized accommodations for her disability, but she also felt that her high school allowed her to receive, as she put it, “the kind of education that I wanted.” Unfortunately, when she went to college, she felt “stigmatized” when she went to seek accommodations. She described her encounter with head of disability services. Jessie said,

The head of the disability services told me when we were meeting in the beginning before I decided to drop the accommodations that, like she was giving me examples, of what she could provide for me and what she couldn’t provide for me. And one thing that
she said she would not do for me was pick me up if it was raining and drive me to my classes . . . I got really offended by the fact that she thought I would call her for that.

As a result of her interaction with the head of disability services, Jessie dropped all accommodations for the remainder of her college career. Consequently, Jessie believed that her undergraduate GPA took a hit because she did not use accommodations. She explained,

I graduated with my BA, with only a 2.9 GPA, and I know I could have done a lot better than that had I had the accommodations . . . I knew I was going to take a really large GPA hit, I knew I was going to take a big hit but that was worth it for me not deal with the student disability services. Obviously, I could have ended up with a 4.0, I’m in a Ph.D. program. I obviously can do the schoolwork . . . the issue was . . . having the five classes and being expected to turn around and produce the kind of work that a neurotypical individual was producing.

Because Jessie did not use accommodations, she has embraced several strategies to self-accommodate, such as getting “a lot of editing” done on her schoolwork. As a result of her disability, she selected a doctoral program that was suitable for her disability; Jessie explained, This program that I am in, they don’t comp the same way most programs do . . . the comping is a portfolio. It is not a written exam. So it’s not a time thing or anything like that. So that is really, really fortunate because I would need accommodations because there was no way I could comp without them, if it wasn’t that I am in a portfolio program.

This chapter shared the unique experiences of four graduate students from the Michigan, Ohio, Colorado, and Florida. The lived experiences of these individuals illustrate how people’s identity formation and/or identity construction influences their career and life choices. All the participants profiled in this chapter chose to pursue a graduate degree as a result of their lived
experiences as an LGBTQ person with a disability. Additionally, participants discussed how their identities influenced their academic experience, such as their interactions with their peers and their experiences in their courses. Through their discussion of these experiences, these four graduate students illuminate some of the existing challenges that exist for LGBTQ persons with disabilities who are pursuing post-baccalaureate degrees.
Chapter 6: Thematic Analysis

The purpose of this chapter is to discuss the common themes that emerged from the 10 narratives that were discussed in Chapters 4 and 5. While each participant’s experience is uniquely his/her own, these themes illustrate the commonalities between the collegiate experiences of the participants based on their LGBTQ disabled identities. The main themes that emerged from this study were identity development, recognition of intersectional identities, invisibility of identities, exploration of identities through curriculum, disclosure of LGBTQ and/or disability status, and interactions with faculty, peers, and support staff surrounding identities. Within these themes, several subthemes emerged that provide insight into the experiences of the individuals who participated in this study.

Identity Formation and Development

Emerging studies focusing on LGBTQ persons with disabilities at the collegiate level are shedding light on the identity development of this population. Like the participants in Miller’s (2015) study, the participants featured in this study all spoke about the formation and/or construction of their LGBTQ and/or disabled identity. Participants shared information about their LGBTQ and disabled identities very early in our interactions. For some, this happened via email; for others, this occurred at the beginning of our face-to-face interactions. While they all acknowledge the existence of their dual identities, when discussing the formation and construction of their identities, participants did so separately. Additionally, when participants discussed this construction and/formation, they used terms that they adopted as members of the LGBTQ population, whereas when they discussed their disability, they often used terms that were reflective of their specific medical diagnosis. When discussing their identity formation and/or construction, all the participants spoke about each identity separately.
Before discussing their experiences related to the construction of their LGBTQ disabled identities, all the participants elaborated on the brief descriptions they had provided in their emails stating their interest in participating in the study. In these emails the participants stated the identity in one sentence, whereas when we met face-to-face, they went into greater detail. Participants’ descriptions of their LGBTQ and/or disability identities helped shed light on where they were related to their identity development.

**Description of LGBTQ Identity**

While all participants described their LGBTQ identity, some participants, like Maggie and Avirya, gave descriptions that remained consistent over time, whereas others’ description had evolved over the years. For some participants, this evolution involved adopting different terms that they felt accurately represented their identity, which was evident when participants like Scott said, “I started . . . realizing my feelings for guys around when I was fourteen. I…at that time identified as gay. I now use the word queer.” Other participants, like Liza, were still grappling with adopting terms that described her LGBTQ identity; when describing her LGBTQ identity, she told me that she was “some sort of queer.” Still others, like Jessie, spoke about the impact that curriculum and external factors had on the way they viewed their LGBTQ status.

**Description of Disabled Identity**

When describing their disabilities, participants elected to use the names of their conditions rather than adopting socially constructed terms like *learning disability, physical disability, chronic health disability*, and so on. Some participants, like Michala and Maggie, discussed how they were diagnosed with their respective disabilities but still struggled with accepting how it limited their day-to-day life. For example, Maggie discussed how pain-killers had provided her a false sense of how much her scoliosis impacted her, and it was not until she
stopped taking these prescriptions that she understood the extent of her condition. Others, like Jessie and Avirya, seemed to have a strong grasp on their disabled identities. Jessie identified as a person with a non-verbal learning disability. She was diagnosed with this disability at a young age, which helped her develop a clear understanding of her disability and socially perpetuated views of disability, whereas Avirya’s disability was diagnosed at a later age, but having the same disability as her parents helped shape her perspective on her disability. Aaron was hesitant to adopt the term disability. Instead, he preferred to “identify as a person that has paralysis” or “I do say I have a spinal cord injury.” Michala had a similar outlook. Upon reflection, she admitted that she perceived her juvenile rheumatoid arthritis (JRA) as “normal” because it is a condition that she has had since she was four. Like Michala, Avirya viewed her Ehler Danlos syndrome as “normal.” After describing their LGBTQ and/or disabled identities, participants began to discuss the formation of their identities.

Formation, Construction, and Perceptions of LGBTQ and Queer Identity

When each participant in this study discussed the formation and construction of their LGBTQ identity, a common theme was that the formation of this identity progressed and evolved over time. While psychosocial models from theorists such as Cass (1979) have been readily embraced by student development theorists and student affairs practitioners alike, models like this are flawed because they depict an individual’s LGBTQ identity development as something that has a definitive start and ending. The experiences of the participants in this study support the position of queer theorists who argue that queer identity occurs on a continuum and is constantly developing and changing over a person’s life span (Bilodeau & Renn 2005; Rich, 1978). The continuous evolution of the LGBTQ and/or queer identity was evident in the experiences of participants in this study. At the core of this evolution were external factors like
parents, peers, and coursework, which all influenced participants’ construction of their LGBTQ identities. This section explores the impact of these external factors that influence the formation of the LGBTQ identity through the lens of theorists like Mead, Blumer, and Goffman.

**LGBTQ Identity: Impact of Parents.** For the participants in this study, the first generalized “other” that shaped their sense of self related to their LGBTQ identity was their parents. Many of the participants discussed the role that their parents played in the construction and/or formation of their LGBTQ identity. Participants like Jessie shared how her mother’s influence on her LGBTQ identity formation began early on. “When I was 10, I told my mother that I was gay,” she said. After she shared this information with her mother, Jessie’s mother dismissed it. Jessie recalled her mother’s response: “And she told me that I probably wasn’t, that I just admired women…” Her mother’s response to Jessie’s declaration led to the development of Jessie’s “me,” which upon reflection impacted how she viewed her sexual orientation until she was in high school, because “it was easy to kind to not identify as anything other than straight, because if you were having feelings for men then obviously, you must be straight. Your feelings for women must be something else.”

Unlike Jessie, who shared her awareness of her LGBTQ identity with her mother at an early age, a common experience with Haley, Maggie, Avirya, Lilly, and Aaron was that they were reluctant to disclose their identity as a member of the LGBTQ person to their parents. For example, Avirya was influenced by her parents’ attitudes associated with homosexuality. Avirya believes that her parents’ attitudes surrounding homosexuality influenced what Mead would refer to as her development of self or “me” in relation to her parents because she was closeted about her “not-straightness” with her parents, even though she feels “free to openly identify” outside of her parents’ home. Avirya’s experience reinforces previous findings from Zamani-Gallaher and
Chouduri (2016), who found that LGBTQ students who “were raised in devout Christian homes were, “out”, on campus but retreated to being the son or daughter who reflected Christian values or norms that their families expected” (p. 55). Her interpretation of her parents’ attitudes towards the LGBTQ identity also reflects Blumer’s (1969) discussion of the three underlying principles of symbolic interactionism. Consistent with Blumer’s first principle—“Humans act toward things on the basis of the meanings they ascribe to those things” (p. 7)—Avirya’s actions towards her parents is a reflection of her interpretation that they would not support her identity as “not straight.” According to Blumer, “The meaning of such things is derived from, or arises out of, the social interaction that one has with others and the society” (p. 7). For Avirya, her parents’ understanding of her LGBTQ identity developed from their social interactions with Avirya over her life span. As a result, they interpreted and internalized the meaning of these interactions with Avirya until she moved out for college. Blumer discussed how these meanings change over a person’s life span through “an interpretative process used by the person in dealing with the things he/she encounters” (p. 7). While Avirya’s parents still are not accepting of the LGBTQ identity, their interpretation and awareness of her sexual orientation has changed since she started dating her girlfriend; although Avirya’s parents are aware of her status as not straight, it is not something that they have discussed.

Kit was another participant who cited her parents’ religious beliefs as the reason she remained closeted throughout her time in high school. Like Avirya, Kit hoped that college would offer her the opportunity to openly identify, but her anxiety and PTSD made connecting with her peers and roommates difficult. Consequently, she had to move back home with her parents, which is why she has remained closeted throughout her collegiate experience. Unfortunately for Kit, her parents are inconsistent when it comes to supporting her in the moments when her
anxiety is the most acute. The inconsistency her parents display towards her disability makes it difficult for Kit to interpret the meaning of her interactions with her parents; moreover, the lack of support is bothersome for Kit, and she said, “I will be defeated before I even start because I don’t have the support that I need.”

Before entering higher education, Avirya’s and Kit’s development of their self was influenced by their conservative parents, who frowned upon homosexuality because of their Christian beliefs. Both Avirya’s and Kit’s experiences growing up in religious households illustrate the impact of the “generalized other” on the development of self. They both internalized their parents’ opinions that you should not actively discuss or engage in homosexual behavior, which has resulted in them both not openly identifying to their parents.

Lilly and Aaron were two participants who identified as transgender, and they both discussed their parents’ role in their identity formation and construction as a trans person. Before Aaron’s accident, he was reluctant to disclose to his parents. As he explained, “I think I was pretty deep in the closet in college. I grew up in a very conservative town with fairly conservative parents. I was not really confident in my ability to live out my life as trans.” After his spinal cord injury, Aaron no longer had reservations about living his life as a transgender person.

When he told his parents of his decision to transition from a female to a male, Aaron said the reaction of his family members were mixed. The support that Aaron’s family illustrated related to his decision is an example of altering the generalized other (i.e., his family). After his mother and extended family saw the positive effects of his gender transition, their opinion surrounding the LGBTQ identity changed. Their roles were no longer guided by the conservative community they lived in; instead, they were influenced by their role as a family member who
wants the other individuals in their family to be healthy. The shift in Aaron’s parents’ attitudes about his status as transgender is also a reflection of Blumer’s (1969) discussion of the principle of symbolic interactionism. Aaron’s parents’ actions were reflective of the first principle of symbolic interactionism that Blumer outlined because the meaning they developed through their interactions with Aaron helped them understand that Aaron’s gender transition would make him happy, so they supported their child’s pursuit of happiness. As Blumer discussed in the second principle of symbolic interactionism, this meaning arose out of the interactions Aaron’s parents had with Aaron after his spinal cord injury. Last, the evolution of his parents’ attitudes towards his LGBTQ identity shifting from non-supportive to supportive is an example of the third principle of symbolic interactionism that Blumer discussed, because the meaning that developed from their interactions evolved and changed over time.

**LGBTQ Identity: Influence of Peers.** Another “generalized other” that influenced participants’ LGBTQ identity formation was their peers. Many participants shared how they began to meet and interact with other LGBTQ peers in high school. For example, once Jessie got to high school, she began to interact with a new social group that provided the “generalized other” that altered her “me.” While Jessie began to encounter peers in high school who impacted the construction of her LGBTQ identity, other participants like Lilly had a different experience. In high school, Lilly found that many of her peers were not understanding of her trans identity. She attributed their lack of understanding to the fact that she attended a Catholic high school. While Lilly said that a few of her peers “were supportive of me from the beginning,” many of her peers did not understand, because “a lot of them were still stuck in the ‘gender is immutable and innate’ thing. But a couple were supportive of me...”
When she attended a panel discussion for prospective students at her future college, Lilly began to encounter peers who offered the support that she had not found in high school. After the panel discussion, Lilly met a member of the LGBTQ student organization who told her that the school permitted non-students to attend their LGBTQ student group events. The impact of this student group is an example of the impact of the “generalized other” on the development of Lilly’s self, specifically her “me.” Lilly’s emergence of self while in college was the result of her observations of students who belonged to the group at her college. Attending these meetings before her freshman year allowed her to observe and internalize the attitudes and behaviors of the “generalized other” (i.e., the student group). Lilly’s early interactions with this group are also an example of the challenges and needs of LGBTQ persons during the developmental stage called active exploration (Zamani-Gallaher & Chouduri, 2011). During this phase, Zamani-Gallaher and Chouduri suggested that LGBTQ persons require social interaction and/or connections with peers while managing challenges associated with their LGBTQ status. These interactions with members of the LGBTQ group made Lilly feel positive about her future university. As she explained, “Seeing all of the supportive people that were there made me feel better and made me aware of the support groups that were there…the supportive people that were there made me feel good about attending as well as being able to be openly trans.” These observations fostered the development of Lilly’s current identity or “self.” Lilly’s “self” that emerged from her interaction with the group is what Mead (1967) referred to as the “me.” From these interactions, she took an active role in the group and has been a visible figure for LGBTQ students, which has led to collaboration with other offices on campus, such as the university’s wellness center. Lilly’s acceptance of a leadership role in the organization is an example of the developmental stage called “deepening and commitment” (Zamani-Gallaher & Chouduri, 2011,
In this phase, LGBTQ students need leadership and advocacy opportunities. Through her participation in the university’s LGBTQ student group, Lilly reiterates the importance of universities providing LGBTQ students with disabilities with the opportunity to be involved in organizations that recognize their needs and experiences, while educating others. While Lilly spoke about the impact that these organizations had on development of her trans identity, other participants like Michala, Kit, and Scott spoke about how their identities impacted their participation in extracurricular activities such as LGBTQ and/or disabled support groups. These participants experienced barriers associated with attending student groups. For Michala, a major barrier to her experience at her institution was the lack of transportation for people with mobility difficulties, which made it difficult for her to participate in extracurricular activities.

Instead, Michala and Kit discussed their interactions with their peers while living in the residence hall. Michala’s early collegiate experiences are examples of how an individual’s development of self is connected to his/her social interactions. When Michala began college, she recognized early on that college was going to be different from high school because she no longer felt “different” or like she didn’t “belong.” This change in her perception can be attributed to the fact that she encountered other peers who, like her, identified as bisexual. She recalled, “I came to college, and my roommate was bisexual, my first roommate, the first person I met in college.” The shift in Michala’s attitude surrounding her bisexuality is consistent with Mead’s ideas surrounding the impact of the “generalized other” on a person’s development of self. For Michala, “the generalized other” or social groups she encountered early in her collegiate career helped shape the concept of self as it related to her bisexuality. Through her interactions with these individuals, Michala’s “me” developed, and she began thinking of herself as an “advocate for the queer movement.” For Michala, her role as an advocate began to develop as the result of
her interactions with her peers in her queer studies courses. From these relationships, she internalized the behaviors of an advocate for the queer movement.

Disabled Identity Formation and Construction

Unlike research with the LGBTQ identity, current research overlooks identity formation among disabled collegians. Existing research, policies, and practices in higher education perpetuate the notion that disability is a personal failing (Linton, 1998). Moreover, researchers and student affairs practitioners, when considering the needs and experiences of disabled collegians, overlook the reality that most disabled individuals are not born with their disability; it is a condition that they acquire throughout their life span. Participants like Maggie, Jessie, and Michala have lived with their disability for almost all their lives; however, for many of the participants in this study, the formation of their disabled identity occurred during adolescence, and like their LGBTQ identities, the formation of their disabled identities was influenced by their interactions with other peers.

Disabled Identity Formation and Construction: Role of Parents. The identification of Aviryas multiple disabilities was the result of her parents and her refusal to accept the opinion of doctors who dismissed her symptoms. “It’s a really hard process being told that you’re crazy, and that you’re lying, and that you’re making things up. But having that diagnosis in place was so awesome, because [now] I have proof,” she said. While Aviryas parents helped her receive a formal diagnosis, other participants spoke about their parents reluctance to have them officially diagnosed with a disability; this was specifically true for those on the autism spectrum.

Liza, Lilly, and Scott all spoke about their parents role in their delayed autism diagnosis. Liza discussed her mother’s failure to seek out a diagnosis, explaining, “I mean her generation would not think of super smart kids as the picture of autism.” This quote from Liza captured the
reality that until the 1980s, autism was not a widely discussed or diagnosed disability. Over the last two decades, the number of people diagnosed with autism has steadily climbed (Keyes et al., 2012). In high school, special education teachers at her school suspected that she was autistic and offered to evaluate Liza and provide her with an individualized education plan (IEP); however, she was reluctant about this. For Liza, she viewed an IEP as “restrictive” and opted not to pursue services in higher school. Since entering college, she has not formally received services; instead, she has self-accommodated. For example, there are moments when she is unable to articulate her thoughts verbally during in class participation. In these instances, she types her answers on her computer, and her professor reads them aloud.

Lilly discussed her mother’s reluctance to get her diagnosed with autism when she was a little girl. She explained, “It was more about her wanting me to be normal.” Lilly’s mother’s reluctance to have Lilly formally diagnosed is the result of broader society’s attitude toward disability and the stigma that is associated with it. Goffman (1963) suggested that society establishes what personal characteristics, behaviors, or beliefs are normal. When an individual fails to possess any of these behaviors, beliefs, or characteristics, the individual is stigmatized. Individuals identifying as LGBTQ and disabled live in a society dominated by heterosexual and non-disabled perspectives that stigmatize people associated with either of these populations (Herek, 1990; Linton, 1998). Like Lilly’s mom, Scott’s mom was concerned about the social stigma that exists toward LGBTQ and disabled people in the United States. As Goffman (1963) discusses in Stigma: Notes on the Management of Spoiled Identity, through social interaction people learn and internalize socially perpetuated stigmas like abominations of the body and blemishes of individual character. For individuals like Lilly and Scott, their parents were aware
of these stigmas and the adverse impact that they had on individuals who belong to these populations, which caused them to not seek a formal disability diagnosis.

**Disabled Identity Formation and Construction: Role of Society.** In addition to being influenced by their parents, others have struggled to accept their disability as normal because of “internalized ableism.” Campbell (2007) described internalized ableism in the following way: “to assimilate into the norm the referentially disabled individual is required to embrace, indeed to assume an ‘identity’ other than one’s own.” (p. 10). Internalized ableism was a common thread among the participants in this study and can also be linked to the “generalized other.”

Throughout the course of this study, participants spoke about their efforts to suppress or ignore how their disability led them to adopt the identity of a healthy able-bodied person at their respective collegiate environment. As a doctoral student, Haley attempted to present herself as a healthy person when she was suffering from severe kidney infections, because of the expectation of her program. She explained, “Unless you’re in the hospital you should probably show up for class.” Haley’s decision to attend class while she was sick is an example of how the “generalized other” influences people’s behaviors, because Haley understood that in the context of her doctoral program, “the generalized other” (i.e., her professors) would not view missing class as acceptable behavior.

Like Haley, Maggie attempted to deny the impact of her scoliosis because, as she said, “I wanted to make the school proud, and the program proud, and never feel that they made a poor decision.” Both Maggie’s and Haley’s reluctance to disclose their disabled identities reflects previous findings from Hutcheon and Wolbring (2012) related to voices of silence. In their study, Hutcheon and Wolbring (2012) found that, “Participants claimed their self in other ways (self-disablement, numbing the body, or doing nothing in situations of vulnerability), termed the
Voice of Silence” (p. 44). Both Haley’s and Maggie’s awareness of the “generalized other” caused them to adopt a voice of silence, because they felt that their professors would not be understanding of their needs as a disabled person.

Like Maggie’s and Haley’s, Michala’s collegiate experience was impacted by her health, and because of this she too grappled with internalized ableism. Michala’s JRA impacted her ability to participate in daily activities such as attending class. She attributes the challenges she experienced associated with attending class to her JRA, which is a form of internalized ableism. Instead of recognizing that these challenges are exacerbated by environmental barriers that exist for people with disabilities on college campuses, students like Michala assume the identity of a student who is not hindered by the campus environment. This is another example of the influence of the “generalized other,” because a socially perpetuated belief in the United States is that disability is a personal issue, not a social one. Consequently, this belief is observed and internalized by persons with disabilities who blame themselves for the environmental and social barriers that limit the daily activities. In Michala’s case, her campus participation was limited to attending class and nothing else, because her school did not have transportation services in place that would support her limited mobility. Kit was another participant who experienced internalized ableism, because she blamed her anxiety and PTSD for her inability to participate in campus activities, but in reality, campus activities are not accessible for individuals with disabilities. Often these activities, like student organization meetings, require a student’s physical presence, when students actually could participate virtually. During our face-to-face interaction, Scott admitted that he had just begun to accept and adopt an open attitude towards his autism. Once Scott began to recognize that he has been impacted by internalized ableism, he started to
explore autism; however, this involved Scott disclosing his status as autistic, which he had not traditionally done.

**Recognition of Intersectional Identities**

When discussing their intersectional identities, participants spoke about it in terms of recognition and exploration instead of formation. For many of the participants, the recognition of their intersectional identities occurred through the coursework in the classes in which they enrolled. For Haley and Jessie, their identities prompted them to explore the experiences of the LGBTQ disabled population as students and emerging scholars. Haley’s identity prompted her to major in social work and her research interests, which focused on “power, privilege, and oppression of folks with disabilities as well as members of the LGBTQ community. So I am doing a lot of work around ableism and what that looks like.”

Like Haley and Jessie, Michala was minoring in queer studies, but she switched to human sexuality, because she wanted to understand more about it. She said, “I wanted to focus just not on LGBTQ, but I wanted to focus on women, I wanted to focus on women of color, and women of color that are LGBTQ.” Selecting this major provided her the opportunity to learn more about her identity. She explained, “I am getting credit for learning about the things that make up the biggest parts of me [and it] is awesome.” Unlike the other participants, Lilly was not currently focusing on her LGBTQ disabled identity; however, she was considering exploring these identities in graduate school. She explained, “I am looking at either an MSW or possible master’s in autism and spectrum disorders or a master’s in women and gender studies.”

Like Michala, Scott experienced difficulties because of his inability to drive, which prevented him from participating in student organizations for the LGBTQ population. While Scott enjoyed participating in the group and intends to return, he admits that his university does
little to support or help foster his intersectional identity. Scott’s experience is an example of a parallel between the experiences of how LGBTQ students at two- and four-year institutions.

**Invisibility of Identities**

**Invisibility of disability.** A theme that emerged related to the participants’ identities was the invisibility of identities, the challenges that were associated with having an invisible disability, and their decision to disclose and/or keep this identity hidden. While many participants spoke about their experiences in higher education as a person with a disability, for many there was a shared belief that their disability was overlooked because of the invisibility of their condition. One participant pointed out that when a person has an invisible disability, it is difficult to engage in classroom activities that involve moving around; if the person chooses to abstain, Haley said, “I think it is interpreted as being lazy or being bratty in the classroom.” Haley’s perspective builds upon previous findings from Denhart (2008). Participants featured in Denhart’s study also discussed how they were concerned that faculty would misinterpret their academic behaviors or performance as lazy and not because of their learning disability. For participants, the invisibility of their condition made securing accommodations difficult. Kit spoke about negative interactions with faculty members when she presented them with her letter of accommodation (LOA); she recalled a professor inquiring about her disability and questioning whether she was truly disabled. She attributed his reluctance to the invisibility of her disability. These negative interactions have made her reluctant to discuss her disability with faculty members, which is consistent with findings from Barnard-Brak, Lechtenberger, and Lan (2010). In their study, they found that collegians with disabilities at four-year institutions are reluctant to discuss the nature of the disability with individuals outside of the disabled community. Avirya’s experience supports these findings. She spoke about how much she valued her relationship with
a faculty member who identified as LGBTQ and had adopted disabled children. This faculty member was a sounding board and someone for Avirya to vent to about challenges she was experiencing with other professors and peers because, as she said, “He just gets it . . . It’s the most positive thing.”

Other participants engaged in a myriad of behaviors that Barnard-Brak, Lechtenberger, and Lan (2010) claimed facilitated successful navigation through the accommodation process, including reciting a scripted speech when disclosing their disability to professors, making concessions related to accommodations, and minimizing the impact of their disability on their academic experience. In Scott’s experience, reciting a scripted speech when disclosing his disability helped him successfully utilize accommodations without being scrutinized by his professors. Others minimized the impact of their disability. Maggie’s rationale for downplaying the impact of her scoliosis echoes the experiences of participants in a previous study from Stage and Milne (1996). Like Maggie, participants featured in this study had “negative feelings of self-consciousness” (Stage & Milne, 1996, p. 432) related to their disability, which resulted in these individuals being hesitant to disclose their disability status.

Others like Haley spoke about how the structure of her doctoral program makes it difficult to miss class, and she believes the invisibility of her disability makes it difficult for people to understand how her disability impacts her. As she explained, “When I have a cane people kind of get it, but . . . it’s like this idea of, ‘Well you don’t use a cane everyday . . . it can’t be that bad.’ And . . . people have this visible progression of disability.” This experience of minimizing one’s disability or attempting to pass as able-bodied is a notion that minoritized groups are familiar with in the US. As Linton (1998) pointed out, Americans with disabilities, like LGBTQ and African Americans who can hide their marginalized status, do so to avoid
experiencing discrimination or negative attitudes associated with their marginalized identities. For participants in this study, the decision to pass often was contingent on the situation and observations they made about others’ experiences related to their disability and/or LGBTQ status. In instances when they felt self-identifying as LGBTQ and/or disabled would result in negative interactions or consequences with peers, professors, and/or support staff, participants chose to conceal their identities.

**Invisibility of LGBTQ and/or queer status.** Much of participants’ discussion related to the invisibility of identities focused on disability; however, a few participants discussed the invisibility of their queer status and the various contexts in which their queer status became visible. For Aaron, his status as transgender was not visible, especially when he first started transitioning. He said, “I would tell people more often when I first started grad school as it explained a lot about my appearance.” Gradually, as his appearance continued to change, Aaron was less open about his identity. Like Aaron, Scott talked about how the clothing he wore was “violating gender norms.” Scott also felt that his queer status was more visible at his university because his participation in “queer clubs.” Like Scott, Lilly is active in her school’s LGBTQ groups, which has made her status as a trans person more visible to people throughout the university community. She said,

> In the past year, a new director at the wellness center has taken over. She is heading up a sexual assault violence awareness group on the campus which I am part of. My perspective as a trans person is really welcomed there.

Lilly’s experience with her school’s LGBTQ student group is an aberration. Beemyn, Curtis, Davis, and Tubbs (2005) argued that historically, LGBTQ-based support services do not
attend to the needs of transgender students; consequently, trans students are left to establish their own organizations or programs.

While participants like Scott and Lilly were comfortable sharing their identities with individuals participating in student organizations focusing on LGBTQ and/or disability populations, others like Kit discussed how her disability made sharing her LGBTQ identity with others difficult because she never felt comfortable in social situations. Further exacerbating her apprehensions about sharing her identities with others was the responses she got when she disclosed her identities to individuals such as peers, counselors, and/or faculty members.

Microaggressions

Like the participants featured in past studies (Miller, 2015; Zamani-Gallaher & Chouduri, 2011) many participants spoke about how their interactions featured negative statements, or “microaggressions” related to their LGBTQ and/or disabled identities. The term “microaggression” emerged from research focusing on African-American college students to help and explain how students affiliated with this population experienced racism (Nadal, 2008). According to Nadal (2008), since its inception, the concept of microaggressions has been applied to the experiences of other marginalized populations, including LGBTQ and disabled (Platt & Lenzen, 2013; Sue, 2010). Sue described microaggressions as “everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, that communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership” (p. 3).

**Microaggressions related to intersectional identities.** Participants in this study experienced various forms of microaggressions throughout their educational experiences that impacted how they viewed people’s perceptions of their identities as an LGBTQ person with a
disability. While most of the participants discussed experiencing microaggressions at the postsecondary level, Kit talked about an interaction with a guidance counselor in high school that was an example of “discomfort/disapproval of the LGBT experience” (Nadal et al., 2011, p. 238). The counselor whom Kit had viewed as a trusted confidant told her that dating a girl was “not right” and was the reason behind her anxiety and other disabilities. The lack of empathy and microaggressions that her counselor displayed continued during her collegiate career, when her roommates did not acknowledge how her anxiety impacted Kit. Her roommate’s actions towards Kit’s disabilities are an example of a denial of disability, which occurs when people ignore or minimize a person’s disabilities.

Like Kit, Avirya had a professor who questioned the validity of her multiple identities because she did not possess the physical characteristics that he/she associated with disabled, LGBTQ, and Jewish identities. The denial of Avirya’s identities is an example of culturally perpetuated beliefs about minority populations and the attributes that people belonging to these populations possess (Herek, 1990). This interaction is also an example of an “assumption of universal LGBT experience” (Nadal et al., 2011, p. 238), which is when people have preconceived notions about how LGBTQ people are supposed to look, such as lesbians being supposed to look masculine and gays being supposed to look feminine.

**Disability-related microaggressions.** Maggie also spoke about people questioning the validity of her disability because she was “too happy,” which is antithetical to the culturally perpetuated attitude that that people with disabilities are unhappy because they are disabled. Another type of microaggression that participants experienced was spread effect. Spread effect occurs when people have assumptions or expectations because of a person’s disability. When Jessie went to establish accommodations, the director of the office focused more on what
services the office would not provide her instead of what services she was seeking. This experience resulted in her choosing to not use accommodations, which caused her GPA to, as she described it, “take a hit.” Jessie’s experience with the director of disability services reiterates findings from research that suggests that faculty, staff, and university administrators at postsecondary institutions do not understand the needs of persons with disabilities (Lehman, Davies, & Laurin, 2000; Wilson, Getzel, & Brown, 2000). Like Jessie, Liza experienced spread effect while studying abroad, when one of her professors told other faculty that people like Liza “shouldn’t be in college.”

Another disability-related microaggression that participants like Haley spoke about was that of second-class citizen, when the elevator broke in the building where one of her classes was located. Before this incident, Haley had not reached out to disability support services because she explained, “I have never registered with them because for the most part I don’t need them. I don’t need a note taker, I don’t need extra time.” When Haley and her classmate recognized that the elevator was broken, her classmate volunteered to go speak to disability support services; however, the director declined to help because Haley was not registered with the office. Haley’s experience with the broken elevator is an example of the second-class citizen microaggression, because it highlights the inequality that exists for the disabled in higher education. Unlike their able-bodied peers, people with disabilities must jump through hoops such as formally registering for disability services to ensure that they have equal access. While Haley’s peers may have been inconvenienced by the elevator being out of service, their ability to attend class was not impeded, whereas Haley’s ability was. Another microaggression that Haley discussed was microinsults. Sue, Capodilupo, et al. (2007) define microinsults as “Communications that convey rudeness and insensitivity and demean a person’s . . . identity” (p. 274). For example, Haley spoke about
several instances where both her advisor and peers used the term “crazy” or “lame” to describe an action or an individual, which she believes is reflective of a lack of social awareness about ableism. Haley’s opinion has been echoed by Nadal et al. (2011), who argue that when people use microinsults towards persons with disabilities, it reinforces the belief that these individuals are inferior because of their ability status.

**LGBTQ-related microaggressions.** Exoticization was another microaggression that participants like Aaron experienced during his graduate program. Current research (Chang & Chung, 2015; Nadal et al., 2011) stated that exoticization occurs when transgender people are treated as objects instead of humans. During his program, Aaron experienced exoticization when several of his peers asked him if they could interview him about his gender identity for class assignments. These requests made Aaron uncomfortable because he was no longer their peer; he had become a potential research participant. After receiving multiple interview requests, Aaron decided to act and speak to the department head about his peers’ inquiries.

Lilly experienced familial microaggressions associated with her identity as transgender, which, according to Chang and Chung (2015), involves antagonism by family members because of one’s transgender identity. Lilly’s mother was confused about her desire to transition from a male to a female especially because she was still attracted to women, asking, “If you like girls, why not just stay a guy?”

**Managing microaggressions.** Several participants discussed how they managed the microaggressions by disclosing their identities based on the situation. This situational awareness echoed the experiences of other LGBTQ persons with disabilities who were featured in a study by Miller (2015). In his study, the participants spoke about “the importance of understanding how their identities mattered in various spaces” (Miller, 2015, p. 239). The notion of managing
microaggressions has been discussed in research by Nadal et al., (2011), who focus on how LGBTQ persons manage microaggressions. They identified several strategies that participants adopted to manage the microaggressions they experienced. Many of these strategies were adopted by participants in this study.

**Protective coping.** While Avirya spoke about “situations” where she chose to disclose her intersectional identities as an LGBTQ person with a disability, she acknowledged that the response she received from her peers was mixed. She recalled an instance where one of her peers confronted her after a class session when she discussed her identities. During this confrontation, the student called Avirya a “crippled dyke.” These experiences have prompted her to keep her identity statuses hidden when she does not feel like she is in a safe space. Avirya’s actions are an example of protective coping, which occurs when a person wants to protect themselves (Nadal et al., 2011).

**Confrontational coping.** Likewise, others support Haley’s decision to disclose her identity as a “queer fem crip,” which stems from her research interests focusing on “power, privilege, and oppression of folks with disabilities as well as members of the LGBTQ community.” By openly discussing both of her identities, Haley has adopted what Nadal et al. (2011) called “confrontational coping” (p. 28), which involves verbally challenging microaggressions. While Nadal et al. (2011) discussed LGBTQ people adopting confrontational coping, their discussion also applies to LGBTQ persons with disabilities like Haley. When her peers used microinsults like “crazy,” Haley challenged their word choices, and consequently her peers are much more aware when they use microinsults, and when they do they “check themselves.” Like Jessie, Avirya openly spoke about her intersectional identities in classes where she felt her experiences as a “not straight” person with a disability was salient to the discussion.
and would support people’s understanding. Often these instances arose in her psychology, 
women’s studies, and communication courses. As Avirya explained, “The emphasis [was] on 
acknowledging differences and similarities that there is no way to get around . . . outside of that, 
we really fail to acknowledge that there are many differences between people.”

**Managing spread effect.** Jessie openly shares her dual identity status with her peers in 
her cohort; however, she is hesitant to discuss her identities with the students she teaches. While 
she admits that they could most likely figure out her LGBTQ status by a “quick Google search,” 
she intentionally elects not to share her disabled status with them. Jessie’s reluctance to share her 
disability with her students is an example of managing spread effect, because she does not want 
her students to question her ability to be an effective teacher because of her disability. Like 
Jessie, Maggie was reluctant to discuss her disability with her professors because she did not 
want them to judge her abilities to earn a graduate degree or question whether she belongs in the 
program. Maggie explained, “I know what I am capable of.”

**Changing Pedagogy and Practices**

Despite the negative interactions that students had with professors, participants also 
discussed several positive interactions that helped change their professor’s pedagogy and 
practices. A few participants discussed how disclosing their disability or the needs of persons 
with disabilities from a broad perspective prompted faculty to change their pedagogical and 
course practices. Some professors responded like Kit’s, who altered how she administered exams 
after Kit was hospitalized for her anxiety. Instead of requiring Kit to take an exam with other 
students, Professor X arranged for Kit to take her exam in a private room near her office. This 
simple action had a lasting impression on Kit because it showed her that there were people at the 
university who were empathetic to her needs as student with a disability. Similarly, Liza’s
professor altered his pedagogical practices by allowing her to write out her answers during in-class discussions, allowing her to satisfy the course requirements without being penalized when she was unable to speak. The actions of Liza’s professor illustrate how professors can create an inclusive educational environment for all students by making minor adjustments to their practices to support the participation of all students.

While Kit’s and Liza’s professors altered their practices without being prompted, Haley spoke about an instance when she spoke with her professor about making adjustments to an in-class activity. Haley expressed her concerns about an activity that required students to physically put sticky notes on the board, which was difficult for her because, as put it, “I was exhausted, was in pain, and was out of spoons.” After class Haley took the opportunity to discuss with her professor potential strategies for how she could change the activity so that it was inclusive for all students, including those with mobility impairments. Haley suggested that in the future her professor ask students to either put the post-it notes up themselves or hand them to the professor so that she could put on the board. These minor changes support the principles of universal design (UD) while allowing her professor to keep interactive activities as a part of the course. The positive interactions that participants had with their professors, which prompted them to change their pedagogical and overall practice, reiterates previous findings about faculty and universal design (Dallas & Sprong, 2015). Universal design is framework that helps to conceptualize how educators can structure inclusive educational curriculum. Developed at North Carolina State University by Ronald Mace, an architect and wheelchair-user, the theory of universal design argues that environments, objects, and curriculum need to be useable for all individuals, irrespective of their ability status (Center for Universal Design, 2012; Mace, Hardie, & Place, 1991).
McGuire, Scott, and Shaw (2006) discussed how universal design could serve as a lens that encourages inclusion of all students. They argued that when applied to education, the theory of UD suggests that things like educational environments should be constructed to serve all students. In this study, participants spoke how faculty altering their pedagogical practices had a significant impact on their education experience. This finding illustrates how, by altering their pedagogy and/or course design, professors can positively impact the experiences of all students, including those with disabilities.

The themes discussed in this chapter highlight the common experiences among the ten participants who were profiled in this study. Each of them discussed the how the formation and/or development of their LGBTQ/disabled identity influenced their collegiate experience and their interactions with others. While all the participants recognized the invisibility of their identities, they admitted that they experienced challenges when they disclosed either of their identities to others at their respective postsecondary institutions. Specifically, when discussing their interactions with others within the context of higher education, many participants discussed the microaggressions that occurred and their reactions to these statements. Last, participants also spoke of how faculty altering their practices to accommodate their needs as a person with a disability played an integral role in their ability to fully participate in their coursework.
Chapter 7: Conclusions, Implications, and Recommendations

Until recently, research focused on the impact of disability status, sexual orientation, or gender identity and overlooked the intersectionality of identities within this group; however, exploration of the experiences of LGBTQ collegians with disabilities is needed because these studies provide insight into the campus climate for these students. Rankin and Reason (2008) define climate as “the current attitudes, behaviors, and standards and practices of employees and students of an institution.” (p. 264). Understanding how a campus environment influences a student’s collegiate experience is essential for student affairs practitioners and administrators who are developing and implementing policies and programming, because there is a direct correlation between campus climate and student experience in higher education (Hurtado & Carter, 1997). While extensive research has been conducted focusing on the impact of campus climate for LGBTQ persons (Brown, Clarke, Gortmaker, & Robinson-Keilig, 2004; Evans & Broido, 2002; Garber, 2002; Garvey, Taylor, & Rankin, 2015; Malaney, Williams, & Geller, 1997; Waldo, 1998; Yost & Gilmore, 2011), these studies have overlooked intersectional identities, such as LGBTQ persons with disabilities, and their experiences in higher education. This study and those of Henry, Fuerth, and Figliozzi (2010) and Miller (2015b) are helping to close an existing gap in campus climate research. The emergence of these studies is important because they are bringing awareness to the current campus climate for LGBTQ collegians with disabilities. Understanding the experiences of LGBTQ persons with disabilities at the collegiate level is crucial because research suggests that individuals belonging to both these populations struggle in higher education because of the environment (Silverschanz, Cortina, Konik, & Magley, 2007; U.S. Department of Education, 2000).
The intent of this critical qualitative study was to explore the experiences of LGBTQ collegians with invisible disabilities and to contribute to the growing research (Henry et al., 2010; Miller 2015), discourse, and awareness of the experiences and needs of this population in higher education while highlighting the existing barriers and/or challenges that participants experienced during their collegiate experience because of their dual minority status. By exploring the experiences of LGBTQ persons with disabilities at the collegiate level, this study seeks to understand how the intersectionality of the LGBTQ and disability status influences an individual’s collegiate experience.

This study profiled the experiences of ten LGBTQ persons with disabilities who were enrolled in baccalaureate, graduate, or doctoral programs throughout the United States. The findings from this study have the potential to contribute to an area of research that is in its nascent stages; before the emergence of a few studies (Henry et al., 2010; & Miller 2015), the experiences of LGBTQ collegians with disabilities were overlooked by researchers. Like these other studies, this research is significant because it adds to the growing understanding of the experiences of LGBTQ persons with disabilities in higher education. Several common themes emerged from the experiences of these ten individuals: identity formation and development, invisibility of identities, microaggressions, and contributions to universal design.

Many of the themes (e.g., identity formation, invisibility of identities, and microaggressions) that emerged corroborate findings from previous studies (Henry et al., 2010; Miller, 2015) focusing on LGBTQ collegians with disabilities; others help to provide insight into how current pedagogical practices influence LGBTQ students with disabilities in higher education. Like the previous studies from Miller (2015) and Henry et al. (2010), this study sought to fill an existing gap in research and to bring attention to the experiences of LGBTQ
students with disabilities in higher education. Additionally, although these studies only scratch at the surface of these experiences, the common themes that emerged provide insight into the barriers that exist for LGBTQ collegians with disabilities throughout the United States. Findings from this study have implications and recommendations for research and practice in higher education. One implication of this study is to highlight policy issues in higher education that adversely influence the collegiate experience of these individuals. Another is the potential influence on student development theories and practices that have overlooked persons with disabilities and individuals belonging to multiple marginalized communities.

Increasing student affairs practitioners’ awareness of the unique needs of persons belonging to minority subgroup populations (i.e., persons with disabilities belonging to the LGBTQ community) has the potential to influence student programming and other campus-related policies. This chapter discusses the implications and recommendation that emerged from this study as they relate to student affairs practitioners, administrators, faculty, and researchers.

**Theoretical Implications**

The theories of George Herbert Mead (1967), Herbert Blumer (1969), and Erving Goffman (1959 & 1963) served as the guiding theories for this study because they acknowledge the role that human and social interaction plays in the continuous development of self. Moreover, Mead’s, Blumer’s, and Goffman’s theories can be adopted by student affairs practitioners in lieu of other student development theories and applied to the experience of marginalized populations, whereas “traditional theories of student development conceptually privilege normative students who are generic, not different, and presumably have no special concerns” (Zamani-Gallaher & Chouduri, 2016, p. 61). These theories offered a useful lens for future student practitioners to
understand the role that social interaction plays in the experiences of LGBTQ collegians with disabilities.

For many of the individuals profiled in this study, these interactions impacted their identity development throughout their time in higher education. Several participants discussed how people like their parents, peers, teachers, and so on influenced their identity development and their experiences in higher education. Like other marginalized identities, the disabled identity forms over time, yet when people discuss the disabled identity, it is from the perspective of fully formed and actualized identity. Rosemarie Garland-Thomson (2016) recently articulated the notion of disability identity formation in an article titled “Becoming Disabled”. In the article, Garland-Thomson described what it was like to acquire a “disability consciousness,” which she developed through her interactions with other disabled individuals.

The experience that Garland-Thomson described is an example of the influence of what Mead (1967) referred to as the “generalized other,” because similar to participants featured in this study, Garland-Thomson’s interaction with other disabled individuals is an example of how the “generalized other” influenced the formation of her “me.” Through these interactions with other disabled individuals, she internalized the attitudes of the “generalized other” (i.e., disabled peers or colleagues), which allowed her “me” (i.e., her identity as a disabled person) to develop. While this is gradually changing due to student affairs scholars incorporating disability into their discussion of college student identity development, the theories of Mead and Blumer would further this discussion because they provided a framework for understanding how social interactions influence identity development.

**Mead and Blumer.** The findings from this study illustrate the importance of recognizing the role that others play in the development of an individual, including persons with disabilities.
Both Mead’s (1967) and Blumer’s (1969) theories provide a useful lens for student affairs practitioners who work with LGBTQ persons with disabilities, because these theories explain how others contribute to or influence LGBTQ persons with disabilities’ development of self, while recognizing that people’s selves evolve and change based on their interactions with others. This so-called evolution of self was a common theme among all the participants in this study. Many of them discussed how their parents shaped their initial feelings or awareness of their LGBTQ and/or disabled identity; however, they all spoke about how interactions with peers or professors further transformed their identities and behaviors associated with their LGBTQ disabled identities. Findings from this study illustrate the importance of looking at the experiences of marginalized collegians from the perspective of theories focused on social interaction and identity.

**Goffman.** Goffman’s (1959) dramaturgical model of social life is another framework that is potentially useful for student affairs practitioners who are working with LGBTQ persons with disabilities, specifically because this model acknowledges that people’s behaviors or actions change based on the audience. This model is useful because it helps to explain why students’ behaviors and/or actions changed based on the environment and/or context. In addition to the dramaturgical model of social life, Goffman’s theories surrounding stigma are also useful for student affairs practitioners and faculty working with LGBTQ persons with disabilities because his theories related to stigma acknowledge that society determines what attributes are normal and abnormal. When people belong to a stigmatized population, such as LGBTQ persons with disabilities, often they internalize these stigmatizing attitudes because the “generalized other” makes them feel that identifying with these populations is undesirable. Consequently, this can lead to LGBTQ persons with disabilities attempting to conceal their identities to avoid the
associated stigma. It is important for university administrators, staff, and faculty to be aware of how policies and practices in higher education perpetuate the stigmatization of marginalized populations like LGBTQ persons with disabilities, because this understanding will help university officials to establish practices that help minimize stigma towards this population.

**Student Affairs Practitioners: Recommendations and Implications**

Findings from this study impact the work of all student affairs practitioners, including those who work outside of disability and LGBTQ resource centers. The results of this study highlight the role that student affairs practitioners play in creating an inclusive collegiate environment for LGBTQ persons with disabilities. One way to create an inclusive environment is through the services and programming that foster a sense of belonging (Astin, 1984) for collegians, including those that focus on LGBTQ persons with disabilities. The experiences of participants in this study reiterate the importance of LGBTQ support services and centers. While disability support services and accommodations in higher education are dictated, and determined based upon the Americans with Disabilities Act of 1990 (Pub. L. 101-336 [July 1990]; 42 U.S.C. 12101) and the recent Americans with Disabilities Act Amendment of 2008 (Pub. L. No. 110-325 [S 3406]), there are no comprehensive federal policies requiring postsecondary institutions to support or provide services for other marginalized populations, including LGBTQ persons. Even so, in recent years’ postsecondary institutions are altering their practices to support LGBTQ persons on college campuses (Rankin, 2003).

Participants spoke positively about their experiences with LGBTQ services and student groups, which reiterates previous findings (Miller 2015). Additionally, the experiences of transgender participants reiterate the importance of creating services or programming that is inclusive of transgender students with disabilities. As Beemyn (2003) argued, persons working at
LGBTQ centers, as well as other faculty and staff within the collegiate environment, fail to understand the unique needs of transgender students. Beemyn suggested that before an LGBTQ center provides programming for transgender students, persons working in the center must understand the experiences of transgender persons, which will help these centers provide services that include the needs of transgender students. This assertion from Beemyn is supported by a study from McKinney (2005) that found that students who identified as transgender perceived that their university lacked programming and resources focusing on transgender issues. Participants spoke about how student services focusing on specific disabilities such as autism facilitated the ability to connect with peers who also identified as autistic.

These experiences highlight the need for disability support service offices to develop services and/or programming that fosters a sense of community, which is something that, as findings (Henry et al., 2010; Miller, 2015) show, is often absent. While some spoke about their positive experiences with support services and programming that was intended for LGBTQ and/or disability services, others discussed experiencing barriers. Participants spoke about how getting to meetings was difficult because of their inability to physically get there. This experience echoes the experiences of participants featured in the study by Miller (2015): they wanted to attend campus events, but were unable to because of their disability. These experiences reflect the reality that current university programming and activities require a person to physically attend meetings, often in a centralized location, which presents a barrier for LGBTQ persons with disabilities. Instead, these services need to use technology that would allow a person to attend virtually, and to offer services or programming in the residence halls so that students with disabilities do not have to travel long distances to attend meetings. The experiences of the participants in this study underscore the reality that current policies create
barriers for these individuals. To truly create an inclusive environment, colleges and universities need to recognize how their broader practices and policies influence LGBTQ persons with disabilities.

Currently, existing research focuses on the actions and attributes of collegians with disabilities such as self-determination and self-advocacy, while overlooking the impact of disability offices’ policies and practices. Research suggests that a relationship exists between self-determination and self-advocacy; when a person is capable of advocating for him/herself, this builds self-determination (Field, 1996; Wehmeyer & Schwartz, 1998). Further corroborating the linkage between self-advocacy and self-determination are findings from Getzel and Thoma (2008) revealing that collegians with disabilities believed successful advocacy involved self-determination. Additionally, students perceived that self-determination positively influenced their success at post-secondary institutions (Getzel & Thoma, 2008). While the research explored the attributes of collegians with disabilities, only a few studies (Barnard-Brak, Lechtenberger & Lan, 2010) focus on the accommodation process and its impact on students. This study adds to the findings from these previous studies through the experiences that several participants shared related to disability services. For some, these experiences were positive, whereas for others they were negative. The mixed experiences of participants highlight the importance of disability support offices reflecting and/or monitoring how they interact with students through student surveys or focus groups. Likewise, the findings from this study illustrate the importance of providing support services intended for LGBTQ collegians that also recognize and/or accommodate the needs for LGBTQ persons with disabilities. These experiences emphasize the importance of accountability among disability service providers and other practitioners because
how services are implemented influences the experiences of all collegians with disabilities, including LGBTQ students with disabilities.

While this study highlighted the challenges that exist associated with services that are intended to offer support for students, it is important to discuss how findings from this study hold implications for broader college support services, such as admissions, housing, and other university practices. Participants’ experiences in this study with safe spaces, such as student organizations and/or on-campus housing, reiterated findings from Evans and Brido (1999; 2002) and Zamani-Gallaher and Chouduri (2016).

Participants’ experiences with on-campus housing supported findings from Evans and Brido (1999; 2002), who found that the on-campus housing environment impacted LGBTQ people’s experiences in higher education. In their research, they determined that when individuals resided in a housing environment that was welcoming of LGBTQ people, they were more likely to come out, and the reverse is also true. Furthermore, providing students with the opportunity to live in LGBTQ-friendly housing, where they are surrounded by other individuals who identify as LGBTQ and/or are LGBTQ allies, is important for all LGBTQ persons including LGBTQ persons with disabilities, specifically those who have anxiety-related disabilities and who struggle to socialize in public settings. As the experiences of participants profiled in this study illustrated, individuals who identify as LGBTQ and disabled have benefitted from living in a housing environment that is supportive of their needs as LGBTQ persons with disabilities.

While some participants found support in the residence halls, others discussed feeling unsupported at their respective institutions, like participants from Zamani-Gallaher and Chouduri’s (2016) study, in which numerous participants identified personal relationships as the
context they depended on to cope with discriminatory behavior, instead of spaces or services within the context of their university.

There are specific recommendations for practice that both student affairs administrators and practitioners could adopt to support the inclusion of LGBTQ collegians with disabilities at their respective schools:

- Incorporate principles of universal design into programming and activities.
- Create safe spaces that are both LGBTQ and universally accessible for students.
- Include optional questions about LGBTQ and/or disability status in applications (e.g., admissions and housing) to ensure that students who belong to the LGBTQ disabled population are placed in a welcoming and inclusive environment.
- Be creative with spaces, services, and programming. Think beyond centralized and in-person activities that take place on campus, which present barriers for people with disabilities. The same technology that allows universities to offer online programming can be applied to both LGBTQ and disability support services or programming.
- Offer student-mentoring programs for incoming students so that they can establish a connection with other students who also identify as LGBTQ and/or disabled collegians.

**Faculty and Administrators: Recommendations and Implications**

Several implications and recommendations for faculty emerged from the findings of this study. When discussing their experiences, many participants spoke about how their respective majors supported the exploration of their intersectional identity; however, often these majors were gender and/or queer studies, which involve the discussion of sexual orientation and gender identity. While participants who were enrolled in gender and/or queer studies spoke about how their class supported their identity development, they also spoke about instances when their
courses overlooked their identity as an LGBTQ person with disabilities. This finding highlights the importance of multicultural education, which helps students understand their personal experience and the experiences of people they encounter (Gollnick & Chinn, 1991). According to Linton (1998), historically, multicultural education considered race, gender, and ethnic origin but failed to examine the experience of people with disabilities. As Banks (1995) suggested, one dimension of multicultural education is content integration, which encourages educators to embrace educational resources that recognize diverse perspectives. Thus, Leyser, Vogel, Wyland, and Brulle (1998) recommend that colleges and universities offer training for faculty members. While the researchers do not specify who should provide these training sessions, faculty members’ lack of knowledge about disability laws is an example of one of the attitudinal barriers that Nichols and Quaye (2009) discussed. These attitudinal barriers can make disclosing one’s disability extremely challenging, especially for people with invisible disabilities. Leyser et al, (1998) recommendation is supported by recent findings from Murray, Lombardi, Wren, and Keys (2009). They found faculty who participated in disability training demonstrated positive attitudes and overall willingness about providing exam accommodations compared to their peers who did not receive formal training. Although the findings from Murray et al, (2009) suggest that faculty training programs are an effective way to address adverse faculty attitudes towards accommodations, practitioners and administrators need to understand that these programs are not a panacea, especially when faculty have no incentive to participate. In order to ensure that faculty participate in these training sessions it is important to design them so that they are convenient for faculty to attend. For example, it could be appropriate to incorporate this programming into department meetings or create on-line content that faculty can reference as needed. When designing these programs, it is important to have institutional support from
administration, because if a school values research over pedagogy, faculty are going to prioritize scholarly activities (McGuire, Scott, Shaw, 2003). Consequently, they are going to be less inclined to participate in programming and/or training about teaching practices.

Another finding of this study was the importance of universal design to the inclusion of LGBTQ collegians with disabilities. Several participants spoke about how, when their professor used practices or strategies reflective of universal design (UD), they felt supported and included. Although the experiences of the participants profiled in this study are a testament to the effectiveness of UD, research has shown that more training or professional development is needed before faculty feel that they can effectively implement these principles into their pedagogy. Izzo, Murray, and Novak (2008) conducted two studies that explored the implementation of UD by faculty. During the first study, faculty participants expressed that they perceived training on UD and its implementation as the most needed professional development. In the second study, after faculty participants received a self-paced training on the principles and implementation of UD, approximately 92% of the participants stated that they felt prepared to support the needs of collegians with disabilities who were enrolled in their courses.

While it is important for current faculty members to incorporate the principles of UD into their practice, it is also important for faculty in teacher education programs to incorporate it into their instruction so that future K–12 teachers are taught how to incorporate these concepts into their pedagogical practices. By teaching future educators about the tenets of Universal Design and how they can be incorporated into their pedagogical practices, colleges and universities will gradually transform how students are educated in the K-12 system. Spooner, Baker, Harris, Ahlgrim-Delzell, and Browder (2007) conducted a study that focused on students enrolled in a postsecondary teacher-preparation program as they learn how the tenets of UD help with lesson
plan development in an educational methods course. The results of this study revealed that informing educational practitioners about the principles of UD in a lecture format supported their ability to construct lesson plans, which supported the needs of all learners. Additionally, findings from the study revealed that general education teachers could develop lessons that support the tenets of UD. Curriculum courses at the postsecondary level could embrace the strategies that Spooner et al. (2007) proposed because it will help educators plan lessons that support the needs of all students. The incorporation of universal design within the educational environment promotes equal educational access and participation for students irrespective of their ability status (McGuire et al., 2006).

This section discusses specific recommendations for faculty and administrators to adopt that will support a more inclusive academic environment for LGBTQ collegians with disabilities.

- Offer faculty workshops and/or training that provide strategies for faculty to incorporate the principles of UD in their pedagogical practices.
- Train future education practitioners about applying UD to their curriculum in K–12 settings.
- Incorporate the experiences of LGBTQ persons and/or persons with disabilities in curriculum, including teacher preparation courses.
- Provide workshops about microaggressions and interactions with diverse student populations to foster positive interactions between faculty and students who identify with the LGBTQ and/or disabled populations.
- Evaluate and modify current testing practices and/or environments so that they are inclusive for people of all abilities.
Limitations, Implications, and Recommendations for Future Research

Numerous implications arose from the findings of this study that are deserving of further exploration. These include further studies exploring the experiences of LGBTQ persons with both invisible and visible disabilities at the collegiate level. Another is the prevalence of microaggressions towards LGBTQ persons with disabilities, as well as how queer and disability status are framed by professors and/or practitioners in the fields that work with these populations, such as student affairs and social work. Additionally, future studies focusing on LGBTQ persons with disabilities at the collegiate level should attempt to include the experiences of those who are attending two-year colleges, because a critical mass of persons with disabilities attend these. Also, future studies should strive to include students with a variety of disabilities, both visible and invisible, because this potentially influences the collegiate experience.

Glesne (2006) argued that acknowledging the limitations of a study is one way a researcher contributes to the trustworthiness of the study. This section discusses the methodological limitations of this study. My discussion of the challenges I experienced related to identifying participants to interview and observe, as well as my inability to get participants to participate in multiple interviews, serves two purposes. The first is that as a researcher I recognize the limitations of my study. Second, these limitations are reflective of some of the barriers that exist for LGBTQ persons with disabilities in higher education. For example, the challenges I experienced related to finding or identifying prospective participants speaks to the stigma that exists in higher education for individuals belonging to my population of interest, and how this so-called stigma encourages people affiliated with the LGBTQ disabled population to remain invisible. Additionally, the difficulty I experienced in securing follow-up interviews is an example of how people with disabilities become overextended by their daily responsibilities, and
consequently they have little to no energy for additional tasks or activities, such as participating in studies.

Another limitation of this study was my position as a person with a disability, although I initially intended on adopting the practices outlined by Peshkin (1988) to monitor my subjectivity and not let it influence my interactions with participants. Once I began the data collection process, I quickly found that some of my participants had questions about my identity. For one prospective participant, my status as straight contributed to her decision to not proceed in the study. Additionally, other participants like Scott inquired about my disability status, and whether I, like him, identified as autistic. While Peshkin’s (1988) strategies for monitoring one’s subjectivity are readily adopted by qualitative researchers, for this study I soon realized that accepting a role as a co-collaborator, as Foley (2002) suggested, was needed to connect with my participants.

A limitation or challenge of this study was designing a study that was inclusive of the unique needs of LGBTQ persons with disabilities. My design of this study was guided by my previous pilot studies, which explored the experiences of persons with disabilities identifying with another minority group (i.e., African Americans with disabilities and LGBTQ persons with disabilities). In these studies, I had not encountered any major challenges associated with my design; however, these participants were located within the state of Michigan and did not have any hearing impairments and/or identify as deaf, so I did not create a design that recognized the needs of this population. Thus, when two students who identified as deaf reached out because they were interested in participating in this study, I was unfortunately unable to accommodate them. These individuals required an American Sign Language (ASL) interpreter, which was a fiscal expense that I was unable to afford. Another design limitation that emerged during the
interview process was that traditional face-to-face interviews was not ideal for some of the participants in this study. For example, Liza admitted that she relied on written communication to express herself because there were times she struggled to articulate her feelings verbally. After interviewing Liza, I realized that face-to-face interviews that require a person to verbally discuss his/her experiences are not appropriate for everyone. My interactions with the participants from this study taught me about the importance of flexibility and creativity when designing studies focusing on persons with disabilities. Future studies that explore the experiences of persons with disabilities should consider the diverse needs and abilities of the disabled. For example, some persons with disabilities struggle with verbal communication. Therefore, when designing a study, researchers should offer participants the option of answering questions verbally or in written form through online chatting.

The participant pool was another limitation of this study. Since I used what is called a snowball, chain, or network sampling approach (Glesne, 2006), I relied on people disseminating information to individuals who identified as LGBTQ persons with disabilities. While I was interested in connecting with prospective participants with either visible or invisible disabilities who were attending two-year colleges where most persons with disabilities are educated, the individuals who contacted me (apart from Michala) were white, had invisible disabilities, and were attending four-year institutions.

Concluding Thoughts

This study sought to bring attention to the systemic environmental barriers that have contributed and continue to contribute to educational barriers for LGBTQ persons with disabilities. As mentioned, this study contributed to the growing discourse and awareness about the experiences of LGBTQ persons with disabilities. Findings from this research corroborated
some of the findings from previous studies (Miller, 2016), specifically as it related to identity formation or disclosure, the invisibility of disability, microaggressions, and current services. At the same time, it highlighted additional factors such as policies and pedagogical practices that influence the experiences of LGBTQ persons in higher education. The findings and results of this study illustrate that these experiences need a deeper exploration and action. Although research focusing on LGBTQ persons with disabilities is in the nascent stages, higher education institutions need to start to act to change both the physical and attitudinal barriers that exist for LGBTQ collegians with disabilities. University administrators, staff, and faculty need to evaluate and alter current institutional practices and policies that contribute to these barriers that adversely impact the experiences of LGBTQ collegians with disabilities.
References


gay, bisexual, and transgender college students: A handbook for faculty and administrators, 171–177.


Appendices
Appendix A: Proposed Demographic Questionnaire

Major:

Class Standing:

A. Undergraduate
B. Graduate
C. Other_______________________

Year in school:

How would you describe your disability status?

A. Learning disability
B. Mobility disability
C. Chronic health disability
D. Visual impairment/blind
E. Hearing impairment/deaf
F. Autism spectrum
G. Other_______________________

How would you describe your sexual orientation?

A. Gay/homosexual
B. Lesbian/homosexual
C. Bi-sexual
D. Transgender
E. Questioning/gender fluid
Appendix B: Human Subjects Letter

EASTERN MICHIGAN UNIVERSITY

June 11, 2014
UHSRC Initial Application Determination: EXPEDITED APPROVAL

To: Amanda Bell
Eastern Michigan University

Re: UHSRC # 140603
Category: Approved Expedited
Research Project Approval Date: June 11, 2014
Expiration Date: July 11, 2015

Title: Intersectionality: Examining the Experiences of Collegians with Disabilities Belonging to the LGBTQ Community

The Eastern Michigan University Human Subjects Review Committee (UHSRC) has completed their review of your project. I am pleased to advise you that your expedited research has been approved in accordance with federal regulations.

Renewals: Expedited protocols need to be renewed annually. If the project is continuing, please submit the Human Subjects Continuation Form prior to the approval expiration. If the project is completed, please submit the Human Subjects Study Completion Form (both forms are found on the UHSRC website).

Revisions: Expedited protocols do require revisions. If changes are made to a protocol, please submit a Human Subjects Minor Modification Form or new Human Subjects Approval Request Form (if major changes) for review (see UHSRC website for forms).

Problems: If issues should arise during the conduct of the research, such as unanticipated problems, adverse events, or any problem that may increase the risk to human subjects and change the category of review, notify the UHSRC office within 24 hours. Any complaints from participants regarding the risk and benefits of the project must be reported to the UHSRC.

Follow-up: If your expedited research project is not completed and closed after three years, the UHSRC office will require a new Human Subjects Approval Request Form prior to approving a continuation beyond three years.

Please use the UHSRC number listed above on any forms submitted that relate to this project, or on any correspondence with the UHSRC office.

Good luck in your research. If we can be of further assistance, please contact us at 734-487-0042 or via e-mail at gs_human_subjects@emich.edu. Thank you for your cooperation.

Sincerely,

[Signature]

Dr. Jennifer Kellman Fritz Faculty Co-Chair
University Human Subjects Review Committee
Appendix C: E-mail/Online Forum Message

My name is Amanda Bell, I am a doctoral student in the Educational Studies program at Eastern Michigan University (EMU). I am currently working on a dissertation research study. For this study I am interested in examining the experiences of collegians with disabilities throughout the United States who identify as LGBTQ. If you would be willing to speak with me please e-mail me at abell@emich.edu. Your identity would remain anonymous and you are allowed to recuse yourself at any point during the interview process. I have attached the consent form for your reference.

Thanks in advance!

Amanda Bell
College Experience Research Study

Be a part of a Dissertation Research Study focusing on understanding the experiences of persons with disabilities belonging to the LGBTQ population at the collegiate level

**Qualifications include:**

- 18 years or older
- College student who identifies as a person with a disability
  - and
  - identify with the LGBTQ population?
- Interest in discussing your collegiate experiences

Please contact Amanda Bell at abell@emich.edu for more information.
Appendix E: Informed Consent and Study Description

PROJECT TITLE
Intersectionality: Examining the Experiences of Collegians with Disabilities Belonging to the LGBTQ community

INVESTIGATOR
Amanda Bell, Eastern Michigan University

You are asked to participate in a research study conducted by Amanda Bell from College of Education at Eastern Michigan University as part of a dissertation project. Your participation in this study is voluntary. Please read the information below and ask questions about anything you do not understand, before deciding whether or not to participate.

PURPOSE OF THE STUDY
This study seeks to examine the experiences of persons with disabilities belonging to the LGBTQ community at the collegiate. Additionally, the study will examine how self-determination among participants influences these experiences or vice versa.

PROCEDURES
If you volunteer to participate in this study, you will be asked to do the following:

1. Participate in an initial tape-recorded interview, anticipated to last up to 90 minutes, in which the researcher will ask you about your experiences as a member of the disabled and LGBTQ community at the collegiate level. Following the interview, you may be contacted to participate in follow-up interview(s). If you agree follow up interview(s) will be scheduled.
2. The purpose of the follow-up interview(s), anticipated to last up to 90 minutes, will feature semi-structured questions based upon your answers from the initial interview, which will help the researcher gain a clearer understanding of your collegiate experience.
3. The interviews will occur over a three-week span, with a week between each interview.
4. If willing, you will be observed in public settings such as student activities or gatherings within the collegiate environment.
5. The purpose of these observations is to gain a deeper understanding of your collegiate experience as a member of the LGBTQ and disabled populations.
POTENTIAL BENEFITS
This study will not bring you specific benefits outside of an opportunity to share your views and opinions. Your participation, however, will be of considerable benefit for educational purposes by providing student affairs practitioners with an understanding of the unique needs of persons with disabilities belonging to the LGBTQ community.

POTENTIAL RISKS
This project is not intended to provoke any physical or emotional discomfort. However, you may choose to share sensitive and confidential information during the interview. All efforts will be made to ensure confidentiality.

CONFIDENTIALITY
Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by using a pseudonym instead of your name when transcribing the interview and dissemination of findings. The researcher will keep interview audiotapes, field notes, demographic questionnaires, and pseudonym keys in a locked box separate from the transcripts for the semester. These materials will be destroyed at the conclusion of the study or in the event that a participant withdraws from the study. Field notes describing non-participants will be written in a manner that ensures the identity of non-participants remains anonymous. Additionally, no information or actions recorded in the field notes will place the non-participant at any risk of criminal/civil liability or be damaging to the person's financial standing, employ-ability, or reputation.

PARTICIPATION AND WITHDRAWAL
You can choose whether or not to be in this study. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind or loss of benefits to which you are otherwise entitled. You may also refuse to answer any questions you do not want to answer.

USE OF RESEARCH RESULTS
Results will be presented in aggregate form only. No names or individually identifying information will be revealed. Results may be presented at research meetings and conferences, in scientific publications, and as part of a doctoral dissertation being conducted by the principal investigator.
FUTURE QUESTIONS
If you have any questions or concerns about this research, please contact the researcher:
Amanda Bell
abell@emich.edu

This research protocol and informed consent document has been reviewed and approved by the Eastern Michigan University Human Subjects Review Committee for use from 6/11/2014 to 7/11/2015. If you have questions about the approval process, please contact the Director of the Graduate School (734.487.0042, human.subjects@emich.edu).

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Printed Name of Subject

________________________________________
Signature of Subject

________________________________________
Signature of Investigator

________________________________________
Date
Appendix F: Proposed Interview Questions

Interview One

1. Tell me about yourself.
2. Tell me about your life experiences as an LGBTQ person with a disability before attending college.
3. Tell me how these previous life experiences influence your experiences as a person who identifies as LGBTQ and disabled.

Interview Two

1. Tell me about your college experience as an LGBTQ person with disability.
2. Tell me about how your status as an LGBTQ person with a disability influences how your feelings about your college experiences.
3. Tell me about your perception of how others view your status as an LGBTQ person with a disability.

Interview Three

1. Reflecting on your life and collegiate experiences, tell me how these experiences have influenced your attitudes towards your collegiate experience.
2. Tell me how you think these experiences influence how you feel about the remainder of your time in college and beyond.
**Appendix G: Demographic Table**

<table>
<thead>
<tr>
<th>Name</th>
<th>Class Standing</th>
<th>Academic Year</th>
<th>Disability</th>
<th>Sexual Orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kit</strong></td>
<td>Undergraduate</td>
<td>3rd year</td>
<td>Psychological and/or Emotional Impairment</td>
<td>Pansexual</td>
</tr>
<tr>
<td><strong>Avirya</strong></td>
<td>Undergraduate</td>
<td>3rd year</td>
<td>Hearing, Learning, Mobility, and Chronic Health Impairments</td>
<td>Pansexual and/or Lesbian</td>
</tr>
<tr>
<td><strong>Michala</strong></td>
<td>Undergraduate</td>
<td>3rd year</td>
<td>Chronic Health Impairments</td>
<td>Bisexual</td>
</tr>
<tr>
<td><strong>Scott</strong></td>
<td>Undergraduate</td>
<td>3rd year</td>
<td>Autistic Spectrum</td>
<td>Gay or Queer</td>
</tr>
<tr>
<td><strong>Liza</strong></td>
<td>Undergraduate and Graduate</td>
<td>5th year</td>
<td>Autistic Spectrum</td>
<td>Queer</td>
</tr>
<tr>
<td><strong>Lilly</strong></td>
<td>Undergraduate</td>
<td>4th year</td>
<td>Autistic Spectrum</td>
<td>Transgender</td>
</tr>
<tr>
<td><strong>Aaron</strong></td>
<td>Graduate</td>
<td>3rd year</td>
<td>Mobility and Chronic Health Impairment</td>
<td>Transgender</td>
</tr>
<tr>
<td><strong>Maggie</strong></td>
<td>Graduate</td>
<td>1st year</td>
<td>Mobility and Learning Impairments</td>
<td>Lesbian</td>
</tr>
<tr>
<td><strong>Haley</strong></td>
<td>Graduate</td>
<td>2nd year</td>
<td>Multiple</td>
<td>Queer Femme</td>
</tr>
<tr>
<td><strong>Jessie</strong></td>
<td>Graduate</td>
<td>2nd year</td>
<td>Learning Impairments</td>
<td>Lesbian</td>
</tr>
</tbody>
</table>
Appendix H: Thematic Analysis Table for Identity Formation/Construction

<table>
<thead>
<tr>
<th>Participant Pseudonym</th>
<th>Theme: Identity Formation/Construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haley</td>
<td>I identify as queer rather than pansexual my queerness is actually something that (my social work language) is a protective factor for me more than it is a challenge. I think it is a safe. I spent enough time developing and owning my queer identity that I am the only non-straight identified person in my cohort and I noticed that even though my partner and I are legally married. I only use the term partner through the last year and a half everybody else's started using partner instead of husband which is what they were using.</td>
</tr>
<tr>
<td>Avirya</td>
<td>Um and I identify as pan if I am forced to pick something, but I am sort of between pan and lesbian. I get the spectrum thing because I go back and forth a lot. Usually, I just say I am not straight. Like if I am asked to identify I usually just say I am not straight. If I have to pick a label, I pick pan, it's the most applicable, but not straight fits me best.</td>
</tr>
<tr>
<td>Kit</td>
<td>I kind of fluctuate between using the term &quot;gay&quot; and &quot;pansexual&quot; because I am dating a girl and I have been with her for three years … the way I described to people is that I don't care about what's between your legs I care about what's in your heart and what comes out your mouth and your values.</td>
</tr>
<tr>
<td>Michala</td>
<td>I identify as bisexual and I have JRA: Juvenile Rheumatoid Arthritis, which I consider a disability because there are some days where I can't really get out of bed too well.</td>
</tr>
<tr>
<td>Maggie</td>
<td>Um I identify as a lesbian, but I actually call myself gay, which gets policed like 'Oh you're a female, you're a lesbian', but I think I still think I am 37 years old, gay is more of this umbrella. Like instead of homosexual, say gay. So that would be technically even if I circle lesbian, I would probably say I was gay.</td>
</tr>
<tr>
<td>SCOTT</td>
<td>I started, well I don't know if the word is getting or more realizing my feelings for guys around when I was fourteen. Um I... at that time identified as gay. I now use the word queer, just to kind of be more I don't know if the word is expansive, but like…not so narrow is, I guess is the thing. Just kind of I guess I am more kind of realizing that it's not solely gender my attraction.</td>
</tr>
<tr>
<td>Liza</td>
<td>I identified as asexual while I was in high school, but I didn’t really talk about it. Um it really crystallized when I had my first boyfriend and I was realizing, I'm apparently just not okay. Well then. The bi-romantic side happened more when I did a comparison of 'Mmm the feelings that I have towards this guy that I know is romantic', this has actually happened before, it's just been towards girls, except for this one instance with the guy. And then I was like 'Mmm I guess it goes both ways. Okay.' I'm out in the sense that it is not a secret, it’s just not particularly visible because if you are not dating anybody, your queerness is not that visible.</td>
</tr>
<tr>
<td>Lilly</td>
<td>In middle school I hadn't had any gender identity issues yet. I thought I liked men as well as women, so I started identifying as bisexual when I was 12 or 13. I explored being trans and how I came out is when I discovered it was like when I was about 16 when I started my junior year in high school. I had participated in some online role-plays as a girl and then I discovered I was more comfortable doing that than presenting as a boy. So I started dressing as a girl online and finally I realized I was trans at the age of 17.</td>
</tr>
<tr>
<td>Aaron</td>
<td>Um I began to identify as trans when I was I'm 29 now for reference I started to identify myself as trans when I was about 25 um and then I started on testosterone um a little over two years ago I'm sorry my cat is playing um yeah I started on testosterone a little over two years ago right before I started grad school.I feel I am in kind of a weird in between area where I have a disability that impacts my life but I don't consider myself to be disabled. I …identify as a person that has paralysis. Obviously I am not a paraplegic or anything like that. I do say I have a spinal cord injury, mainly the way with the ongoing chronic health problems that I have I have to see a doctor and lot of cost goes into maintaining my care.</td>
</tr>
<tr>
<td>Jessie</td>
<td>When I was 10, I told my mother that I was gay. And she told me that I probably wasn't, that I just admired women. Or admired women that I thought I had a crush on, um and that was the first time I ever spoke to anyone about it. And then I didn’t really think too much on it. I just had feelings for women but I also had feelings for men, so it was easy to kind of not identify as anything other than straight, because if you were having feelings for men then obviously you must be straight. Your feelings for women must be something else.</td>
</tr>
</tbody>
</table>