

The Pennsylvania State University

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**“I’M NOT BROKEN” : DISABLED STUDENTS’ PERCEPTIONS OF
REPRESENTATION IN COUNSELING PROGRAMS**

A Dissertation in
Counselor Education

by

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Abstract

The purpose of this study was to deepen the counseling profession's understanding of disabled students' lived experience. The counseling field is dedicated to social justice, and part of that work includes advocating for disabled students. Although research has demonstrated the prevalence of ableism in higher education (Dolmage, 2017; Hartley & Saia, 2022; Olkin et al., 2019; Saia et al., 2023), there has been little recognition of ableism in counseling programs more or less the field of counseling as a whole (Hartley & Saia, 2022; Olkin et al., 2019). By listening to the narratives of disabled counselors-in-training, steps to work toward increasing accessibility and inclusivity of counseling programs can be identified and acted on.

This qualitative study used critical narrative inquiry to better understand the larger phenomena of navigating counseling programs as disabled students. Seven students participated in a two-interview sequence, surrounding the research questions, 1) What impact have previous experiences in education and human service settings had on disabled students' identity development?, and 2) How do disabled students experience and reflect on representation within their counseling program? Fraser's (2004) line by line analysis was used to draw themes from participants' stories. Four identified themes emerged from the data: (not) fitting in a box, committing to ongoing learning, sweeping it under the carpet, and moving from hiding to celebrating. Based on participant narratives, suggestions are made for applying the findings to counselor education and developing future research that is inclusive to disabled students across identities.

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Dedication

i stand

on the sacrifices

of a million women before me

thinking

what can I do

to make this mountain taller

so the women after me

can see farther

legacy - rupi kaur

Chapter 1

Introduction

At my university, there is an inclusive program for adult learners with intellectual disabilities. This year, I supervised several master's-level counselors who provide mental health and career counseling to students in this program. We quickly realized the limitations of standardized intake forms that are lengthy and jargon-filled, the scarcity of tools for crisis assessment and safety planning for clients with intellectual disabilities, and the lack of research on adapting theoretical orientations to meet the needs of disabled clients. A void of disability-related resources is not unique to our program, but rather a field-wide product of inaccurate expectations surrounding disability and mental health that stem from broader social norms related to disability. That being said, there is a dire need to increase resources for clients, counselors, and supervisors who work with people with disabilities. I believe that these supports can best come from understanding the experiences of disabled counselors and disabled counselor educators, which is why it is essential that counseling programs are accessible to disabled students to begin with.

Erasure of the disability experience in counseling praxis and preparation is not surprising; disabled people have faced a long history of exclusion and discrimination. The pervasive history of harmful and inhumane practices such as institutionalization and eugenics have led disabled activists to resist through ongoing advocacy efforts. During the Disability Rights Movement, which was heavily influenced by the Civil Rights Movement, the term *ableism* was constructed to define oppression toward disabled people stemming from biases toward able-bodiedness and able-mindedness based on societal conceptions of valuability (Bogart & Dunn, 2019; Erkulwater, 2018; Lewis, 2022; Nario-Redmond, 2020; Schalk, 2017). This term provided language to

discuss the experiences of disabled people for generations. Although this movement led to progress towards understanding the disabled experience and expanding disability rights, it continues to not credit or be inclusive of the experiences of disabled people of Color (Erkulwater, 2018). Intersectional frameworks allow for greater understanding about why disability advocacy focuses on white voices; it is not because white people are more likely to experience disability, but because advocacy spaces give privilege to the white disability experience (Erkulwater, 2018). The main focus of the Disability Rights Movement in the United States was on receiving basic civil rights including access to public services such as educational settings, the right to work, and physical access to buildings to name a few. As a result of the relentless work of disabled advocates, including those who were under-credited due to racism (Annamma et al., 2018; Schalk, 2017), laws were made to work toward addressing issues of access. Though these laws are not perfect and continue to be insufficient, it is time that we turn to more implicit forms of ableism and oppression still present in these spaces.

In counseling, disabled folks across identities are still pushing for greater representation. Though the counseling field emphasizes equity and social justice, there has been little overlap on addressing ableism, racism, and other forms of oppression through an intersectional lens. Issues of which are perpetuated by helping professionals. Instead, we look to others when talking about these issues as a form of cognitive dissonance. We emphasize observations of when others perpetuate ableism but fail to self-examine our own biases surrounding disability. The impact of unrecognized ableism by higher educators includes the ongoing production of ableist research (Saia et al., 2023), ableist pedagogical practices (Dolmage, 2017), ableist counseling organizations (Hartley & Saia, 2022), and harmful clinical practice (Olkin et al., 2019). There is little research on incorporating disability education into counseling programs, other than in

clinical rehabilitation counseling (Feather & Carlson, 2018; Pierce, 2024). Only about 21% of counselors-in-training across specialty areas (e.g., school, clinical mental health, addictions) take a disability course, even though exposure to disability education is correlated with use of disability pedagogy (Feather & Carlson, 2018; Milsom & Akos, 2003). Moreover, questions are raised about what information is provided when disability education is incorporated and who the information comes from. Are we including perspectives of disabled people in our coursework? Or, are assumptions being made about what disabled people need? When information is included about disability, is it interpreted as a deficit or a strength?

Lack of disability representation is not unique to counselor education and in fact is seen across higher education and in the fields from which counseling derives. Within disability studies, a discipline that focuses on how disability is constructed and understood, the current popular discourse continues to center on the experience of white disabled people (Annamma et al., 2018; Dolmage, 2017; Stapleton & James, 2020). We do not regularly model how to address the complexities of oppressive systems like ableism and racism in higher education; if limitations regarding ability or race are mentioned at all, it is often named with little to no action to follow it up (Dolmage, 2017; Stapleton & James, 2020). Instead of replicating these discourses that exist across higher education, counselor educators have the opportunity to emphasize the value of people with disabilities across identities by increasing representation, a crucial step toward moving away from a whitecentric understanding of disability (Annamma et al., 2018; Öksüz & Brubaker, 2020; Stapleton & James, 2020).

The concept of *intersectionality* has started to bridge the gap between anti-ableism and anti-racism with advocacy against other forms of oppression, thanks to the ongoing work of critical scholars (see, e.g., hooks, 1981, 1990, 1994; Collins, 1986; Crenshaw, 1989). Research

about intersectionality led to the development of theories that provide a framework for understanding how minoritized identities intersect with disability, such as feminist disability studies theory (Garland-Thompson, 1997, 2005; Wendell, 1997), disability critical race theory (Annamma et al., 2013), and crip theory (Schalk, 2017) which conceptualize identities as interactive rather than additive. Lewis (2022) describes ableism from an intersectional standpoint as:

A system of assigning value to people's bodies and minds based on societally constructed ideas of normalcy, productivity, desirability, intelligence, excellence, and fitness. These constructed ideas are deeply rooted in eugenics, anti-Blackness, misogyny, colonialism, imperialism, and capitalism. (para. 4)

Through an intersectional framework, the complexity of the disabled experience across identities can be better understood and more represented by actively opposing oppressive rhetoric prominent in academic circles.

Statement of the Problem

Within the research that does exist on accessibility, accommodations, and disability, the experiences of students who are most knowledgeable about disability are often not included in counseling literature: disabled students. Moreover, in general, counselors' understanding of disability is limited (Milsom & Akos, 2003; Rivas & Hill, 2017; Smart & Smart, 2006) and neglects the complexities of the disabled experience across other identities. Though there has been a push from the disability community to include people with disabilities in decision-making, to my knowledge only two studies exploring disability education in counseling programs included demographic data on whether the participants themselves have disabilities (see, e.g., Rivas & Hill, 2018; Weatherford, 2019). Without data on whether participants have

disabilities, conclusions cannot be adequately drawn about the experiences of disabled students, highlighting the need to amplify the experiences of disabled counselors-in-training in order to better serve disabled and non-disabled counseling students alike.

Purpose of the Study

The core purpose of this study is to deepen our understanding of disabled students' lived experiences within their social and cultural contexts to work toward increasing accessibility and inclusivity of counseling programs for disabled counselors-in-training. Potentially impactful byproducts of expanding disability awareness is better preparing disabled and able-bodied students for working with disabled clients, and increasing conversations about how disability intersects and interacts with other privileged and minoritized identities. Qualitative research is the most appropriate avenue for this study because the aspiration of qualitative research is to gain an in-depth understanding of a particular phenomenon (Creswell, 2014; Hays & Singh, 2012; Prosek & Gibson, 2021). Narrative inquiry adds to the study by illuminating how participants construct their stories as a method for understanding how participants are situated socially (Pitre et al., 2013; Riessman, 2008). Using narrative inquiry rooted in a feminist disability framework allows for participants to create meaning of their experiences by storytelling while considering their cultural identities (Fraser, 2004). When applied to the classroom, this approach breaks down dichotomies of abled and disabled, and good student and bad student (Fulcher, 1999).

More specifically the goals of this study are to a) increase understanding of disabled counselor trainees' experiences in counseling programs in the context of their identities and lived experiences, b) differentiate facilitators and barriers present in counseling programs, and c) provide recommendations for counselor education faculty and programs to be more inclusive of

disabled students' experiences. In completing this study, disabled counselors-in-training will have their own perspectives represented in counseling pedagogical literature for the first time.

Research Questions

This considered, my dissertation is guided by two main research questions, the first being:

- 1) What impact have previous experiences in education and human service settings had on disabled students' identity development?

The goal of this question was to elicit stories of oppressive and supportive experiences that have influenced disabled students' personal and professional identities. These questions were approached with the understanding that an experience may be positive and negative, and influence personal and professional identity simultaneously. While the identity of disability is highlighted in this study, discussions of other identities were also encouraged in the interview protocol (e.g., Can you tell me about your social identities?; As a [disabled lesbian], what impact have these experiences in education and human service settings had on your identity development?). Participants talked about not being able to separate their disability identity from other identities, which added depth to their narratives and spoke to intersectional experiences of disability. Further, an intersectional lens for this question allowed for discussion of complex power relations in regard to both specific interactions and broader scopes of power (Collins & Bilge, 2016). Feminist disability theory is not about simply adding disability to conversations of gender or gender to conversations of disability, but rather understanding the interactions of power and bodies to consider the impact of all identities and advocate against all forms of oppression, challenging us to, "consider how race, class, sexuality, religion, nationality, and so on, can intersect with the disability experience," (Knoll, 2009, p. 122). In line with feminist

disability theory, this question emphasized the multidirectional relationship between humans and their social context, while also remaining open for students to share their authentic narratives. Evidence of ableism occurring in education and human service settings is not new (Bogart & Dunn, 2019; Dolmage, 2017; Lewis, 2022; Longmore, 1995), but understanding both meaningful and harmful experiences in these settings from disabled people themselves may help us better situate their current experiences given the context of their past.

The second research question is:

- 2) How do disabled students experience and reflect on representation within their counseling program?

This question aimed to identify stories in which students felt seen and valued and/or stories where they felt excluded and ignored within their current program. The term *representation* can encapsulate the portrayal and/or inclusion of disability and other minoritized identities; a process which can contribute to meaning-making for those involved. In relation to academia, representation may be taken more literally such as including folks with disabilities within the student body and faculty, as well as conceptually through what content is delivered, how content is delivered, and for whom. Feminist disability theory would also acknowledge that representation is not a neutral process, “practices of representation are directly tied to the production of knowledge and power and are thus ethical and political,” (Hinterberger, 2007, p. 74). This question gave opportunity for disabled voices to be added to conversations that currently only hypothesize about what is and is not working for disabled students within counselor education, and to do so through a lens that emphasizes the assets disabled students bring.

Significance of the Study

The aim of this study was to increase understanding of the experiences of navigating counseling programs for disabled counseling trainees. Programmatic and pedagogical choices that are made without an in-depth understanding of disabled students' experiences may lead to further ableism and addressing problems that are not pertinent for students. Disability education is associated with the use of disability pedagogy (Feather & Carlson, 2018; Milsom & Akos, 2003) so it is imperative to understand where counselors and educators in the field currently are with their application of disability knowledge to better develop pedagogical practices that address the reported needs of disabled students. Gathering input from students who are most directly impacted by ableism and the programmatic structure of counselor education, could positively influence the standards of counselor and rehabilitation education by illuminating opportunities for growth within programs. The results of this study will give rise to potential recommendations for counselor education faculty and programs for adjusting their approaches to be more inclusive of disabled students' experiences based on the experiences of disabled students themselves.

This study comes at a critical time for addressing the needs of disabled counselors-in-training following the COVID-19 pandemic. The process of providing accommodations shifted dramatically with the onset of COVID-19, with stakeholders in counselor education being forced to adjust how they teach, and students learn. This shift brought awareness to the need for accessible education, taking some onus off students with disabilities to advocate for themselves. At the same time, students had to relive the accommodations process, advocating for new accommodations, such as transcriptions for Zoom classes or options to have their video turned off. The National Council on Disability (2021) reported that disabled students

have been disproportionately impacted by COVID-19 and are experiencing a depletion of a variety of resources as a result of ableism. These negative impacts are in addition to other barriers and context surrounding COVID-19 in the United States including disproportionate access to healthcare, negative psychosocial living and working conditions, and higher rates of death due to COVID-19 among African-Americans, Black Americans, Native Americans, and Latinx Americans (Ruprecht et al., 2021; Sholas, 2020; Tai et al., 2021). The connection between COVID-19 and seeking accommodations in higher education is particularly pressing because students may not currently have the stamina to self-advocate due to the energy it has taken to navigate a pandemic as a disabled person, as well as wait through the lengthy process of receiving accommodations. There is an anticipated increase in students with disabilities who experience long-term effects due to COVID-19 (Bedrossian, 2020), demonstrating that this challenge needs to be addressed in a timely manner.

Similarly, the 2024 Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards were expected to incorporate significant guidance on disability education in counseling programs. This expectation had been set as early as the 2016 CACREP Vital Statistics stating:

Because CACREP's eight core areas represent the foundational knowledge required of all entry-level counselor education graduates regardless of specialization, this particular requirement within the Merger Plan acknowledged the need for disability concepts to be included in the training of all counselors. (CACREP, 2017, p. 11)

However, outside of the guidance for rehabilitation counselors whose population of interest is clients with disabilities and chronic illness, disability is only explicitly mentioned when discussing the requirements for providing information about accommodations (N.8.; O.7.) and in

course requirements for lifespan development to cover psychosocial adjustment models (CACREP, 2024). In discussions with the Standards Revision Committee (SRC), developed with the CACREP and Council on Rehabilitation Education (CORE) merge, the SRC reported that disability should be infused into all coursework, leaving the responsibility on faculty to ensure that this standard is being met, who may not have received their own training in disability (CACREP, 2020).

Potential implications of this study go beyond that of counselor education. Disability representation is an issue across fields in higher education. By specifically focusing on experiences of those with disabilities, a precedent will be set for future researchers to listen to those who are most impacted by ableism, disability pedagogy, disability legislation, and so forth. Participants offered strong recommendations for increasing accessibility of programs, which can be applied to programs across higher education. With greater awareness and accommodations for disabilities in general, the diversity of disabled students across identities in academia can be increased. Additionally, students without disabilities can gain a greater appreciation for disability identity, disability culture, and what it means to be disabled in academia.

Definition of Terms

Ability privilege: the idea that able-bodiedness and able-mindedness are considered normative, contributing to stigmatization of disability (Hartley et al., 2024; Lewis, 2022; Pierce, 2024).

Ableism: oppression toward disabled people stemming from biases toward able-bodiedness and able-mindedness based on societal conceptions of valuability (Bogart & Dunn, 2019; Erkulwater, 2018; Lewis, 2022; Nario-Redmond, 2020; Schalk, 2017).

Accommodations: environmental and physical adjustments made to increase access to facilities and materials; can be informal, provided without documentation, or formal, provided with documentation (Lund et al., 2014).

Counselors-in-training: students enrolled in master's level counseling programs.

Disability: a condition that significantly impacts one or more areas of life or daily functioning; a cultural identity and community based on a set of norms uniquely experienced by disabled people (Bogart & Dunn, 2019).

Disabled student: a student who self-identifies as having a disability, regardless of medical or documented diagnosis (Bogart & Dunn, 2019). Identity-first language is used in this study as research has demonstrated support from disabled students for use of this language in reclaiming their identity as disabled (Bogart & Dunn, 2019; Fleisher & Zames, 2001). In the American Psychological Association's (APA's) most recent language guidelines, person-first and identity-first language have both been approved (2021).

Intersectionality: a theoretical and analytic tool for understanding the interrelatedness of multiple forms of inequality and power, and how these impact the human experience (Collins & Bilgre, 2016; Crenshaw, 1989; National Association of Independent Schools, 2018).

Minoritized: the state in which people with certain identities are actively placed by oppressive systems and contexts (Casado Pérez et al., 2021).

Non-apparent disability: disabilities that are not often observable by others. The term invisible disability may also be used.

Representation: the literal and conceptual inclusion of a group of people.

Chapter 2

Disability Representation & Ableism in Counselor Education

The purpose of this literature review is to provide empirical and conceptual context surrounding the current state of disability education in counselor education, starting with historical influences and moving toward future recommendations from existing literature. The review begins with establishing a common language from which to discuss disability. Understanding disability as both a label and a culture is crucial for having more critical discussions about manifestations of ableism, as it teaches about disability through the lens of disability justice rather than ability privilege. One of the ways ableism is evidenced is through representation: whose voices are amplified and whose voices are silenced. For the most part, counselors intend to be helpful. Ableism, however, does not go away with good intentions alone. My study was framed around the evidence that ableism exists in counselor education (Hartley et al., 2024; Pierce, 2024), and therefore assessing the factors that contribute to student experiences of ableism (lack of disability education and awareness, exclusive administrative practices, and exclusive pedagogical approaches) was necessary for situating the current study. Finally, the review ends with a summary of how I personally conceptualized and applied feminist disability theory to help frame my perspectives throughout the study.

Defining Disability & Ableism

An ongoing area of debate within disability studies is the definition of disability itself. Though there are many more, two of the most frequently used models of disability are often referenced to help conceptualize various definitions: the medical model of disability and the social model of disability. The medical model of disability focuses on disability as a condition that can be fixed (Smart & Smart, 2006; Tucker, 2007). The social model conceptualizes

disability as a social construct; without societal barriers and stigma, disability would not exist (Andrews & Forber-Pratt, 2022; Lutz & Bowers, 2005; Smart & Smart, 2006; Tucker, 2007). For the purposes of this study and its alignment with feminist disability theory, I used the social model of disability in my writing and understanding of participants' experiences to emphasize participant strengths and focus on not what they can change but what others can change (Rembis, 2010).

For some, disability is an identity and culture. Disability culture is defined as pride in the identity of being disabled, demonstrated through shared experiences of oppression, language, and norms (Andrews & Forber-Pratt, 2022; Pierce, 2024). One particular characteristic that sets disability apart from other identities is the possibility of joining the disabled community at any point in life (Andrews & Forber-Pratt, 2022). Values within disability culture include independence, community-building, empowerment, and resilience (Andrews & Forber-Pratt, 2022; Brown, 2002; Pierce, 2024; Tucker, 2017). There are also many subcommunities of disability that may connect to each other's experiences even more closely, such as autistic persons.¹

Part of the concept of disability as a culture is reclaiming the disabled identity through intentional terminology. Person-first language and identity-first language are two ways of talking about disability identity. Person-first language is used for the purpose of encouraging non-disabled people to recognize the person before their disability (e.g., person with a disability). Identity-first language puts the identity first (e.g., disabled person). There has been a push from the disabled community in recent years to reclaim their identity; using the word disabled has been encouraged to increase non-disabled people's comfort in using the word disabled through

¹ Reflected in this sentence is the use of identity-first language, a choice based on research that demonstrates the majority preference of people who are part of this subcommunity (see, e.g., Taboas et al., 2023).

movements such as the social media movement, #SayTheWord (Andrews et al., 2019). Likewise, ways of talking about disabilities that are observable by others (e.g., apparent disabilities, visible disabilities) compared to those not observable by others (e.g., non-apparent disabilities, invisible disabilities) vary from person to person. It is important to acknowledge that disability-related language is quickly evolving (Andrews & Forber-Pratt, 2022), so the information presented here only covers what research has demonstrated to-date and that each person will have different preferences for how they talk about their identities.

Disability is only one aspect of a complex and interlocking system of oppression that influences the quality of education and mental health services students receive all through their educational careers. As previously stated, ableism is the enactment of oppression toward disabled people stemming from biases toward able-bodiedness and able-mindedness based on societal conceptions of valuability (Bogart & Dunn, 2019; Erkulwater, 2018; Lewis, 2022; Nario-Redmond, 2020; Schalk, 2017). Disability is the largest minority group in the U.S. (Andrews & Forber-Pratt, 2022) and ableism impacts disabled people on countless levels including interpersonally, intrapersonally, institutionally, academically, and professionally. For example, disabled people are five times more likely to experience poverty, and yet the impact of poverty on varying disability experiences is not regularly discussed in feminist nor disability circles (Erkulwater, 2018; Kendall, 2020; McDonald et al., 2015; McGarity et al., 2020). Further, disabled people of lower socioeconomic status are more likely to live in underperforming school districts and not be provided the proper tools and education to be deemed successful in society or in higher education. Understanding these intersecting structures of oppression is necessary for recognizing the breadth of disability experiences and making choices that benefit students with multiple marginalized identities.

Historical Context: Disability Laws and Policies in the United States

In the 1800s through the 1960s, institutionalization was standard housing for disabled people; treatment in these facilities was segregated, abusive, and dehumanizing (Erkulwater, 2018). Disabled people were used as test subjects and their ability to lead otherwise happy lives was taken from them (Muster, 2017). Some argued that putting disabled people in institutions was for their benefit, which Muster (2017) attributes as part of ethnocentrism, the belief that a certain identity is superior; in this case, being able-bodied. Around the same time, several states enacted ugly laws which made it illegal for people who were “in any way deformed” to be out in public, which impacted disabled people as well as people of low socioeconomic status (Shweik & Wilson, 2015). Legislation reflects societal values such as what kind of bodies are accepted, reinforcing ableist stereotypes.

The eugenics movement took place somewhat synchronously from the late 1860s through the 1950s as an additional method to eliminate disability from the population and deprive disabled people of choice over their bodies. Eugenics is the practice of selective breeding to decrease the possibility of producing “unfit” humans and characteristics, through processes such as forced sterilization (Muster, 2017; Rembis, 2018). While claiming that disability could be found among anyone, people with multiple minoritized identities were targeted at a greater rate (Rembis, 2018). The eugenics movement was promoted by many major research universities who, through their research, found differences between races increasing the target of Black folks and People of Color (Turiel, 2021). Recently, researchers have argued that eugenics has not ceased to exist, but rather that there is a distinction between the old eugenics movement and the new eugenics movement (Fox & Marini, 2024; Rembis, 2018; Turiel, 2021). Much of this concern began in the late 1900s with questioning how genetic engineering could create another

surge of modern-day eugenics (Fox & Marini, 2024; Rembis, 2018) and into the 2020s with increases in immigration laws (Turiel, 2021).

In the 1970s, the Disability Rights Movement increased momentum towards greater recognition of the rights of disabled people. Among this movement, the phrase, “Nothing about us without us,” was spread by disabled advocates to encourage decisions about disabled people to be made with disabled people (Charlton, 1998, para 1). Thus began the push to shift from the medical model of disability to the social model of disability, with the idea that it is the environment that is limiting independence of disabled people (Tucker, 2007). Moving toward the social model of disability influenced language and living conditions. During this time, person-first language was encouraged to emphasize acknowledging the whole person rather than only their disability, and independent living was promoted to support people with disabilities in regaining control over their own lives (Tucker, 2017). Although, despite common goals of equity and experiences of oppression, the Disability Rights Movement was not inclusive of disabled Black, Indigenous, and People of Color (Erkulwater, 2018). In fact, developments that came out of the Disability Rights Movement such as the creation of special education actually helped racist agendas (Annamma et al., 2018; Ferri and Connor, 2005). Disabled activists of Color brought this to the public’s attention at the time and continue to call attention to how white supremacy infiltrates disability advocacy spaces today (Annamma et al., 2018; Erkulwater, 2018; Schalk & Kim, 2020).

Because of the progress made by advocates and allies in the Disability Rights Movement, several important pieces of legislation were implemented, many of which continue to be the basis of disability law today. First, was Section 504 of the Rehabilitation Act of 1973, which expanded civil rights to disabled people by prohibiting discrimination on the basis of disability.

In the process of fighting for this act to be enacted, disabled people around the country protested. One protest, the Section 504 sit-in, was designed specifically to draw connections to protests in the Civil Rights Movement (Keefe & Ghosh, 2017); disabled people occupied federal buildings and protested across the country, advocating for proper enforcement over Section 504. The main challenge with the Rehabilitation Act of 1973 is its subjectivity, leading to ongoing difficulties in defining disability (Keefe & Ghosh, 2017).

The Individuals with Disabilities Education Act (IDEA) was another significant piece of legislation passed in 1975, originally titled the Education for All Handicapped Children Act. It has been modified several times to better address the needs of disabled people, however the goal has remained the same: provide free and appropriate education for disabled students in the least restrictive environment (Keefe & Ghosh, 2017). Through this act, federal funding is provided to schools to set specific institutional regulations intended to support disabled students in attending school (Keefe & Ghosh, 2017). However, the IDEA has also been shown to give rise to racial biases with overrepresentation of Black students and disabled students of Color in special education classrooms, advantages given to people with greater social and economic power, and reliance on parents and guardians to enforce the IDEA further burdening parents and guardians of Black students and disabled students of Color (Davis, 2021).

Finally, the Americans with Disabilities Act (ADA) was created in 1990 which supported moving away from values remaining from eugenics. The ADA declared that disabled people are capable of having control over their own lives, which was a significant change from previously held societal values (Tucker, 2007). Although, the ADA continues to have issues in application today (Fleming et al., 2024; Tucker, 2007). Even in initial discussions about applying the ADA, “racially coded language” was used (Erkulwater, 2018, p. 365) and there was no way of

enforcing that ADA regulations were being followed (Fleming et al., 2024). While the ADA did make progress toward increasing access, it arguably did little for addressing the historical and ongoing impacts of ableism and other forms of oppression on disabled people.

Intersectionality sheds light on how many of the challenges related to legislation impact students' experiences in the educational system. Paralleling racial segregation, disabled people were, and continue to be, confined to separate schools or classrooms even after deinstitutionalization (Annamma et al., 2018). The enactment of the above laws did lead to increased accommodations and considerations for disabled students. However, there is a misconception that accessibility has ceased to be an issue because of the development of these laws (Fleming et al., 2024). Moreover, disability advocacy continues to center on straight, cisgender, white students, neglecting to incorporate intersections of identities in the understanding of disability (Goethals et al., 2015).

When disability advocacy centers around a privileged group of people, treatments are created with only that group in mind. For instance, significant racial disparities in diagnosing Attention-Deficit/Hyperactivity Disorder (ADHD) have been suggested, with several studies demonstrating that white children are more likely to be diagnosed with ADHD and are more likely to receive treatment for ADHD than Black or Hispanic children (Shi et al., 2021), even when Black children report more symptoms of ADHD (Coker et al., 2016). Researchers have not been able to identify what causes these discrepancies, though the findings suggest racism is a factor in accessing diagnosis and treatment (Trent et al., 2019). When key factors such as race are included in the discussion of disability, we gain a broader understanding of the disability experience that is more reflective of the diversity within the community. As an example, researchers have identified both an overrepresentation and underrepresentation of minoritized

students in special education depending on several factors (e.g., geographic location, diagnoses, cultural identities) and then an underrepresentation in college (Annamma, 2013; Annamma et al., 2018; Reid & Knight, 2006; Townsend, 2000). Whether over- or underrepresented, diagnosis continues to be a form of racial marginalization (Annamma, 2013). When racism, classism, sexism, and ableism are considered as intertwined concepts, we are better prepared to increase the quality and applicability of research and educational research that dismantles the understanding of disability as an inadvertent race or class marker (Annamma et al., 2018; Reid & Knight, 2006).

Disability & Ableism in Counseling

Counselors are consistently underprepared for working with disabled clients (Milsom & Akos, 2003; Rivas & Hill, 2018; Smart & Smart, 2006). This includes evidence of microaggressions enacted on clients (Aydemir-Döke, 2024; Davis et al., 2016; Miles et al., 2021; Morris et al., 2020; Olkin et al., 2019; Sue, 2010). At the same time, studies on how to educate counselors about disability are difficult to find. When studies on disability education within counselor education are conducted, they are often based on self-report of counseling professionals' perceived competence (see, e.g., Strike et al., 2004), rather than analysis of subject experts or disabled people, a choice which stems from implicit forms of ableism (Hartley & Saia, 2022). Only surveying people on their own perceptions of disability competence across counselors-in-training, professional counselors, and counselor educators makes research results vulnerable to distorted objectivity and could, potentially, minimize the actual impact of ableist beliefs on students and clients.

Within counselor education specifically, the experiences of disabled students are often not included in the literature. Though the disability community continues to advocate for the

inclusion of people with disabilities in decision-making, as previously mentioned, to my knowledge only two studies exploring disability education in counseling programs included whether participants have disabilities (see, e.g., Rivas & Hill, 2018; Weatherford, 2019). Incorporation of whether participants have disabilities is necessary for conclusions to be made about the experiences of disabled students in the classroom within research; because this has not been thoroughly done, the experiences of disabled counselor trainees are needed to learn how to best prepare counselors, both those with disabilities and those without.

The research that is present often comes from the rehabilitation specialty (Feather & Carlson, 2018; Hennessey & Koch, 2007; Milsom & Akos, 2003), despite the fact that all counselors are likely to work with disabled clients. Folks with disabilities have reported higher rates of mental distress than people without disabilities (McMillan & Jarvis, 2013). Within disability populations, about 33% of disabled people experience mental distress (Cree et al., 2020), the core population for counselors. However, only about 21% of counselor trainees across tracks take a disability course (Feather & Carlson, 2018). When research about disabilities is included in counselor education, it is often conceptual in nature (see, e.g., Hennessey & Koch, 2007; Oswald et al., 2018) or unclear whether the participants themselves identify as disabled or if they simply have experience in working with disabled clients or students (see, e.g., Feather & Carlson, 2018; Strike et al., 2004). It is important to note that this does not imply that rehabilitation counselors are exempt from being ableist; in fact, recent research supports that rehabilitation counselors do continue to enact ableist attitudes and actions despite their specialized training (Feldner et al., 2022; Hartley & Saia, 2022).

Statistics on student and faculty rates of disability in counselor education are also incredibly limited. Percentages of students with disabilities in Council for Accreditation of

Counseling and Related Educational Programs (CACREP) programs have not been widely shared since the 2014 CACREP Annual Report, where 4.17% of counseling students in CACREP programs reported having a disability and no statistics were reported on faculty rates of disability (CACREP, 2015). National statistics demonstrate that the percentage of disabled students in graduate programs across disciplines is roughly 12%, while the percentage of non-disabled students is about 88% (National Center for Education Statistics, 2018). Given this 7.73% difference in rates between disabled counseling students in CACREP programs and disabled students across graduate programs implies that disabled students may not be adequately represented in counseling programs, more or less in graduate programs across disciplines.

Due to the limited range of disability literature in counselor education, it is important to acknowledge that much of the current research on the topic comes from the field of psychology, from which counseling originates. Similar statistical gaps for practitioners with disabilities and disability education in general have been noted in psychology (Bogart & Dunn, 2019; Collier, 2015). Research on psychology trainees' experiences includes one article in which the author conducts reflexive practice on her own experience as a disabled psychology trainee, noting experiences of harmful comments from peers, deciding whether to disclose her disability, and receiving training on how to broach her identity with her clients (Ingham, 2018). Another study analyzed advice from disabled psychologists to disabled psychology trainees (Lund et al., 2016). In this second study, the themes included advocacy, support, and encouragement, among many others, though were collected through a survey, limiting the use of helpful follow-up questions (Lund et al., 2016). These two studies are the only articles I could locate within psychology at the time this is written, that focus on the perspectives of disabled psychology trainees, both of which have gaps that begin to be addressed with the current study.

With this context in mind, academic ableism can be situated in the conversation. *Academic ableism* is about how the values and norms in academia, including those at institutional and social levels, impact conceptions of disability and therefore students, faculty, and employees with disabilities (Dolmage, 2017). Counselor education cannot be removed from the institution through which it is housed nor the biased scientific origins from which it comes (see, e.g., Guthrie, 1976). Knowing that counselor education is ableist requires a depth of self-reflection that we cannot be excused from:

Coming to terms with ableism in higher education means questioning, as well, our own privilege, the very system that rewards professors and administrators and placed us at the top of a set of steep stairs. So let's pay attention to how ableism occurs, and when, and to whom, and to what effect, and let's pay attention to how we might resist and refuse ableism, and what else ableism is connected to in history, in theory, in practice, and through teaching and research and service. Saying 'of course the university is ableist' does not defuse academic ableism. Instead, it often subtly excuses it, subconsciously submerges its roots and branches, and ends a conversation that needs to be just a beginning. (Dolmage, 2017, p. 39)

The current study was designed to draw attention to ableism in the academy that can serve as a starting point for ongoing activism against all forms of oppression, starting in the classrooms where we work.

Feminist, critical, anti-racist, and social justice based pedagogical approaches such as critical race theory and intersectionality (Crenshaw, 1989; Collins, 1986) have recent applications to counselor education and their usefulness continues to be supported despite difficulties in application within the academy which centers on the experiences of privileged

students (Chan et al., 2015; Williams et al., 2021). *Ability privilege*, is the idea that able-bodiedness and able-mindedness are considered normative, contributing to stigmatization of disabilities by being entrenched in, “eugenics, anti-Blackness, misogyny, colonialism, imperialism, and capitalism,” (Lewis, 2022, para. 4; Hartley et al., 2024; Pierce, 2024). It is critical moving forward to include ability privilege in conversations of privilege and power in counselor education to better align with our values of social justice. Research has demonstrated the importance of talking about ability privilege in rehabilitation education (Hartley et al., 2024; Hartley & Tarvydas, 2023), which can be extended to counselor education in general as we all work with disabled clients and students.

Research on pedagogical practices in general has also continued to increase over the past ten years in counselor education (Barrio Minton et al., 2018). Although, I have not identified any research in counseling on incorporating disability-specific pedagogical practices despite this existing in other fields. Feminist Disability Pedagogy², for example, is a theoretical approach to instruction that incorporates feminist pedagogical practices of social context and disability studies practices of Universal Design Instruction (UDI), such as accommodations or utilizing collectivist classroom design, to consider all identities and forms of oppression in the disability and classroom experiences (Ben-Moshe et al., 2005; Freire, 1997; hooks, 1994; Knoll, 2009; Nocella, 2008). As correlation between how educated an instructor is about disability and their incorporation of inclusive pedagogical approaches has been implied (Feather & Carlson, 2018), questions are raised about how or whether disability is taught in counselor education.

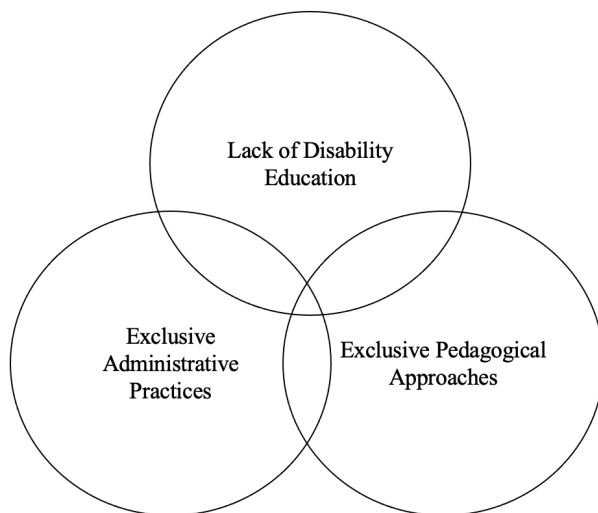
² Feminist Disability Pedagogy draws from elements of feminist pedagogy and Black Feminist Thought (Freire, 1997; hooks, 1994; Collins, 1986; Nocella, 2008).

Critical Review of Contextual Factors

The overarching issue is twofold: disabled counselor trainees have been reporting experiences of ableism in counseling programs (Davis et al., 2016; Hartley & Saia, 2022; Miles et al., 2021; Morris et al., 2020; Olkin et al., 2019) and continue to experience so despite this evidence. The question is, why and in what ways? Counseling and psychology research results imply several variables that may be contributing to this issue, which I have summarized into three categories: lack of disability education and awareness, exclusive administrative practices, and exclusive pedagogical approaches. The concept map below (see Figure 1) demonstrates my understanding of the relationships of these variables as based in the research presented, though does not imply causation. Nor are these the only variables that may uphold ableism in higher education.

Figure 1

Concept Map of Contributing Variables



Lack of Disability Education & Awareness

Awareness of our own biases as counselors, faculty, and students, is imperative for understanding disabled students' experiences, as we all work with disabled clients including

people with non-apparent disabilities such as mental illnesses. There is already a significant understanding of the importance of self-awareness as a critical skill set and ethical mandate for counselors (American Counseling Association [ACA], 2014), that is not regularly applied to the topic of disability (Hartley & Saia, 2022). Thinking about organizations such as CACREP that oversee counseling programs, the fact that these organizations do not include statistics of disabled students and disabled counselors with their statistics of other identities suggests a lack of importance or a lack of awareness of the presence of disability.

In conjunction with lack of understanding about disability is a, often implicit and/or explicit, deficit-based lens being incorporated in understanding disability (Hartley & Saia, 2022; Rivas & Hill, 2018). The medical model has contributed to the creation and perpetuation of an ableist, negative, and tragic view of disability that has been acknowledged for many decades (Hartley & Saia, 2022; Linton, 1998; Rivas & Hill, 2018). Counselors who did receive some education on disability in their multicultural course still report being confused about how this training is practically applied, and demonstrate deficit-based perspectives of disability (Rivas & Hill, 2018). Due to their training, rehabilitation counselors may have a greater understanding of the impact a deficit-based lens can have on clients, but not be aware that their own view may be deficit-based, which is critical in an ever-changing world and a field that prioritizes social justice (Hartley & Saia, 2022).

One way a deficit-based understanding of disability is commonly shown is through language. Even within the disability community, there are differing opinions on how to talk about disability. As previously stated, there has been a push from the disability community in recent years to reclaim their identity of disabled, which often comes with a preference for use of identity-first language (Hartley & Saia, 2022). This terminology encourages non-disabled people

to increase their comfort in using the word disabled through movements such as the social media movement, #SayTheWord (Andrews et al., 2019). The American Psychological Association (APA) for many years, only allowed person-first language in their academic publications; it was not until 2021 that both person- and identity-first language became acceptable in academic publications, showing how long it takes for our field to listen to disabled advocates.

The way counseling programs are currently structured, often do not allow many opportunities to expand disability education. There is both a lack of coursework and practical experience with disability, which have been shown to affect disability competence (Feather & Carlson, 2018; Milsom & Akos, 2003; Rivas & Hill, 2018). Focused content delivery, such as a disability course, is especially helpful when compared to programs that infuse disability content throughout their courses (Feather & Carlson, 2018; Milsom 2003). With this infusion approach, students noted that disability becomes the focus of some faculty more than others (Rivas & Hill, 2018). In some studies, overall disability knowledge has improved among counseling trainees, although only 21% of instructors report that their program requires a disability course (Feather & Carlson, 2018). Students are aware of the impact this type of disability education has during their program and have reported a lack of responsiveness from counseling programs regarding disability (Feather & Carlson, 2019; Smart & Smart, 2006). Once practicing in the field, graduates also observe greater gaps between them and their peers with more disability experience (Strike, 2004). Clients have also noticed the lack of disability training in mental health professionals, and sometimes expect to have negative experiences or inaccurate assumptions made about them in counseling (Smart & Smart, 2006).

Some advancements have been taken in recent years toward encouraging counselor awareness of disability. With development of the Multicultural and Social Justice Counseling

Competencies (MSJCCs), greater emphasis has been placed on how to encourage counselor self-awareness, perspective-taking, and advocacy (Ratts et al., 2015; Strike, 2001). The American Rehabilitation Counseling Association (ARCA) also developed a document of disability-related competencies (see, ARCA, 2018), though these are not as widely recognized or taught. If there is not a high enough level of awareness to think to incorporate disability in these conversations, then disabled people continue to be inadvertently left out. As previously stated, even rehabilitation counselors who have specific training in working with people with disabilities and therefore more awareness have not been willing to recognize their own ableism as a specialty (Friedman, 2023; Hartley & Saia, 2022), so this issue is more complex than only needing greater awareness and specialized education.

Exclusive Administrative Practices

Though there are some policies that are beyond the control of counseling programs, it is critical to still acknowledge the role policies play in disabled students' experiences of entering and navigating counseling programs, and the areas where programs may have more sway. The admissions process for one, is an area that counseling programs do have some control over. For example, requiring in-person interviews for graduate programs can be limiting for students who need to pay to travel. Furthermore, disabled students are more likely to live in poverty (Kendall, 2022; McDonald et al., 2015; McGarity et al., 2020) and experience barriers in travel (McKercher & Darcy, 2018). Even if buildings or campuses are deemed accessible, there may be limitations in accessing older buildings that do not have to be ADA compliant, or in travel-related accommodations that over emphasize homogeneity in accommodations and not tailor to each person's individual needs (McKercher & Darcy, 2018). While the intention of in-person interview is not necessarily to exclude students with disabilities, it may

disproportionately discourage them from applying. Of course, we cannot know whether disabled students are discouraged from applying without research on why disabled people who are interested in becoming counselors do not enter counseling programs, how disabled students navigate counseling programs once admitted, and how disabled students reflect on their experiences after graduation.

Another area where administrative practices can be limiting is through the accommodations process. The accommodations process was implemented for the purpose of justifying disability and documenting evidence that the accommodations are “within reason,” (ADA, 1990). In primary, middle, and high school, advocacy for accommodations is often supported by families, teachers, counselors, and other members of the Individualized Education Plan (IEP) team in addition to being entitled to accommodations required by law. For example, the IDEA requires that free and appropriate education be available to children with disabilities across the United States (U.S. Department of Education, n.d.). When students enter college, it becomes the student’s responsibility to advocate for their own accommodations, whether by informally communicating needs to a professor or formally filing with the university’s disability resource center (Lund et al., 2016). The formalized accommodations process can be beneficial for students to have official, documented support if they receive resistance from professors. Having a multi-step accommodations process can also assist students and professors through the use of a third-party, such as a disability resource center, to organize paperwork and ultimately make the decision for what accommodations students can receive. However, despite about 25% of undergraduate students and 12% of graduate students going through this process (National Center for Education Statistics, 2018), costs are exuberant and the process of receiving and attending appointments required to document disability can cost thousands of dollars and take

months to schedule (Axelrod, 2021; Krebs, 2019). Though people argue that having formal paperwork can be beneficial in supporting follow-through with providing accommodations as in line with disability legislation (Abes & Darkow, 2020), ultimately documentation of disability is a privilege more easily granted to disabled students with greater resources.

Requiring a formal diagnosis to receive accommodations in higher education settings also forces students to identify as disabled, regardless of whether they personally identify with this group. For instance, many Deaf students do not identify as disabled; however, to receive an interpreter they must go through the accommodations process, which typically requires documentation of a disability. Similarly, the formal accommodations process subjects students to disability stigma and raises the dilemma of whether to disclose their disability to their university and at what cost (Abes & Darkow, 2020; Bogart & Dunn, 2019; Ingham, 2018; Lund et al., 2016; Mamboleo et al., 2020). Many factors such as internalized stigma, the projection of negative societal types onto the self, may influence a student's decision to self-report their disability (Abes & Darkow, 2020; Andrews et al., 2019; Bogart & Dunn, 2019). Understanding the accommodations process and disability stigma is critical for understanding disabled counseling trainee's experiences because it acknowledges part of the institutional barriers they uniquely face as disabled students, which can help inform how we provide equitable training opportunities as faculty.

Exclusive Pedagogical Approaches

Pedagogical choices that are made without an in-depth understanding of disabled students' experiences may lead to further ableism. Disability education is associated with the use of disability pedagogy (Feather & Carlson, 2018; Milsom & Akos, 2003). Hence, it is imperative to understand where counselors and educators are currently at with their application of disability

knowledge in order to better develop pedagogical practices that address the reported needs of disabled students.

When discussing access to the classroom environment, the focus is typically on physical accessibility rather than social accessibility. Physical accessibility includes making indoor and outdoor environments usable by the greatest number of people. Social accessibility includes making community-building spaces welcoming to the greatest number of people. While both concepts are important, by leaving out social accessibility, we can avoid doing critical reflective work on our teaching practices (Hartley & Saia, 2022). Classroom cultures, which are facilitated by faculty, can be negative for students when disability is viewed as a burden (Abes & Darkow, 2020). Classroom ableism may show when the only time faculty discuss disability is in negotiating accommodations or through pitying disabled students, both of which also demonstrate “compulsory able-bodiedness” (Abes & Darkow, 2020, p. 228). Alternatively, classroom cultures can be positive for both students with and without disabilities, when having a disability is seen by faculty and peers as an asset, and disability is a topic and identity willing to be discussed (Hartley & Saia, 2022); this goes back to both faculty and students being educated on disability enough for disability to be infused in pedagogical practices and multicultural approaches (Rivas & Hill, 2018).

Unfortunately, faculty are typically not incorporating intentional disability education in their classrooms. In Rivas and Hill’s (2018) study, they found evidence that “substantiate[s] the ongoing assessment of the past 20 years that programs are not differentiating multicultural training and providing complex pedagogical approaches to prepare counselors to work with clients with disabilities,” highlighting the intricacy and overlap between education, use of pedagogy, and clinical preparedness (p. 126). Though researchers have called for innovative

pedagogical approaches to be designed to foster disability awareness (Smart & Smart, 2006), there are no studies that I am aware of that talk about disability-related pedagogy in counselor education outside of the clinical rehabilitation counseling track, and none that do so considering the perspectives of disabled students and/or faculty.

Potential Solutions Based on Previous Research

Across the aforementioned variables, several shared recommendations have been made by researchers as potential solutions. First, is creating classroom cultures in which disability is valued, which may include utilizing elements of UDI and inadvertently fostering inclusion for students with and without disabilities, thereby providing greater competence as counselors and counselor educators (Abes & Darkow, 2020; Feather & Carlson, 2019; Hartley & Saia, 2022; Hennessey & Koch, 2007; Lund et al., 2016, p. 211; Oswald et al., 2018). Second, is meeting students at their stage of disability-related identity development (Abes & Darkow, 2020). As I understand it, this recommendation would mean not forcing disability labels onto students and understanding that student needs may fluctuate. Third, is continued and ongoing reflection of faculty to fully attend to multicultural considerations (Ratts et al., 2015; Hartley & Saia, 2022). While reflection is certainly encouraged of counselors, there is little to no accountability for incorporating disability identities in these reflections, more or less reflecting on how disability interconnects with other minoritized identities.

My study supports several recommendations made by researchers and disabled students. By focusing on disabled voices, the social model, and disability as a culture, I aimed to facilitate a “disability-positive” research study (Lund et al., 2016, p. 211); this does not mean that everything participants shared was positive, but that all participant perspectives were viewed as an asset to the study. Counselor trainees in Rivas and Hill’s (2018) study, shared that they learned

the most about disability from disabled peers. While it is important that disability knowledge is not shared at the expense of disabled students' academic experience, it does speak to the value disabled students add to the classroom. My study builds upon previous research by offering additional potential solutions by listening to the perspectives of disabled counseling students.

Theoretical Framework for the Current Study

Feminist Disability Theory

There is no one definition of feminism. Similarly, there is no one definition or way to do feminist research. My own understanding of feminist research design is the critical application of feminist theory and methodologies to all aspects and steps of the research process, emphasizing two core actions: a) ongoing self- and other-reflexivity, and b) the acknowledgement and breaking down of power relations to disrupt traditionally academic ways of knowing (hooks, 1994; Ramazonoglu & Holland, 2002). The topics in the proposed study are feminist in nature, as using a lens of gender is inextricable to a critical understanding of disability; the societal implications of power uniquely impact people with disabilities across genders, sexes, and other salient identities (Annamma et al., 2018; Berne, 2015). Disability justice is a term created by a group of disabled queer women activists of color including Patty Berne, Mia Mingus, and Stacey Milbern in 2005 to strive for a more collective approach to disability advocacy that understands the impacts of able-bodied supremacy, white supremacy, capitalism and other oppressive and violent systems that intersect with the disability experience (Berne, 2015). In my perspective, disability justice is an inextricable aspect of disability theory and bolsters the aforementioned values of feminist theory by resisting further segregation by disability and feminist movements.

While equality and equity for everyone across genders and sexes sounds positive, there were and continue to be many problematic issues within feminism. In the United States' feminist

movement, disabled people across genders were left out of many conversations and decisions (Begum, 1992; Fine & Asch, 1985; Kafer & Kim, 2017). Furthermore, straight, cisgender, able-bodied, white feminists continue to receive credit for the successes of the feminist movement despite many disabled women, Black women, queer folks, and women of Color making significant contributions (Annamma et al., 2018; Begum, 1992; Bell, 2012; hooks, 1994; Kafer & Kim, 2017; Schalk, 2017) such as Anna Julia Cooper, Audre Lorde, Jazzie Collins, Johnnie Lacy, Joyce Ardele Jackson, and Judy Heumann to name a few. Though the U.S. feminist movement took place in the 1960s and 1970s, similar issues continue to manifest in feminism today in the ways the feminist movement is reflected on and how feminist methodologies are applied particularly by white researchers, begging questions such as what narratives were being widely shared and whose stories were really being represented at this time (Hesse-Biber, 2014; Annamma et al., 2018; Erkulwater, 2018; Kafer & Kim, 2017)?

Out of this questioning came the field of disability studies. Disability studies has some empirical overlap with feminism, but also has potential to ignore intersectional aspects of the disability experience when not used critically. Black activists such as bell hooks, Kimberlé Crenshaw, and Patricia Hill Collins continued to push for the recognition and complexity of the experiences of all women in the decades following the feminist movement. Since then, queer and trans theorists (McCann, 2016; Radi, 2019) have advocated for deconstructing gender binaries that limited the understanding of feminism. While some scholars categorize queer and trans theories under the overarching category of feminism, it is important to acknowledge that other scholars recognize this as harmful because of how it continues to tie queer and trans theories to binary-based histories (Radi, 2019). These theoretical standpoints serve as evidence of the

complexity of understanding the full human experience and advocating for marginalized groups of people without neglecting aspects of those people's experiences.

That being said, feminist disability theory is not about simply adding disability to conversations of gender or gender to conversations of disability, but rather understanding the interactions of power and bodies to consider the impact of all identities and advocate against all forms of oppression. When the field of disability studies came along, it fostered the space for feminist disability research to be more widely incorporated in academia (Garland-Thompson, 1997, 2005; Wendell, 1997). Feminist Disability Studies (Garland-Thompson, 1997, 2005; Wendell, 1997) was developed from elements of feminist theory (Freire, 1970) and Black Feminist Thought (hooks, 1981, 1990, 1994; Collins, 1986). Though research within disability studies continues to largely focus on the experiences of white Americans (Erkulwater, 2018), feminist disability theory attempts to consider how all identities interact with the experience of disability (Ben-Moshe et al., 2005; Freire, 1997; hooks, 1994; Knoll, 2009; Nocella, 2008), encouraging us, "not only to take into account the many and varied bodily, mental, and psychological differences, but also to consider how race, class, sexuality, religion, nationality, and so on, can intersect with the disability experience," (Knoll, 2009, p. 122).

Within research, taking a feminist disability theory approach means that, "all activities (also research) should include the participation of persons with disabilities in parallel with the slogan: 'Nothing about us without us,'" (Goethals, et al., 2015, p. 79). This theoretical foundation is what informs my selection of disabled participants instead of able-bodied students, and the incorporation of questions emphasizing identity and context. Feminist disability theory also parallels the tenets of the chosen methodology, narrative inquiry, while emphasizing the critical components of identity within storytelling; all participants' contributions will be

understood as valuable regardless of content and context and reflection on the researchers' own biases will be included (Pitre et al., 2013). Expanding feminist research to incorporate a disability perspective allows for a more inclusive and multicultural definition of feminism; within counseling, this means that the evidence-based practices that are produced with women and non-binary folks in mind can and should also include those with disabilities.

Intersectionality

I believe that feminist theories have the potential to do more harm than good if intersectionality is not considered. Crenshaw (1989) is a Black legal scholar and civil rights activist who coined the term intersectionality and, respectively, intersectional and critical race theories. Intersectionality is “a metaphor for understanding the ways that multiple forms of inequality of disadvantage sometimes compound themselves and they create obstacles that are often not understood in conventional ways of thinking about anti-racism or feminism,” (National Association of Independent Schools, 2018). Crenshaw’s (1989; 2016) work provided language for discussing the complexities of race and gender, raising awareness about issues of discrimination in legal cases and police brutality for Black women. Since then, the term intersectionality has been widely interpreted and used to digest the compounding of multiple oppressions across disciplines, identities, and circumstances. Through this study, I wanted to be intentional about not inappropriately applying concepts of intersectionality beyond Crenshaw’s intent of its use or without highlighting the experiences of Black women or Black folks with disabilities. At the same time, I saw value in understanding the intersections of identities, oppressions, and voices that intersectional feminism uniquely provides, regardless of the racial demographics of the sample.

Shortly after Crenshaw's work on intersectionality was published, bell hooks published *Teaching to Transgress* in which she illustrates the impact of utilizing engaged pedagogy, a holistic pedagogy that values care and community in the classroom in a more demanding way than other critical or feminist pedagogies (hooks, 1994). Due to the work of social activists, intersectionality was brought into academia; without the progress of social movements, intersectionality may not have emerged independently in academia (Collins & Bilge, 2016). While hooks is not often described as a disability scholar, her work has greatly impacted my own pedagogy, and many of the strategies she shared also support tenets of various disability theories. For instance, engaged pedagogy emphasizes well-being (hooks, 1994), an important concept across fields that fits in particularly well with counseling programs. In counseling, fear is understood as a primary emotion to more secondary emotions such as threat or helplessness, which may lead to behaviors like withdrawal or defensiveness. hooks explains how these feelings impact instructional choices, "The unwillingness to approach teaching from a standpoint that includes awareness of race, sex, and class is often rooted in the fear that classrooms will be uncontrollable, that emotions and passions will not be contained," (p. 39). The same goes for creating a classroom climate where disability can be discussed and welcomed. Feminist disability theory also encourages self-reflection, which would lead to the recognition that these feelings say more about the biases of the educator than the behavior of the students.

Disability scholars have applied concepts of intersectionality and engaged pedagogy to the development of critical disability theories. In addition to the aforementioned scholars, disability critical race theory (DisCrit; Annamma et al., 2013) was developed to draw attention to both racism and ableism and the discrete and pervasive "normalizing processes" that result (Annamma et al., 2018, p. 47). DisCrit added a focus on disabled people's lived experiences and

an understanding of ableism from a critical race theory view, and vice versa (Annamma et al., 2018). Crip theory (Schalk, 2017) has a similar ideology, focusing on how biases toward able-bodiedness perpetuates harm *with* and *through* all forms of oppression, rather than being separate from other forms of oppression. For example, in regard to disability activism, crip theory would acknowledge that something white disabled activists might have experienced as state *protection* could be what Black, Indigenous, and People of Color with disabilities experienced as state *violence* (Schalk, 2017). Disability theories within the critical realm foster research that is both curious and actionable (Collins & Bilge, 2016). Critical disability theories also allow greater understanding of students with multiple minoritized identities such as Students of Color with visible disabilities, who cannot hide their bodies and therefore cannot ignore the impact of power and bodies in the classroom. Furthermore, these theories encourage consideration of a multiplicity of identities rather than trying to focus on each identity as a separate entity, which resists harm inflicted by white feminism. In academia, there has been some pushback about overemphasizing identity within intersectionality at the cost of underemphasizing structural oppression and difference (Collins & Bilge, 2016); for this study, intersectionality is understood as a broader, critical praxis that encompasses individual and collective experiences across settings and circumstances.

Feminist Disability Theory & My Professional Identity

My study is informed by feminist disability theory in many ways, infused from conception to dissemination. For one example, this theoretical foundation influenced my selection of disabled participants, rather than disabled and non-disabled participants reporting on their experiences with disability and disability education, to attempt to avoid some of the harm that has come with not including disabled voices in research (Goethals et al., 2015). The

inclusion of questions specifically surrounding identity and context were also informed by feminist disability theory as looking at disability in isolation of other identities cannot provide the full picture of disabled students' experiences and reinforces systems of oppression (Annamma et al., 2018; Goethals et al., 2015; Erkulwater, 2018).

Whenever I state that I practice feminist theory, I hesitate for several reasons. One, for being misunderstood as focusing solely on the rights of women; while this is a small part of my work, I am more focused on dismantling the oppressive systems in which we live and work by amplifying voices that are not as emphasized in our cultural context, including the experiences of queer and trans folks who are arguably more impacted by various types of patriarchal violence. Two, for understanding the privileges that feminism grants me as a cisgender white woman, having been popularized by the whitewashing of the feminist movement despite much of the same standpoints being produced by Black women and women of Color with little to no acknowledgement (Annamma et al., 2018; hooks, 1994). Finally, I worry about not being taken seriously enough in the academy, which uses theory and abstraction to enforce hierarchies (hooks, 1994). Instead, I see feminist theory as a mode of empowerment for myself, participants, and consumers; using feminist theory despite these worries resists academic systems that create barriers and make the attainment of knowledge more elitist (hooks, 1994).

This framework challenged me to ask myself many critical questions in conducting my research, which were utilized as a practice of reflexivity throughout the study. For example, when establishing my initial idea, I found myself asking, how can I expect my participants to answer these questions without answering them myself? While I strive to show the humanness of myself as a researcher through my writing and how I approach interviews, much of this processing was also done through an ongoing research journal through self-reflection (Creswell

& Miller, 2000). In my professional life, disability advocacy influences my clinical, supervision, teaching, leadership, and research agendas. I work to promote disabled voices through these channels of academia, some of which will sound similar to my own story, and others drastically different. I continue to ask myself questions such as whose stories are being left out? How does the academy limit disabled folks' stories? What is my role in these systems of oppression? The answers to these questions evolve for me and will continue to do so through my work beyond this study. Though it is not the only way to approach conversations of this nature, feminist disability theory facilitated unique discussions around the impacts of power, bodies, and minds on disability justice in a way I have not yet seen in counselor education.

The absence of disabled students' stories in counselor education does not align with our collective values as counselors and advocates. After enduring decades of erasure through societal stigmas, laws, and educational and employment restrictions, it is time for us to reflect critically on our own roles in these systems. In what ways has counselor education implemented or even encouraged exclusive academic practices? What are we doing that is supportive of disabled students? Are these actions supportive of all disabled students or only privileged disabled students? While this study does not answer all these questions thoroughly, it does serve as a first step in understanding a broader disabled experience from voices that have been historically left out.

Chapter 3

This study used an oral narrative inquiry research design (Wertz et al., 2011; Sarbin, 1986). Narrative inquiry highlights the importance of language, context, and individual experiences to understand wider phenomena (Hays & Singh, 2012; Patton, 2014; Wertz et al., 2011), and was chosen for its alignment with the social and historical context also considered in the feminist disability studies framework (Garland-Thompson, 1997, 2005; Wendell, 1997). Narrative inquiry explains the storyteller's past, present, or future experiences, which can be helpful for gathering information not otherwise measurable (Prosek & Gibson, 2021). The disability community is not homogenous. Narrative inquiry allows for flexibility in interpreting the results based on participants' answers and stories, rather than on the participants' identities prior to the interviews being conducted (Hays & Singh, 2012).

The key constructs in this research study include disability, ableism, and minoritization. For the purposes of this study, disability is defined as a condition that significantly impacts one or more areas of life or daily functioning; a cultural identity and community based on a set of norms uniquely experienced by disabled people (Bogart & Dunn, 2019). This definition includes, but is not limited to, physical disabilities, intellectual and developmental disabilities, and severe and persistent mental illnesses. Minoritized is the state in which people with certain identities are actively placed by oppressive systems and contexts (Casado Pérez et al., 2021). One form of minoritization is ableism, the enactment of oppression toward disabled people stemming from biases toward able-bodiedness and able-mindedness based on societal conceptions of valuability (Bogart & Dunn, 2019; Erkulwater, 2018; Lewis, 2022; Nario-Redmond, 2020; Schalk, 2017). Ableism is a complicated construct that can be measured through microaggressions, self-report of attitudes towards disabled people, learned associations, varying definitions of disability, and

more (Dolmage, 2017; Friedman, 2019; Friedman & Owen, 2017). Ableism cannot be separated from other forms of oppression. In trying to better understand ableism, we must also understand the constructs of other oppressive systems from which ableism evolves.

The existence of ableism in higher education has been documented (Abes & Darkow, 2020; Dolmage, 2017), so the purpose of this study was not to prove that ableism exists. Instead, this study was framed under the assumption that experiencing ableism is, unfortunately, inevitable for disabled students. Therefore, I applied previous research on ableism in higher education to better understand *how* ableism manifests in counselor education in conversation with multiple forms of oppression and its impact on students. Ableism cannot be fully understood when separated from other interlocking forms of oppression as that negates the complexities of experiences for people with multiple minoritized identities and replicates trends in disability studies of Eurocentric beliefs about disability. Therefore, throughout this project, ableism was considered as it intersects and interacts with a multiplicity of oppressions.

Research Design

Researcher Lens

As stated in my positionality statement in chapter two, as the lead researcher, I have identities that position me as an insider regarding disability. My interest in conducting this study stems from my own experiences as a student with non-apparent disabilities navigating academia as well as supporting my brother who has Down syndrome, autism, and epilepsy in navigating the K-12 education system. I witnessed many microaggressions as people made assumptions about what my brother is *not* able to do because he has visible disabilities, at the same time as they made assumptions of what I *am* able to do because my disabilities are not visible; both of which have harmful consequences. In these times, my family relied on support from other

people, families, students, teachers, and faculty involved in the disability community. Other identities that play a role in my social positioning include that I am a white, bisexual, cisgender female in my late-20s. Because all self-reported identities were also considered in participants, there were natural differentiations in times where I was an insider or outsider in relation to the sample; there has been an ongoing debate of whether researchers should have shared lived experiences with their participants (Alcoff, 1992; Holmes, 2020; Patton, 2014; Sprague, 2016; Tinker & Armstrong, 2008). In this case, there were both shared and not shared experiences with participants, providing a unique level of objectivity (though never fully possible) when listening to stories unique to those of my own (Haraway, 1988; Holmes, 2020). This duality can also add depth and trust, as well as a level of “personhood” for the participants, researcher, and readers (Sprague, 2016, p. 167). I believe that not speaking up for groups that I am not part of still communicates a message that certain issues are less important to me and would allow for easier avoidance of my role in oppressive systems (Alcoff, 1992).

As a counselor educator, I am broadly concerned with the issues of surviving and navigating academia as a minoritized student. Part of my larger career goal is to learn how to better support students with disabilities of multiple marginalized identities by expanding our understanding of pedagogical approaches and increasing accessibility in higher education. For this project, I wanted to look at the experiences of disabled counselors-in-training to ensure that the issues we address through advocacy efforts and educating future generations of counselors moving forward are issues explicitly expressed by the disabled community, rather than able-bodied people assuming what disabled folks need. In the rare instances where disability has been discussed or included in my educational and professional experiences, intersectionality (Crenshaw, 1989) is often left out, particularly when the subject matter is taught by a white

professor. I believe this omission is a disservice to students experiencing a multiplicity of oppressions and models a lack of importance of the experiences of disabled students of Color, for instance. I recognize both my role in perpetuating exclusive practices at times, and my ever-growing interest in implementing more inclusive practices for all students.

These personal and professional connections with the issues included in this study influenced my philosophical standpoints in approaching this research. Ontologically, I believe that there are multiple truths and that every experience is valid and valued. I also maintain, epistemologically, that both the researcher and participant are impacted by the study; this connects to my work as a counselor in that both the counselor and client are impacted by the therapeutic relationship. In relation to axiology, I believe that researchers cannot ever be fully objective, so in conducting qualitative studies researchers are situated in between being reflective and objective. Finally, rhetoric focuses on the participants' voices and connects back to axiology: researchers cannot be fully objective so there will naturally be incorporation of the researcher's worldview in the data collection and analysis processes.

Research Questions

This study was guided by two main research questions:

- 1) What impact have previous experiences in education and human service settings had on disabled students' identity development?
- 2) How do disabled students experience and reflect on representation within their counseling program?

Narrative Inquiry

This study was designed to contribute to our understanding of disabled students' lived experiences to work toward increasing accessibility and inclusivity of counselor education.

Narrative inquiry is a qualitative approach to research that focuses on content *and* the way that stories are told as a method for understanding how participants are situated socially with the goal of creating social change (Chase, 2010; Esposito & Evans-Winter, 2021; Pitre et al., 2013; Riessman, 2008). With an intersectional framework, attention is focused on participants' approaches to coping, survival, and resistance (Esposito & Evans-Winters, 2021). Using narrative techniques complements the use of a postmodernist feminist paradigm, under which feminist disability theory can be categorized as it emphasizes the lack of a universal truth and represents the experiences of minoritized groups of people (Goethals et al., 2015; Hays & Singh, 2012). When narrative inquiry is rooted in a feminist disability framework, it allows for participants to create meaning of their experiences through storytelling, while considering and emphasizing their cultural context (Esposito & Evans-Winters, 2021; Fraser, 2004). Simultaneously, critical narrative inquiry pushes against the use of majoritarian stories (Esposito & Evans-Winters, 2021); in this case, the over-reliance on stories of white, straight, cisgendered, able-bodied students in academia.

Several methods could have been used to answer the posed research questions, though narrative inquiry was ultimately selected for how it lends to a more interdisciplinary construction of research and honoring diversity of participants (Clandinin, 2007; Esposito & Evans-Winters, 2021; Kim, 2016). Both of these qualities are imperative when working with a sample that has such a fraught history of privileged individuals speaking on their behalf. Even before the creation of the foundational texts of narrative inquiry, storytelling has been used for understanding one another's experiences for generations, particularly in African-American and Indigenous communities (Banks-Wallace, 2002; Simpkinson & Simpkinson, 1993). Therefore, a story-based approach was chosen intentionally to emphasize the strengths of these communities.

Furthermore, intersectionality is part of my theoretical basis, but also utilized as a research tool, “intersectionality as research methodology is about contemplating, interrogating, naming, and simultaneously reclaiming and rejecting that nexus between the known and unknown, invisible and (hyper)visible, and humanizing and dehumanizing,” (Esposito & Evans-Winters, 2021, p. 4). My personal interpretation of intersectionality as a research tool is one that informs how research is done by encouraging careful analysis, rejecting neutrality throughout the research process, and consistently attending to social context. The current study also focuses on the power dynamics between the storyteller and story recipient and considers power differentials between characters within stories, giving rise to critical analysis of the structure of higher education and thereby the need for change throughout programs and pedagogical approaches. An intersectional methodology should always be connected to promoting social justice (Collins & Bilge, 2016).

Participants

The target population for this study were counselor trainees who, a) have a disability and, b) self-identify as disabled. I made a distinction between these two because some people may have a disability by definition or diagnosis, but may not relate to disability culture. Identifying with disability culture provided a level of similarity between participants. A counselor trainee was defined as a student enrolled in a master’s-level CACREP-accredited counseling program at the time of the study; this allowed for commonality across participants given the pre-set standards they must complete within CACREP programs, minimizing some confounding variables. Because disability is an identity that cannot be randomly assigned, participants were self-selected. Both apparent/visible disabilities (e.g., use of mobility aids, Down syndrome) and non-apparent/invisible disabilities (e.g., mental illness, chronic pain) were accepted. The sample was inclusive of participants with any disability identity because doing so allows for a more

complex understanding of the disability experience, aligning with an intersectional framework. For instance, even within counseling programs where mental health is emphasized, there continues to be stigma about counseling students having mental illnesses themselves, leaving students to choose between being silent about their disability or risking the possibility of a negative response to disclosing (Boen & Ruiz, 2021). Decisions about disclosure of non-apparent disabilities are also impacted by other identities of the student, such as race or gender, and how those interact with the person they are disclosing to. Incorporating able-bodiedness and able-mindedness adds richness in considering differences within disability at the intersections of the body, mind, and other aspects of identity.

Participants self-identified as having a disability as to not leave out participants who do not wish to formally disclose their disability for any reason (Bogart & Dunn, 2019), and participants with multiple minoritized identities were encouraged to volunteer. Participants may simultaneously experience intersecting forms of oppression and power; discussion of all were encouraged. Since participants self-identified as disabled, the only other exclusionary criteria included: students who are not enrolled in a CACREP-accredited counseling program, students enrolled in a doctoral-only CACREP-accredited program, or, finally, students who may have had a diagnosed disability but did not identify as disabled for common language and experience.

Participants were recruited via email outreach, snowball sampling, and social media. According to the CACREP directory, there were 941 accredited programs at the time of recruitment. Of those programs, 843 universities had accredited master's programs. Email outreach entailed sending the call for participants to program coordinators in a randomized order until data saturation occurred or the maximum number of 10 participants was reached. Emails were sent to 50 different universities. Snowball sampling included telling current participants or

those who viewed the flier if they know of other disabled students who may be interested in the study, to send the flier to them. This flier was sent to the Institutional Review Board (IRB) for approval to also be posted on Instagram to reach a wider, more diverse sample (Esposito & Evans-Winters, 2021).

Seven participants volunteered for this study. Because Fraser's (2004) narrative inquiry analysis is concluded when the results are saturated, I provided a sample size range (up to 10 participants), leaving room for any unexpected attrition and/or finding a narrower or wider variety of themes. While there is no standard recommended number of participants for narrative inquiry, this research design typically includes a sample size of less than 25 participants (Adhikari, 2021). Other researchers have recommended a smaller sample size, demonstrating that six to 12 participants are sufficient for more extensive types of narrative analysis (Beitin, 2012; Sandelowski, 1995). Even a single participant can be used to better understand an individual's experience, while multiple participants can be used to understand a shared experience (Prosek & Gibson, 2021). Analyzing data across multiple participants was most applicable for this study's research questions. Ultimately, due to data saturation, I concluded interviews after seven participants for a total of 14 interviews.

Data Sources

Oral narrative inquiry was used to understand participants' experiences from their own point of view via a relational method of data collection (Chase, 2010). Utilizing oral interviews, as opposed to written narrative data, highlighted relational aspects of research and knowing, which aligns with my philosophical and counseling approach. The interview protocol questions were developed based on existing literature that recommended the use of broad how, why, and what questions to explore how participants made meaning from the experience (Anderson &

Kirkpatrick, 2016; Hays & Singh, 2012; Prosek & Gibson, 2021). Because participants are sometimes inclined to respond generically when asked systemic questions, specific, individually based questions and the use of the pronoun you were incorporated within the questions to emphasize the importance of the participants' own story, even if that is unique to what has been published or assumed to-date (Chase, 2010). In qualitative research, the researcher is considered an instrument for the study. At the same time, because narrative inquiry emphasizes relationality, the conversation between participants and the researcher is more greatly emphasized as the main instrument not to minimize the role of the researcher, but to emphasize the co-construction of data.

Following recommendations from Esposito & Evans-Winters (2021) on intersectional qualitative interview protocol, the following table was created to demonstrate development of my anticipated interview protocol (see Table 1). My questions that address the first research question are designed to ignite stories about previous experiences that led students to their current path. My questions that address the second research question aim to focus on participants' coping strategies and methods of resistance, using more colloquial terminology (e.g., strategies, obstacles), as emphasized in intersectional research (Esposito & Evans-Winters, 2021). A complete interview protocol with prompts can be found in the appendices.

Table 1

Interview Protocol Development

Primary Research Questions	What Do You Want to Know About the Topic?	What Questions Could Generate the Information You Want to Know?
Interview 1: What impact have previous experiences in education and human service settings had on disabled students' identity development?	I would like to know about the past events that led disabled students to pursue academia. Are they hoping to replicate positive experiences? Or, are they hoping to better experiences for others?	What was your experience navigating the K-12 and undergraduate systems? What has your experience been like utilizing human services such as counseling or medical appointments? How, if at all, have these experiences impacted your identity development?
Interview 2: How do disabled students experience and reflect on representation within their counseling program?	I would like to know about their current experience in a counseling program. Where do they find support? How do they resist majoritarian narratives?	What are your perceptions of disability representation in your counseling program? What strategies have been helpful for supporting you through completing a counseling program? In your opinion, what are the biggest obstacles that disabled students face in counseling programs? How have your identities been affirmed or challenged through your program? What, if anything, do you wish counselor educators or your peers better understood about your experience? What does representation mean to you?

I use the phrase anticipated protocol intentionally, as the interviews were co-constructed with participants, utilizing recommendations from Rojas-Lizana (2017). While I followed the set of questions above, I also engaged the interviewees in conversation about whether there are pieces of their story they would like to speak to that may align or diverge from my preconceived interview questions (Rojas-Lizana, 2017). In this process, I leaned on counseling skills such as encouragement and prompting to help uncover their stories to the greatest extent, re-emphasizing the relational aspects of narrative inquiry (Chase, 2010; Rojas-Lizana, 2017). Co-construction is an ongoing process, and occurred during the first and second interviews as they unfolded in real time, as well as in preparation for each interview. Between the first and second interview, I asked participants what parts of their story they feel are still missing and incorporated those into the second interview, as they related to the second research question. This collaborative process also lent itself to understanding interviewing as a process-oriented social practice, centered around the stories of the interviewees (Rojas-Lizana, 2017).

Several precautions were taken to reduce intrusiveness of the study. Giving participants a summary of the questions I planned to ask prior to each interview let participants know what to expect when participating, contributed to intentionality in building rapport, and allowed an early opportunity for feedback and co-construction. The anticipated interview protocol was also structured so the least personal questions are asked first to build trust with the participants. To ensure greater privacy, pseudonyms were created prior to the interview by the participants and used for the rest of the analysis and dissemination process. Due to the disability community being small and well-connected, additional steps were taken to address confidentiality. No participants that I personally knew were included in the study and the potential for identifiability despite additional steps to confidentiality (e.g., pseudonyms and redacting transcripts) was noted

for the participants' awareness. IRB determined that this study was exempt from collecting consent, though all participants provided verbal, implied consent before participating in the study.

Procedures

Ethical guidelines encouraged by the ACA Code of Ethics, Clinical Rehabilitation Counseling Code of Ethics, and the Collaborative Institutional Training Initiative (CITI Program) were stringently followed and IRB approval was sought prior to conducting the study. Considering ethics, minoritized populations including Black people (e.g., Tuskegee experiment, Moynihan report) and disabled people (e.g., Willowbrook study, Wakefield study), have been drastically harmed through research. While the ethics codes above may not hold me accountable for engaging in critical self-reflexivity, using an intersectional framework necessitates this throughout the entire research project to best ensure protection of my participants' experiences to the greatest extent possible (Esposito & Evans-Winters, 2021).

I passed my dissertation proposal defense in November of 2023 and received IRB approval in February of 2024. The study took about three months in length, leading up to my dissertation defense in May of 2024 (see Table 2).

Table 2*Dissertation Timeline*

Month	Task
November 2023	Proposed dissertation
January 2024	Submitted IRB forms
February 2024	Recruited participants
March 2024	Completed interviews
Late March - Early April 2024	Completed analysis
April 2024	Completed discussion of findings
May 2024	Defended dissertation

Data was collected through two, co-constructed, up-to-90-minute interviews per participant, as different participants had unique approaches to story-telling that took varying lengths (Anderson & Kirkpatrick, 2016). The first interview focused on past experiences (questions 1-5), while the second interview focused on experiences within their counseling programs (questions 6-13). An important distinction here between semi-structured and co-constructed interviews is that while there were pre-developed questions, I facilitated collaboration with the interviewee as it occurred in real-time, providing additional flexibility in the interview approach (Rojas-Lizana, 2017). All interviews were conducted by me to ensure similarity in delivery. The setting for the study took place on Zoom to increase accessibility and geographical reach. Accommodations for screening and interviews were offered, though no participants stated that accommodations were needed. Transcriptions were generated by Zoom and edited by me for accuracy. Transcriptions were then analyzed to identify similar and unique domains across participants using Fraser's (2004) narrative inquiry guidelines.

During the data collection and analysis process, a peer debriefer was utilized to strengthen the quality of the results, holding additional accountability throughout the research process. I met with my peer debriefer at three points: after the first set of interviews, after the second set of interviews, and after analysis. We discussed emerging ideas, notable themes, and biases to better ensure that participants' stories were accurately represented.

My peer debriefer, Mihee Woo, is a doctoral student with experience in qualitative analysis. She identifies as an outsider regarding disability; however, she believes that disability could come into individuals' lives at any point. Another identity that plays a role in Mihee's positionality includes being an Asian international counselor trainee. Having this background brings perspectives on understanding counselor trainees who may come from international backgrounds. Mihee also has experience working with students with disabilities back in her home country of South Korea, as well as the United States. From her experience, she believes that more education and training are needed to increase social justice and advocacy in various settings (e.g., individual-, community-, program-, and institutional-levels).

Because my worldview is situated through a disability lens, Mihee offered a different lens through an international student perspective, adding merit to the analysis process and challenging my own perspectives. I benefited from considering her questions about how, though having a disability was a requirement for the study, I could still incorporate other forms of identity development such as disabled students' racial identity development or disabled students' spiritual identity development. Having the opportunities to meet with her throughout the process helped ensure that these critical questions were being asked and reflected on through every step of the research process.

Participants are the experts on their own experiences and had all the knowledge needed prior to beginning the current study (Esposito & Evans-Winters, 2021; Hays & Singh, 2012). Disabled participants are particularly prepared for conversations surrounding power and oppression as they live it daily, “interlocking systems of oppression demand one to be self-aware as a survival strategy,” (Esposito & Evans-Winters, 2021, p. 16). This participant-centered framework pushed against traditional narratives in academia that the researcher is the expert, and served as another form of countering majoritarian narratives. As such, there was limited work for participants prior to participating in the interview, other than completing the screening form (see, Appendix B). Potential impacts of discussing emotive experiences were addressed in the outreach, along with the benefits of participating, which included validation of experiences, normalization, reflective practice, and using research as advocacy.

Data Analysis

Fraser’s (2004) narrative inquiry analysis is a non-linear, line-by-line approach to draw themes from participant stories and connect those themes to wider, political contexts. Fraser’s (2004) approach includes seven phases, outlined below, that span across the research process and do not have to occur in a particular order (Fraser, 2004). If done well, this framework can highlight participants’ strengths while simultaneously providing an understanding for how an individual’s narrative fits into a broader story (Chase, 2010; Fraser, 2004). I believe that Fraser’s (2004) analysis also requires full immersion of the researcher with the data, as outlined in the phases below, encouraging reflexivity and perspective-taking as emphasized in intersectional qualitative research (Esposito & Evans-Winters, 2021).

As with any type of narrative analysis, there is the potential for pitfalls. Limited texts on conducting narrative inquiry exist (Adhikari, 2021) and there are several opportunities for

researcher assumptions to come through the interview and follow-up questions (Kline, 2008). Using Fraser's (2004) phases of analysis along with Esposito & Evans-Winters (2021) guidelines for producing intersectional research provided rigor to my study and demonstrated the production of fruitful results in other counselor education research (see, e.g., Byrd et al., 2022). Research in general has been regularly used to other people of Color (Esposito & Evans-Winters, 2021; Fine, 1994) and impose harm on the disability community (Hartley & Saia, 2022; Saia et al., 2023). As such, care was taken to avoid repeating these oppressive patterns.

Phase One: Hearing the Stories, Experiencing Each Other's Emotions

The focus of the first phase of Fraser's (2004) analysis is processing the emotions evoked by what is being shared. For me, this entailed reflective journaling throughout the study, especially immediately after each interview, including documentation of thoughts, feelings, and ideas as they arose for reference later in the analysis process (Esposito & Evans-Winter, 2021; Saldaña, 2016). The questions posed in Table 1 of Fraser's (2004) article were regularly referenced to encourage deeper reflection and avoid "over-intellectualizing" the participants' stories (p. 186). Reflective journaling was particularly beneficial for writing about the relational aspects of participants and for assessing biases.

Phase Two: Transcribing the Material

Fraser (2004) poses several regarding plans for transcribing interviews that I will address here. Due to time constraints of the dissertation timeline, I used the transcripts generated by Zoom, and then went back to edit for accuracy, add in pauses with ellipses, and add in audible emotional reactions (e.g., laughter, crying) as they can also provide meaning to the participants' storytelling (Fraser, 2004). I sent the initial transcripts back to participants through a protected

Google Drive folder as a form of member-checking, and sought permission to do so prior to sending, as recommended by Fraser (2004).

Phase Three: Interpreting Individual Transcripts

Once the transcripts were completed, interpretation of individual stories began. At this stage, I looked for common themes and words and attempted to locate where specific stories started and ended, which depended heavily on the style of the speaker. Finding common themes and words helped produce common meanings. Another conceptual tool I utilized was thinking about which stories centered around the same scene or characters (Fraser, 2004). There is more to communication than words, so elements such as body language, inflection, and other forms of non-verbal expression were also noted, such as notable silences with ellipses or laughter, crying, or sighing within bracketed descriptions (Fraser, 2004). Once the transcripts were thoroughly reviewed and separated into stories, each story was titled and each line numbered so they are easily identifiable by the reader and specific parts can be referenced by the author (Fraser, 2004). This is not a linear analytic approach and as such there were multiple cycles of coding to produce intentional and reflective thematic development (Esposito & Evans-Winter, 2021).

Phase Four: Scanning Across Different Domains of Experience

Emphasized in Fraser's (2004) approach to narrative analysis is the consideration of multiple and different domains of experience, including intrapersonal, interpersonal, cultural, and structural. The boundaries between these categories were held lightly as the distinctions between them can sometimes be blurred but served as guidance in searching for various domains within transcripts (Fraser, 2004). I noticed that some participants focused on some domains of experiences more than others, though distinctions between these domains were helpful in making sure my own worldview did not cloud which domains I was most inclined to see.

Phase Five: Linking ‘The Personal with the Political’

In this phase, discourses, which are sometimes expressed as metaphors, were pulled to connect them to popular or colloquial themes. Social and cultural context also influence these discourses, so I considered what was shared across multiple lived experiences and identities. Spoken and written words can also be interpreted differently by different people, so an effort was made to consider how theorists from other standpoints may interpret the themes and is discussed more in depth in chapter five. At this stage of data analysis, I continually revisited an important question recommended by Fraser (2004), “Have you clearly distinguished participants’ accounts from your own? Or are their accounts becoming too subsumed by your analyses?” (p. 193). Within this phase, conversations with my peer debriefer were particularly helpful for considering a wider worldview and reflecting critically.

Phase Six: Looking for Commonalities and Differences Among Participants

While patterns were already arising as I moved through the other phases, this step ensured that the themes were drawn across participant stories, rather than only within individual transcripts. What was not shared by participants is also important, and so themes that were particularly emphasized or avoided were also considered. Weaving in steps of phase five, the identified themes were also considered within participants’ lived context. Following a second round of member-checking after the second interviews, “explanatory notes” were incorporated in my final write-up to increase transparency about why I chose to shorthand participant stories (Fraser, 2004, p. 194).

Phase Seven: Writing Academic Narratives About Personal Stories

From the philosophical beliefs of both feminist and narrative therapy, analysis finishes with a continued understanding that no ultimate truth will be reached and that this is not an end

to participants' ongoing narratives (Fraser, 2004). Here, fairness, reflection, and respect are emphasized in my description of results, and ample time was given for edits from my committee, peer debriefer, and participants to be incorporated. I also checked for repetitive patterns, and revisited the aforementioned steps to ensure that I adhered to the guidelines in each phase and accurately portrayed participant stories to the best of my ability. In writing my final draft, I attempted to remove academic jargon, to make the information digestible for a wider range of readers.

Researcher Involvement and Trustworthiness

I identify as a Clinical Rehabilitation Counselor, United States citizen, and a cisgender, bisexual, white woman with non-apparent disabilities. Given my own identities, I acknowledge the potential biases I infused through the qualitative analysis process and ensure highest accountability for these through several forms of trustworthiness and member-checking outlined below. Feminist disability theory and narrative inquiry frame identities as central to and inextricable to one's worldview (Garland-Thompson, 1997, 2005; Hays & Singh, 2012; Knoll, 2009; Sarbin, 1986; Wendell, 1997; Wertz et al., 2011). Therefore, I acknowledge that my identities influenced my analysis of the data, which brought richness and rigor to the narrative analysis process (Chase, 2010).

During analysis, several strategies were utilized to increase trustworthiness, in addition to the procedural rigor already established (Kline, 2008). Credibility was enhanced via reflexivity of my approach as the lead researcher, having all interviews conducted by myself to minimize differences in internal delivery, and by incorporating thorough descriptions of the analysis process for replication, dependability, and reader comprehension (Hays & Singh, 2012; Patton, 2014). Though triangulation is usually discussed as it relates to data sources, I used analytic

triangulation in combining feminist disability theory and intersectional theory to consider more angles in data analysis (Esposito & Evans-Winters, 2021). Clarification of the transferability of qualitative results is warranted. The aspiration of qualitative research is to gain an in-depth understanding of a particular phenomenon (Hays & Singh, 2012; Prosek & Gibson, 2021). Therefore, when discussing transferability in this case, it is referring to the ability to tentatively apply results beyond the sample and ensuring to the best of one’s ability that the findings are saturated (Hays & Singh; Patton, 2014; Prosek & Gibson, 2021). Due to the thoroughness of participant stories, consumers of research can decide for themselves whether the information applies to a population they are working with (Hays & Singh, 2012). Finally, confirmability and authenticity in narrative inquiry are addressed through multiple rounds of member-checking (i.e., after the interview and after analysis), and use of reflexive journaling, and peer debriefing (see Table 3).

Table 3

Data Collection & Analysis Order

Interview 1: Past Experiences
Peer Debrief Round 1
Member-Checking Round 1
Interview 2: Current Experiences
Peer Debrief Round 2
Analysis
Peer Debrief Round 3
Member-Checking Round 2

Chapter 4

The following section is a presentation of the findings from this study. Participant introductions are provided to give more social and cultural context of the people who took part in this study, as in line with critical narrative inquiry and feminist disability theory. Thorough descriptions of thematic findings supported by snippets of participant narratives are included to demonstrate how the themes came out of the participants' own words, and how stories appeared to be similar and/or different across participants. Chapter five will discuss more specifically what these themes may mean through the lens of my orientation and approach. Full narratives can be found in the appendices, where I organized participant stories by scenes. Readers are encouraged to look through the appendices to get a more direct and full understanding of participants' narratives.

Participant Introductions

Seven graduate-level counseling students participated in this study, sharing their personal stories of navigating education and the world as disabled students. Participants selected pseudonyms to protect their anonymity and identifiable information has been changed or removed. This section provides an overview of the participants' self-descriptions at the time of their interview.

Ted

Ted was a first-year graduate student in a college student affairs program in the Midwest, who identified as biracial and bisexual. Ted presented with a calm and warm demeanor, and made me feel more relaxed going into my first set of interviews. Ted was born in Africa, then her family moved to a small town in Minnesota when she was an infant. While describing her childhood, she stated, "We were pretty much the only BIPOC family, and that was really weird

navigating that growing up.” As shared in her story, Ted began noticing more apparent symptoms of mental illness in college and was diagnosed with schizoaffective disorder. Later in life, she was also diagnosed with ADHD and borderline personality disorder (BPD). When asked if there was anything she wanted me to emphasize in her story, she shared, “The main thing would be the title of my diagnosis, just to make sure that it’s in there. Specifically, schizoaffective disorder.” More about her emphasis on language is shared in Appendix C.

Marianna

Marianna was a second-year graduate student in a clinical counseling program in the Southwest. From my perspective, Marianna was personable and collaborative throughout the research process. She came from a family of six kids in Minnesota, and identified as white and as an older student. A notable part of Marianna’s story was that she was not diagnosed with ADHD until she was in her 40s. Thinking back to childhood and early adulthood, she recalled, “It was exhausting, you know? I just compensated like hell.” Marianna’s strategies for coping and are shared in Appendix D. After experiencing how ADHD is still often misunderstood today, Marianna hopes to counsel people with disabilities and focus on celebrating their strengths and abilities, “There are a lot of people with ADHD that bring so many things to this world.”

Meghan

Meghan was a third-year graduate student in a clinical mental health counseling program in the Southwest. I left her interviews feeling a sense of empowerment. She identified herself as a mother and a wife. When describing her religious identity, she stated, “The fact that I believe in God is a really big part of my identity, not so much the religious institution itself.” Meghan is also dyslexic and has ADHD. In her narrative, she described how she identified more with dyslexia at first, largely because of the messages she received from others. It wasn’t until into her

master's program that she started to also accept her ADHD identity, "I have felt this need to embrace my identities and understand that it's not me and *then* my disabilities. It's me *and* my disabilities. There's no Meghan without the dyslexia and ADHD." More on what led to this shift in identity development is included in Appendix E.

Maili

Maili was a part-time student in a clinical mental health program in the Southwest. She shared that her work identity and being a sponsor in her 12-Step Program were important aspects of her life, in addition to being a mother and grandmother. Maili also identified as bisexual, as an older student, and as having bipolar disorder and chronic pain. Though she talked about being anxious, I perceived her as quite calm and easygoing in how she spoke. Maili's shift to embracing her identity is highlighted in her narrative, starting with resisting the labels she was being given, "I first got diagnosed with rapid cycling bipolar in the early 2000's, but I kind of poo poo-ed that idea, because I felt like everybody was getting diagnosed with bipolar it seemed like. That was the catch-all diagnosis, and I disagreed," and moving toward coming to terms with her disability, "I feel like I've gotten used to my disability. I feel like I'm kind of normal." More on what led to this identity shift is shared in Appendix F.

Magic

Magic was a third-year graduate student in a marriage, couple, and family program in the Northwest. I would say I have a dark sense of humor, so I was appreciative of his humor throughout discussing difficult topics, as it made it feel like a casual conversation. Magic described his disability identity as a, "laundry list of diagnoses," including ADHD, bipolar 1, autism, and several mental illnesses. Magic also identified as white and bisexual. One part of his interview that stood out to me was short but powerful, and comes from a part of his narrative

where he reflected on his current counseling program, “I’m here getting a giant dose of ableism, basically.” In Appendix G, his narrative informs how we might be able to better our programs moving forward.

Jane

Jane was halfway through her program at the time of our interview, in clinical mental health counseling at a university in the Northwest. The best way I can describe how I felt after my interviews with Jane is that I walked away from them with a sense of peace. She identified as white, cisgender, and bisexual, though shared how her sexuality is shifting, “In the last year or two, I have been exploring my sexual identity to where I’m not fully comfortable or don’t fully feel like I can say I’m queer yet, but identify more as bi.” She also has chronic headaches and migraines, and experiences chronic pain that comes along with those. Throughout her narrative, Jane emphasized the importance of representation and mentorship, “I think what representation as a whole boils down to is being able to see a model. To see that something is possible for you.” More examples of how this idea can be applied in counselor education is found in her story in Appendix H.

Stacy

Stacy is a second-year graduate student in a clinical mental health counseling program at a university in the Southwest. The first word that comes to mind when I think of Stacy is joyful. She identifies as a white woman and has ADHD. When comparing her K through 12 and college experiences to navigating graduate school, she states, “It’s all been trial and error! And I’m still trialing and erroring. [laughter]” At the end of her narrative, Stacy connected disability language to the concept of representation by painting a picture of how she viewed the world through her disability. In talking about completing her homework assignments, she said, “There’s a whole

layer I have to go through first, before someone else does. Even with person-first language, like yeah, I'm a person first. Yet, I have to go *first* through this layer before I can even take that assignment and do something with it.” Stacy emphasized how the importance of perspective-taking plays a role in her story in Appendix I.

Thematic Findings

Participants explored their identities and past experiences in education and human services, and connected them to their current understanding of disability representation in their programs. The conversations were guided by the following research questions, 1) What impact have previous experiences in education and human service settings had on disabled students’ identity development?, and 2) How do disabled students experience and reflect on representation within their counseling program?

Four themes emerged across the two sets of interviews: (not) fitting in a box, committing to ongoing learning, sweeping it under the carpet, and moving from hiding to celebrating (see Table 3). I was intentional about using phrasing directly from participants to identify the aforementioned themes. The quotes included are pulled from participants’ analyzed narratives, found in the appendices, with identifiable information removed or replaced to protect participant identities as much as possible. I found it interesting how many participants relied on metaphors to explain their thought processes, a common practice that Fraser (2004) emphasized, “Often these metaphors are a shorthanded way of constructing meanings through speech patterns that have already been established in popular vernacular,” (p. 293). As such, the themes are further explained in simple language below. These narratives have also gone through two rounds of member-checking (after the first round of interviews and after analysis) to ensure participants were comfortable with the parts included and felt that the findings represented their experience

(Fraser, 2004; Hays & Singh, 2012; Patton, 2014). Two participants did choose to remove parts of their stories through this process.

Table 4

Thematic Examples

Theme	Definition	Example Quotes
(Not) Fitting in a Box	Feeling obligated to match social norms; being judged unfairly by others	<p>“Growing up in the 80’s and 90’s in school, you had to fit in the box. You had to fit in the box of having to sit still, and take notes, and read, and vomit out what you had to know. This very in-the-box schooling was so hard. I couldn't do it,” (Stacy, Finding New Ways of Learning, Line 69).</p> <p>“With more like scary-worded diagnoses like schizoaffective disorder it’s a lot like...it kinda paints a picture in your mind and you place people in boxes with the media's representation, which is violent, suicidal, very unpredictable, and hectic, lots of delusions, running around crazy, so I have a feeling that people will be hesitant or scared of me in some way,” (Ted, The Scariness of Disclosing, Line 133).</p>
Committing to Ongoing Learning	Having a personal love for learning; having a continuing desire to learn new ways of navigating education and/or learn more about their disability	<p>“It was really exciting when I learned how to read. I was a vivacious reader. I was obsessed with it, I couldn't get enough of it, like I had done something magical. Because it was not something that I ever thought I could do,” (Meghan, Growing Up, Line 30).</p> <p>“There's an idea that accepting that [pain] is part of me almost feels like you're not trying, like you're giving up. It isn't. It's a both-and. Like I accept this, I know this, <i>and</i> I try new things, I try to find solutions,” (Jane, Learning to Value Myself, Line 139).</p>
Sweeping it Under the Carpet	Feeling ignored, dismissed, or minimized	<p>“I...I don't think disability is represented. I really don't. My gut says it's kind of swept under the carpet. That's how it feels, like it's swept under the carpet. It's not shamed at all, but it was very surprising to me, considering it's a degree in</p>

		<p>counseling,” (Marianna, Navigating Unspoken Rules in Graduate School, Line 124).</p> <p>“Chronic migraines are a really big problem that exist, and it's very easy for it to go unseen. Or it's very easy for it to get shunted to the side, because not everyone has to navigate disability resources. Not everyone has to try to get an accommodation and know what a nightmare that can be,” (Jane, Learning to Value Myself, Line 120).</p>
Moving from Hiding to Celebrating	<p>Feeling the pressure to hide, mask, or minimize their disability and moving toward celebrating or embracing their disability; a bidirectional process that may move back and forth between hiding and embracing.</p>	<p>“It's like if you're bowling, and you have the bumpers. Before, I didn't have the bumpers, I'm hitting like a hundred million gutter balls, I don't know why. Now, I know where my limitations are,” (Magic, Disability Pride, Line 140).</p> <p>“[When I disclosed], I felt...not really relieved, but sort of relieved. I just wanted to put it out there in the open and then I felt...like I don't really care what other people think of me,” (Maili, The Wounded Healer, Line 125).</p>

(Not) Fitting in a Box

Being forced to fit in a box is a phrase for explaining when someone feels obligated to match social norms. Typically, this phrase is used negatively in the sense that someone is being judged unfairly. The idiom, fitting in a box, showed up verbatim in Stacy, Meghan, and Ted’s transcripts, and the core message of this phrase was found across several others through stories of stigma and separation of identities. Stacy used it when describing why she wanted to become a teacher, even though she had some negative experiences in education growing up:

I really wanted to help other kids find their own way and find different ways of learning. Growing up in the 80’s and 90’s in school, you had to fit in the box. You had to fit in the box of having to sit still, and take notes, and read, and vomit out what you had to know. This very in-the-box schooling was so hard. I couldn't do it. Knowing what a sentence

fragment was painful, or trying to do the sentence diagram they made you do was like, *Oh, my God, my brain doesn't like this*. There was no creativity in education. (Stacy, Finding New Ways of Learning, Line 66)

This statement situates Stacy's experience of disability in a time that had very prescriptive ways of approaching education, based largely on the education of neurotypical students since students with disabilities were in separate classrooms, if not separate schools or institutionalized. As a 90's kid myself, I resonated with what Stacy shared here and it spoke to the challenges of a standardized approach to learning. Similarly, Meghan brought up this theme when talking about how it feels to navigate a biased world as a dyslexic:

With dyslexia, I always felt like I don't fit in the same box as everybody else, like the whole world is made for somebody else. I live in a world of letters and numbers, and I recognize that...I sometimes wonder if the world had a bunch of dyslexics, and then there was a minority of people who aren't dyslexics, I probably wouldn't have as much of a hard time with it. I work, I live, I adjusted to living in this world really well and I can do it just fine. But I truly did have to learn how to exist. (Meghan, Realizing I'm Not Broken, Line 135)

While Stacy was talking about decades prior, Meghan used the same phrase to talk about her current experience and how she relates to others as a dyslexic. My interpretation of this quote is that it implies the importance of environmental impacts on navigating disability; this concept aligns well with the social model of disability, that it is the environment that is disabling and not the person. Ted also mentioned this phrase in relation to disclosure of disability, which will come up again in the final theme, moving from hiding to celebration:

With more like scary-worded diagnoses like schizoaffective disorder it's a lot like...it kinda paints a picture in your mind and you place people in boxes with the media's representation, which is violent, suicidal, very unpredictable, and hectic, lots of delusions, running around crazy, so I have a feeling that people will be hesitant or scared of me in some way. Important to me, is that people know that mental illnesses are a thing. People have successful educational and career prospects, and that success is possible even with a heavier diagnosis. (Ted, The Scariness of Disclosing, Line 133)

Ted's use of this phrase was a little different than Stacy or Meghan's in that it was used to describe how other people may judge her based on associations they make with specific labels. Ted's statement addresses the important cultural context of her story (Fraser, 2004); this quote emphasizes what is seen in popular discourses about schizophrenia and personality disorders based on American media. An important aspect I also want to highlight here is on the other side of the scariness of disclosing is the bravery that is required for disclosing, especially with diagnoses that have greater stigma.

The theme of (not) fitting in a box also showed up in relation to others' fixating on certain identities over others, even though this exact metaphor may not have been used. For example, Ted offered acknowledging the complexity identities and the compounded effects of oppression as a recommendation for increasing representation in counseling programs, suggesting the need for a more holistic view of students:

Just knowing that people hold multiple identities would be helpful. I know they're teaching that this year and we're all first-year students, but knowing that people aren't just their diagnosis. You can't center in on their diagnosis and kind of understanding that, *Oh, you may have like a mental health issue, but you're also involved in this, and do this, and*

have this, and are this. So I think just fully understanding that one part of who you are isn't everything you should base your judgments off of. (Ted, Navigating Stigma in Counseling Programs, Line 174)

Though it's important to note that earlier in her story, Ted also shares that counseling faculty are understanding, my interpretation of the way she described her experience is that faculty understanding only goes so far, and there is much more about our students to be understood that we may be missing. Other participants also expressed the challenge of intrapersonally feeling the pressure to separate identities, when in reality their identities intersect and overlap:

I have felt this need to embrace my disabilities, and just understand that it's not like me, and *then* my disabilities. It's like me *and* my disabilities. There is no Meghan without the dyslexia and ADHD. There's no Meghan, without the growing up in the Southwest, and the experiences I got with living in different cultures by living in different parts of the state. [...] Having kids shaped me, being a mother has totally shaped me, things like that. I would never put those things in a different basket, you know? So why would I do that with something that's so intrinsically like has shaped me as a person? (Meghan, Realizing I'm Not Broken, Line 153)

While Meghan's process is internal, I can see how this pressure to separate her identities comes from the way we talk about disabilities societally, through our diagnosis process and social expectations of being able to articulate your disability. Both Ted and Meghan's stories emphasize how disabled students across identities consistently had expectations placed upon them for what a student should look or act like based on able-bodied and able-minded norms. None of the participants stayed stuck in the box they were put in; aspects of resiliency and pushing back will be discussed throughout the below themes.

Committing to Ongoing Learning

Across participants, one of the words I saw coming up more than once was “magic.” In addition to one of the participants selecting this word as their pseudonym, Meghan and Ted also used it in their narratives. Similarly, Marianna used the word “miracle,” which also gave me the sense of something exceptional happening. This realization led me to developing the theme committing to ongoing learning, which is how the participants demonstrated a love for learning, and a desire to continue to learn new ways of navigating education and learning more about their disability, despite any barriers. Including these moments of magic and miracles.

Oftentimes, these impactful moments came along with a stronger realization of what was happening for them in the past. For instance, Ted talked about how college influenced how she reflected on her upbringing, “Coming to college was pretty magical, because there's all these different kinds of people and I'm like, *Oh, I fit in a lot better than I did in this all-white, very Christian-based, small-town Minnesota,*” (Ted, *The Magic of College Life*, Line 34). While Ted may not have noticed it while she was growing up, she was able to reflect back once she was in a space that did feel more inclusive and welcoming. In other words, sometimes we may not realize we are not fitting in until we are in a space where we do. Likewise, Meghan used magic to describe the realization of what she was missing before learning to read:

It was really exciting when I learned how to read. I was a vivacious reader. I was obsessed with it, I couldn't get enough of it, like I had done something magical. Because it was not something that I ever thought I could do. It was incredible that I could read. I wanted to shake everybody and be like, ‘Look at this amazing thing you can do! It's so cool!’ And that was just really powerful for me, you know? [tearing up] It's funny, I'm getting emotional about that...I worked so hard. (Meghan, *Growing Up*, Line 30)

At any point, Meghan could have given up on trying to learn how to read, but she never did. That commitment led to this powerful moment where she saw how incredible her mind really is.

Participants also talked about ongoing learning in relation to learning what coping skills or strategies have been helpful for them in addressing their disability. Marianna talked about her experience using the writing center as a new accommodation that helped her improve her writing in ways she had not before, a resource another participant (Magic) highlighted in their full interview:

The second year, I heard about the writing program and I said, I'm just gonna go there and see [how they can help me]. And they're like, 'Yes! We help with computer skills, and we help with everything.' It's been a miracle this year to be able to go there. I got through, I did well in my classes, and I studied so hard for the test. (Marianna, The Experiment, Line 17)

Despite any times where Marianna may have struggled in class or with tests, she was able to persevere and seek support in her current university. She also talked about how age potentially played a role in her barriers and facilitators in her program:

I had been out of school so long, and I never really in my childhood learned how to study right. I never did. I was smart enough just to mask all of this stuff. There's other people in my program with ADHD, and they know these computer programs. They're younger. It's just interesting as an older student with a disability. There are some more challenges, and there are also some things that are a lot easier. (Marianna, The Experiment, Line 20)

Similarly to how she explained her ADHD, Marianna acknowledges both the strengths and challenges of coming into a graduate program as an older disabled student. Jane also talked about

how her strategies connected to her desire for ongoing learning, particularly in relation to responses from family and friends on managing her disability:

And some of that comes with modeling that or encouraging that for those who are around me, or those who love me, who are wanting to say like, ‘Oh, have you tried this thing? Oh, try this thing. Oh, do this,’ which is very well intentioned, and sometimes just isn't the answer where I'm like...I know my body. That piece of self-advocacy, that piece of recognition of knowing my body more in ways that I didn't as a kid. It's hard to accept that. There's an idea that accepting that this is part of me almost feels like you're not trying, like you're giving up. It isn't. It's a both-and. Like I accept this, I know this, *and* I try new things, I try to find solutions. [...] That is a difficult place to get to with disability, with diagnosis, with a lot of things, that you can accept something and that does not equate with giving up. (Jane, *Learning to Value Myself*, Line 134)

My interpretation of this quote is that there is often an unseen effort in managing disability. In times where it may seem that people have given up, there may be greater efforts of ongoing learning happening on a personal level regardless of whether it is vocalized. Through her educational journey, Stacy also learned what works best for her regarding strategies for learning in graduate school and connecting that to feelings of affirmation or lack thereof:

Feeling affirmed to me is like, *Oh, I know my ADHD. That assignment does not work.* But then it gets exhausting to have to constantly almost reinvent the assignment so that it works for me, and that part is not affirming. I think though that I'm very open about it, so my professors know and I feel validated or affirmed through them. It's more that I don't think professors are going to always cater or change their assignments to meet the needs

of some students, so you have to do it yourself. Otherwise, it's not gonna get done. (Stacy, Focusing on the Gifts, Line 185)

Stacy goes on to recommend talking to professors about your needs, so that your instructors are aware of what you are dealing with. At the same time, she acknowledged that the work required to do so is tiring.

For Magic, committing to ongoing learning also meant dealing with homophobic and biphobic practices as a bisexual man. When talking about his experience with faculty, he brought up some of the requirements for faculty members at his university:

They have this contract you have to sign if you're gonna work there that says you only acknowledge marriage between man and a woman, and not gay marriage. When I first heard about that, I was like...are you kidding me? I can't really think of anything worse you could do than that. [laughter] And I know it's not the only school that happens at.

(Magic, A Giant Dose of Ableism, Line 201)

Magic was right in that his university is not the only one that has values-based requirements for faculty. Despite that this idea is in direct opposition to Magic's identity, he persevered. While not easy, all participants showed a desire for lifelong learning.

Sweeping it Under the Carpet

The metaphor of sweeping something under the carpet, or under the rug, is a way of describing when something is ignored or dismissed rather than dealt with or honored. Oftentimes, this metaphor is used to describe instances in which embarrassment or unpleasantness is being avoided. The title of this theme came from Marianna's story. The portion of her interview where she talked about feeling as though disability is swept under the rug stuck

with me, and I realized it was because it was something I was hearing across other participants, particularly in relation to how disability is represented in counseling programs:

I think accessibility is there, I think it's probably there at all these universities for getting help. I...I don't think disability is represented. I really don't. My gut says it's kind of swept under the carpet. That's how it feels, like it's swept under the carpet. It's not shamed at all, but it was very surprising to me, considering it's a degree in counseling. They're missing a very...they're missing a huge resource of people that could help teach. (Marianna, Navigating Unspoken Rules in Graduate School, Line 123)

Marianna highlighted not only how disability is dismissed, but how in doing so a learning opportunity for others is taken away from them. This is not to suggest that disabled students should have to educate their professor or classmates, but rather that organically supporting conversations around identity can lead to unique opportunities for learning about identities similar or different to our own. Marianna also talked about what it was like to be diagnosed with ADHD later in life, and how people in Alcoholics Anonymous (AA) responded at that time:

I got diagnosed when I was 40. I got on Ritalin, and I had so much push back from people in AA that I wasn't sober, and I really shouldn't be doing this. I had my sponsors say, 'I don't see any signs of you having ADHD, you're so focused, you're successful.' [laughter] She just had no idea, and I was very influenced by that. At one point, I believed that I wasn't spiritually sober if I was on medication. I heard it from enough people that I believed it. So I sort of struggled those next 20 years without Ritalin. I identify way more with ADHD than being an alcoholic. (Marianna, The Experiment, Line 52)

The interpersonal interactions from this story greatly minimized Marianna's experience through negating her symptoms and inaccurately connecting getting help that worked for her, to her sobriety. Marianna's story highlights the complexities of balancing the stigma of multiple marginalized disabilities.

Like Marianna, several participants began with saying that professors were kind and understanding about disability-related accommodations, while later in their interview also adding that disclosure seems uncomfortable or unsafe. Contradictions such as this are an expected part of the interview process according to Fraser (2004). My understanding of these contradictions is that there is a level of comfortability in talking about disability in counseling programs, which positively impacts disabled students' comfort in the classroom and allows them opportunities to learn from one another. Simultaneously, there is evidence of negative reactions from professors that have been dismissive, leading students to hesitate on whether they should disclose their disability. In some cases, the inclination to sweep it under the carpet did not stem from a specific encounter, but rather a sense of lack of education. In talking about others' understanding of her experience, Jane said:

Chronic migraines are a really big problem that exist, and it's very easy for it to go unseen. Or it's very easy for it to get shunted to the side, because not everyone has to navigate disability resources. Not everyone has to try to get an accommodation and know what a nightmare that can be. And it's really easy to ignore it then, or to shove it aside because it's inconvenient and it takes a long time. I don't think that's okay. (Jane, Learning to Value Myself, Line 120)

This quote from Jane implies that because disability and accommodations are swept under the rug by others in her experience, people ignore it, which minimizes her experience. Likewise,

though Ted also shared that she felt she could go to a professor about general mental health concerns, using more specific labels or diagnoses felt more intimidating:

It's pretty scary to disclose any kind of major mental health issue. Like bipolar disorder, or OCD, or any kind of those majorly stigmatized disorders beyond anxiety and depression, which are still stigmatized, but not to the extent that other ones can be. (Ted, The Scariness of Disclosing, Line 129)

Not only are students having to navigate whether to disclose, but also weighing the severity of the stigma around those diagnoses. Ted did speak quite highly of her current counseling program, especially in relation to some of her experiences earlier in life. For example, Ted identified as agnostic, but talked about growing up in a Christian church and her experience of trying to attend church again in college:

At the local church they're all, 'Yeah, we're so grateful for all we have,' like, 'God blessed us!' And I'm like, you know based on history, your God told you to come like colonize and rape and murder and disease the land, and steal people, things, land that doesn't belong to you, and then you oppress people of different backgrounds from you until you stole and pillaged everything that you have. And they're all, 'God blessed us.' That's kind of not right. (Ted, The Magic of College Life, Line 75)

Ted's anecdote highlights the overlap of her spiritual identity and racial identity. Even outside of academia, she experiences others minimizing the continual impacts of racism and colonization on her experience as a Black, biracial, woman living in the United States. All in all, while there is a mix of positive and negative reactions from those around them, others' dismissal of their experience has not stopped disabled students from being advocates for themselves and others.

Similarly, several participants noted past experiences of dismissal in human service settings including therapy and counseling. Ted and Marianna both reflected on counselors who dismissed their identities. For Marianna, it was in relation to her disability, while for Ted it was in relation to her sexuality. Marianna explained how this experience led to her own drive to become a counselor:

I knew from the beginning that I wanted to work with people with ADHD, because I had been to a counselor a couple years ago and she didn't even want to acknowledge the ADHD. [...] I actually learned a lot from her, wrote a lot of things down, but because she didn't have ADHD, I felt like she really quite didn't get something about who I was. With ADHD, it's almost like people don't believe you. It's just such a...different, interesting disability. (Maili, Growing UP, Line 83).

It appears that the lack of acknowledgement of ADHD by Maili's counselor led to feelings of having to prove the validity of her disability. Ted shared an instance where a counselor made the conversation about his own experience:

In therapy, we didn't really talk about different identities. One therapist was trying to talk about bisexuality and what that means to me, but then he kind of went on to himself. He was like, 'Yeah, I was bisexual before bisexual was cool,' and like, 'I was hipster before hipster was cool,' so I kind of just listened to his story. (Ted, The Magic of College Life, Line 105)

Not only did this counselor dismiss Ted's experience by centering it on himself, but this story also highlights the importance of talking about different identities for the purpose of supporting and acknowledging clients' lived experiences.

Moving from Hiding to Celebrating

Most of the participants talked about times where they felt like they had to hide their disability. This sometimes came through messages from others (e.g., family, society, teachers), or through forms of internalized messages (e.g., internalized ableism, associations with value or smartness). Words that came up in relation to hiding included masking, isolation, loneliness, shame, self-doubt, and embarrassment. Simultaneously, participants shared ways in which they've moved towards celebrating and embracing their disability. Words that came up in relation to celebrating also included empowerment and pride. That did not mean that the feelings of having to hide completely went away, or that they are not sometimes put in positions where they still feel that they need to hide, but it seemed to signify a change in their personal and professional identity development. The theme of moving from hiding to celebrating all showed up in relation to race (see, Ted's Narrative) and was suggested, though not expanded upon, in relation to sexual orientation (see, Jane's Narrative, Magic's Narrative). More on how hiding and celebrating came up across multiple identities will be discussed in chapter five.

This theme came most directly from Jane and Marianna's transcripts. As Jane reflected on her childhood through college experiences, she stated:

It was a lot of hiding, a lot of trying not to be seen. I was very...embarrassed that I had this defect. I very much felt ashamed of needing something just like in general, feeling very ashamed of having human needs. (Jane, Growing Up & Working Through Pain, Line 45)

Throughout her narrative, Jane used sight-related metaphors to describe how she coped with others' reactions to her disability. Even within this quote, it is implied that she now sees that her

needs were simply basic human needs and not something out of the ordinary. Additionally, in medical care, Jane described how there was little to no continuity in the care she received:

There wasn't a holistic lens of doctors talking to each other, referring us to different places. More so, just my mom heard about this thing, let's go try it. [...] No one really considered the body as a whole system that is experiencing migraine. Nothing was gonna provide immediate relief, and anything else just wasn't sustainable. It was very much a normal part of our lives, but maybe not an emphasized part, where I dealt with it a lot by myself. (Jane, *Growing Up & Working Through Pain*, Line 69)

This lack of holistic care in the medical system, led to feelings of isolation for Jane, which I interpreted as contributing to feelings of having to hide. After also sharing instances where she had to hide her disability experiences, Marianna described positive classroom experiences as ones in which her identities were celebrated:

With one of my favorite professors, I asked him, 'How do you handle students when you get notified about students with disabilities, or they share in class? [...] Because you know what it felt like with you? It felt like you were celebrating my ADHD.' [...] That's how I almost thought it was going to be in all the classes. More of a just natural celebration, like it wasn't a big deal. (Marianna, *The Experiment*, Line 40).

I think Marianna makes an important distinction. Disabled students are not necessarily looking for a huge recognition, but rather just acknowledgement of what disabled students bring to the classroom.

This theme also encapsulates moving toward embracing disability labels. Magic had a moment in his interviews where he described how it felt when he received his autism diagnosis:

When I was diagnosed with autism, I really took a hard look at myself and was like, *Is it okay for me to view myself as disabled and not feel the stigma?* Because for me, being disabled is not a bad thing. It's just a neutral thing, it's just another label. I know people have mixed views on all these labels and diagnoses, but for me, diagnosing has really helped me come to terms with who I am. Especially when it comes to viewing myself as disabled, it helps me understand my limitations. [...] The disabled label has been helpful for me because I don't view it as bad. I view it as actually empowering. It's almost like I'm proud of my autism. (Magic, Disability Pride, Line 134)

Because Magic came into identifying with the disabled label as an adult, he could reflect on how this shift impacted how he viewed his experiences, which was validating in a sense for him.

Maili also described her initial resistance to labels immediately following diagnosis, though when she shared about her experience in her current counseling program, she talked about how she came to a point of not caring:

We did some disclosure in some of my classes. In group, we had to sign an informed consent. I did feel really self-conscious in having a bipolar disorder and mentioning that in class. That's mainly where I was self-conscious about having this disability because other people don't. They're normal, as far as one can say about normal. [laughter] The other thing that's also tied in with the disability is being a former drug addict, and that got brought up as well. I felt...not really relieved, but sort of relieved. I just wanted to put it out there in the open and then I felt...like I don't really care what other people think of me. (Maili, The Wounded Healer, Line 121)

Maili described her hesitancy to disclose as a manifestation of self-consciousness. Her form of embracing her identity, according to my interpretation of this quote, is letting go of what others

think of her due to her disclosure. Discussion of why this initial resistance to labels is common and valid will be discussed in chapter five.

Many of the stories surrounding this theme led to instances of advocacy. For some, embracing their disability showed up as self-advocacy through highlighting strengths and resisting societal or social pressures. For others, this theme showed up as advocacy for others, particularly within their professional work. Marianna spoke about not knowing when it is safe for her to talk about her challenges to her program, with the goal of helping future students who enter:

This is where I'm torn right now, because do I wait till I graduate [to talk about my experiences]? Do I wait? Part of me is like maybe not, I don't know. I once told one of my professors, 'I really wanna be an advocate for this. I really do.' But then something happens, and you're like...are they gonna see me more than just somebody with ADHD? Is it really gonna help somebody now? I'm really struggling with it. (Marianna, Navigating Unspoken Rules in Graduate School, Line 113)

This quote speaks to the experiences of navigating stigma, and knowing that once you disclose, people cannot unknow that. While Marianna noted her current dilemma in navigating for others, Jane reflected on how she noticed her self-advocacy shifting in recent years:

I started to become more vocal about this being part of my life and would tell my job, 'Hey, I can't come in today like I'm having a high pain day,' or, 'Hey, this medication that I have knocks me out for four hours at least, so my days gone,' and starting to advocate for myself a little bit in that way of making this less so, *Oh, this is something that's wrong with me, this is a failing*, of more so, *Hey, this is kind of like part of my life, and we're gonna work with it*. (Jane, Growing Up & Working Through Pain, Line 40)

In other words, Jane worked on working with her disability rather than working against it. Again, this is not to say that disabled students do not sometimes still need to minimize their experience to survive academia even after coming to a place of acceptance, but it is important to acknowledge the strength it takes in doing both.

Several participants (Meghan, Maili, & Magic) also emphasized positive counseling experiences that supported their move toward embracing themselves. Maili shared how therapy has helped her over the years, “The positives from therapy were that I had a lot of affirmation, which really helped my self confidence and self-esteem,” (Maili, *Resisting New Labels*, Line 91). Likewise, Meghan talked about how having meaningful counseling experiences led to her own interest in becoming a counselor, “I found so much freedom in counseling, and I wanted to pay it forward. That's why I'm doing this, I want to help people find their version of freedom,” (Meghan, *Finding Freedom Through Therapy*, Line 124). For Magic, counseling taught him that there were more options for treatment for him than other providers had shared. All in all, positive counseling experiences contributed in part to disabled students’ self confidence and self-esteem, elements that I interpret as part of celebrating who they are.

Chapter 5

This study focused on better understanding disabled counseling students' experience in greater depth. Four main themes emerged from the data: (not) fitting in a box, committing to ongoing learning, sweeping it under the carpet, and moving from hiding to celebrating. Chapter four reviewed the results of the interviews from the current study, with specific quotes from participants. Chapter five focuses on how the current study builds upon previous research, as well as what the aforementioned themes may mean through the lens of my personal, theoretical, and methodological orientation by connecting, "the personal with the political," (Fraser, 2004, p. 193). Finally, recommendations for practice and future research are made at the end of the chapter.

Discussion

Feminist disability theory considers the interactions of power and bodies throughout varying lived experiences. With an intersectional lens, stories are studied with cultural and social context in mind and with an understanding of the impact of power differentials between researchers and participants (Esposito & Evans-Winters, 2021; Collins & Bilge, 2016). The thematic findings from this study support the contextual factors found during my literature review and add specific anecdotes to be applied within counselor education, promoting both social and disability justice. Though previous research on student perspectives on disability representation in higher education also emphasized a lack of disability education (Feather & Carlson, 2018; Hartley & Saia, 2022; Milsom & Akos, 2003; Rivas & Hill, 2018) and the presence of exclusive administrative and pedagogical approaches (Axelrod, 2021; Feather & Carlson, 2018; Hartley & Saia, 2022; Krebs, 2019; Lund et al., 2016; Milsom & Akos, 2003), the current study built upon these narratives by adding in-depth perspectives from disabled students

themselves and giving insight into more of the nuanced ableist and oppressive messages reinforced specifically in counseling programs. Participants also offered personal strategies for coping, survival, and resistance in education, which will be emphasized across the themes as key tenets of intersectional research (Esposito & Evans-Winters, 2021).

Interpreting (Not) Fitting in a Box Through Feminist Disability Theory

The first theme, (not) fitting in a box, was core to understanding disabled students' identity development and the ways in which the pressure to learn, act, or be understood in a certain way continued and evolved from early experiences to current experiences. Feminist disability theory and critical narrative inquiry emphasize the importance of perspective-taking and reflexivity (Esposito & Evans-Winters, 2021; hooks, 1994; True, 2010; Ramazonoglu & Holland, 2002), skills of which can be neglected whenever people are forced to conform to an expectation of social norms. In many ways, this theme encapsulates how others tried to make sense of participants' experiences by fitting them into majoritarian narratives that do not include the experiences of disabled students nor disabled students of Color, men with disabilities, or queer folks with disabilities; this theme highlights the impact highlights the ways that systemic ableism, racism, sexism, and other forms of oppression shape many aspects of participants' lives beyond education. Through participant narratives, this theme showed in, a) others' assumptions about diagnoses, b) expectations of a prescriptive way of learning, and c) attempting to separate identities from each other and/or the person.

For some participants, these barriers continued to be present in their counseling programs. For instance, Magic discussed how his skills were evaluated on able-bodied ways of navigating the world (e.g., prolonged eye contact, sitting still). This example raises questions about whether the guidelines for what constitutes strong counseling skills includes disability representation.

Counseling curriculum in its current state teaches counseling skills with the greatest empirical support. However, significant research has not been conducted on disabled counselors' experiences enough to also validate their strengths such as high levels of empathy or conversation-tracking, which may include greater self-disclosure than is typical with some able-bodied counselors, for example. Moreover, there is a level of social behaviors related to counselors' bodies that is being perceived in counseling programs as acceptable or not acceptable, such as increased movement in session, associating disabled counselors' skillset with behaviors related to their disability.

For other participants, debates on whether faculty or counselors understand the complexity of their experiences or diagnoses continued to be present. Intersectional theory would say that it is not possible to separate identities from one another, but rather that they interact with and through each other (Collins & Bilge, 2016; Schalk, 2017); a similar sentiment was shared by multiple participants. In addition to the quotes included in chapter four, Ted emphasized that people are not just their diagnoses and that everyone has multiple identities, while Marianna worried that once people knew about her ADHD that may be the only identity they see. Maili and Magic talked about the intersections of their various diagnoses as well as identities (e.g., gender identity, sexual identity, age) and how it can be challenging to know whether challenges were coming from sexism, ageism, and so forth. Meghan, Marianna, and Stacy talked about how their gender identity overlapped with their disability identity, in that ADHD is often misdiagnosed or underdiagnosed in women, especially in younger girls; this observation is supported by research that examines the complexities of recognizing ADHD in women (Lynch & Davidson, 2022; Morgan, 2023). These biases reflect societal expectations of women, and how

women may need to mask more often than men in order to better align with societal stereotypes of femininity.

All of this to say, that part of (not) fitting in a box is not forcing students to separate their experiences into separate boxes, or categories. Most participants also acknowledged an improvement in the flexibility of instructors in ways of learning and knowing that better suited their needs, as they moved up through education. Even so, participants also stated that even more flexibility could be beneficial.

Interpreting Committing to Ongoing Learning Through Feminist Disability Theory

Despite challenges across education and human services, participants continued to navigate higher education and continued to learn more about their own disabilities, which led to the second theme: committing to ongoing learning. This theme speaks to methods of survival in the ways that participants continue to navigate systems that do not always work for them. All participants shared challenges they faced in the classroom growing up, and yet all of them have made it to a master's-level program. The desire for lifelong learning seemed to be influenced by familial values for some (see, Magic's Narrative, Marianna's Narrative). This was not true for all participants, and instead sometimes their families' beliefs that they could not be successful in education partially contributed to their drive to show that they could be successful (see, Meghan's Narrative, Stacy's Narrative).

For several participants, survival in academia showed in having to ignore their own experiences to persevere. For example, Marianna's process of deciding whether to disclose her disability is highlighted in her narrative, and she ultimately leaned toward not disclosing in the future as a form of self-preservation, after having disclosed and received mixed responses in her program. Many participants also talked about attending counseling as a support for continuing to

pursue higher education. These positive experiences in counseling however, often came after years of experiencing microaggressions from counselors about their disabilities, race, and sexuality, and learning to self-advocate for a counselor who sees them as a whole person.

For other participants, surviving meant continuing to find new ways of learning in the classroom and about their disability, when classroom and medical environments did not facilitate opportunities for education or multiple ways of knowing. For instance, Stacy continually learned how to work within windows of motivation, rather than at times that seemed more conducive to others for learning. In her master's program, she continued to adapt assignment instructions where possible to help organize them in a way that made sense for her brain. Similarly, all participants shared past negative experiences in navigating human services, and yet they continued to educate themselves on their disability, and/or advocate for providers who are better allies. Despite these negative experiences, all participants expressed a hope of being advocates for their future clients, particularly clients with disabilities.

Situating this theme in the historical context of human rights, autonomy, and advocacy highlights how the cultural shift toward encouraging self-advocacy for disabled folks during the Disability Rights Movement aimed to empower disabled people (Miller & Keys, 1996) and has also influenced instances of involuntary advocacy acknowledged in more recent literature (Brazaeu, 2022). This claim is not made to de-emphasize the importance and benefits of self-advocacy, but rather to acknowledge the potential impacts of overemphasizing self-advocacy and indirectly putting greater onus on disabled students to better their experience, rather than on the oppressor (Fleming et al., 2017; Karpicz, 2020). Ability-related sentiments within self-advocacy such as “standing up for yourself” mirror those sentiments experienced by people of Color, people living in poverty, and women, with the American idea of “pulling yourself up

from your bootstraps,” meaning that if you work hard enough you can accomplish anything, negating all impacts of structural oppression (Dolmage, 2017; Karpicz, 2020). These social beliefs are compounded for women of Color, such as Ted, who also spoke most to the inequities in education across identities.

Interpreting Sweeping it Under the Carpet Through Feminist Disability Theory

Though all participants listed some positives of disability-related experiences in counselor education, there was also a sense of their identity being minimized or swept under the carpet. Many participants attributed this to a) a lack of disability education, and b) inflexibility in classroom that limited them, aligning with findings of recent literature outside of counselor education (see, e.g., Feather & Carlson, 2018; Hartley & Saia, 2022; Milsom & Akos, 2003; Rivas & Hill, 2018). All participants noted a desire for people to know more about disabilities. For instance, Meghan and Marianna both shared that they feel that people do not have an accurate understanding of what ADHD is. What is added by the current study to existing literature, is that because of a lack of perceived education of faculty and peers, disabled students may either need to spend time or energy educating them, such as in Meghan’s narrative, or remind themselves that it is not their job to educate everyone, such as in Marianna’s narrative. These stories are unique to previous literature on disabled counseling students’ experiences as they are not sentiments of fear of burdening others (see, e.g., Weatherford, 2019) but rather fear of burdening themselves with the responsibility of educating others. The pressure for marginalized folks to explain or defend themselves is, however, repeatedly demonstrated in analyses of microaggressions in higher education (see, e.g., Aydemir-Döke, 2024; Dolmage, 2017). Regarding limited flexibility, Jane both acknowledged that she had not necessarily asked for more flexibility, but also that she does not have the time or financial resources to be able to

request those, an issue shared in literature regarding seeking accommodations (see, e.g., Abes & Darkow, 2020). As discussed by Hartley & Saia (2022), when disability is viewed as an asset, it can create a much more welcoming culture for students with and without disabilities.

Furthermore, when disability is not seen as an asset, it may require more effort from students to have their identities and needs seen and recognized. This need for recognition gives rise to the idea that minimizing disability-related experiences may also minimize socioeconomic challenges that students face.

Part of this dismissal may relate to gatekeeping concerns. As faculty, we are tasked as being gatekeepers of the profession. CACREP defines gatekeeping as, “the ethical responsibility of counselor educators and supervisors to monitor and evaluate an individual’s knowledge, skills, and professional dispositions required by competent professional counselors and to remediate or prevent those that are lacking in professional competence from becoming counselors,” (n.d., para. 18). At the same time, disabled students are typically aware of these requirements, and may knowingly or unknowingly risk their standing in the program or profession by disclosing their disability, while faculty are then tasked with discerning whether behaviors or skills are related to their disability or not. This issue has risen in the media, with disabled counseling students protesting their university for ableist and racist evaluations that denied accommodations necessary for graduation (Flaherty, 2022). Four students from the same university, three of whom were disabled students of Color, were dismissed or received failing grades from their counseling program due to biased internship-related evaluations, and a lack of transparency and student voice in program policies (Flaherty, 2022). Discriminative practices such as these raise concerns about counselor education being an equitable learning environment for disabled students, when constructs such as emotional stability or cooperativeness are used as measures of counselor

preparedness (Freeman et al., 2018). While this is not to argue that counselors should not be emotionally stable or cooperative, it does raise concerns about what constitutes emotional stability and does fighting against ableism or other forms of oppression qualify as being uncooperative? Are disabled students of Color more likely than white disabled students to be deemed as uncooperative due to racist biases? In my research, only one study discussed the difficulty in, “differentiating between a disability and other characteristics of impairment” (Schnell, 2020, p. 23). As far as I could find, there are no widely distributed best practices on how to differentiate between disability and impairment in relation to elements of counselor preparedness yet, though researchers have recently begun to explore issues with disposition-related considerations for disabled students through an intersectional lens (Levine et al., 2021; Soldner et al., 2022).

Ability privilege is critical within this discussion to understand how and why disability is minimized in academia. Able-bodied folks do not have a personal understanding of disability, as they do not have to navigate their own disability in their daily life (Hartley et al., 2024; Lewis, 2022; Pierce, 2024). Further, it is shown that disability competence is often minimal, unless this has been intentionally sought out (Feather & Carlson, 2018; Milsom, 2003; Rivas & Hill, 2018). It is safe to presume that disabled scholars are underrepresented in faculty, given that data are not available on the prevalence of disability in counselor educators. Therefore, not only is it likely that able-bodied faculty are presenting disability through the lens of ability privilege, but we do not fully understand on a scholarly level how we are addressing ableism in counselor education. As Magic stated, “A big part of representation, for me, is having accurate descriptions of what people go through, and then having the voices that are the loudest be the ones that are actually impacted by the disabilities,” (Magic, *A Giant Dose of Ableism*, 250). Similarly, Meghan

reflected, “Maybe society teaches us that the non-disordered people are the ones who should do all the big work and the disordered people need to take a step back,” (Meghan, Realizing I’m Not Broken, Line 244). Unfortunately, at the moment, disabled voices are not the loudest in counselor education when it comes to talking about disability. Instead, participants in this study shared instances of minimization, deficit-based understandings of disability, discriminatory evaluations, biased expectations, and underrepresentation within these feelings of disability being swept under the rug.

Disability advocacy and representation also centers around whiteness, minimizing the experiences of disabled students of Color (Annamma et al., 2018; Erkulwater, 2018; Schalk & Kim, 2020). When I asked about representation, I intentionally did not limit answers to only talking about disability representation. In response to what representation meant to her, Ted shared, “When I think of representation, my mind automatically goes to, are there Black women in the thing that I’m going into?” (Ted, Navigating Stigma in Counseling Programs, Line 180). As Ted navigated several different types of degrees, she saw issues of representation across fields and across racism, ableism, and sexism. In her narrative, she talked about how the issues she saw in education, the medical system, and church were influenced by wider, systemic issues of colonialism and misogyny. Counseling is not unique to underrepresentation, nor exempt from it. Black women in particular experience a duality of being both hyper-visible/overrepresented and invisible/underrepresented (Esposito & Evans-Winters, 2021; Williams et al., 2021). Black women with non-apparent disabilities experience a heightened level of this duality with racialized experiences that are *visible and minimized*, and disability experiences that are *not visible and minimized*. There is a dire need to push against societal stigma to focus on how to put

disabled students at the forefront of discussions surrounding student experiences, including disabled students of Color, rather than sweeping them under the rug.

Interpreting Moving From Hiding to Celebrating Through Feminist Disability Theory

The final theme, moving from hiding to celebrating, particularly emphasizes strategies of coping and resistance by disabled students in academia, and a shift in identity development. When people read the word hiding, they may have a negative connotation to it; I want to reinforce that hiding can be a strategic coping skill. Unique, I think, to having participants who mostly have non-apparent disabilities, feminist disability theory would argue that in situations in which disabled students may perceive having less power (e.g., the classroom with a faculty member), they may have to hide their bodies or minds as a protective factor (e.g., protecting their mental health or grades). Magic and Jane both talked about how they have been graded harshly by faculty who they did not feel understood their disability (Magic) or pushed through physical pain for fear of getting marked down (Jane). All students noted dealing with these barriers with some form of resistance, even though it showed up differently for each participant.

No matter the form, these methods of resistance led to feelings of celebrating, embracing, pride, or neutrality toward their disability. For Meghan, Magic, and Stacy I saw this theme in the language they used, having both shared stories about why they use identity-first language when talking about their disabilities as it is just part of who they are. For Marianna, Jane, and Stacy, I also saw the ways in which they began to open up about their experiences and needs in the classroom or the workplace as a form of resistance. When participants noted these feelings, some of them also recognized that they see themselves moving back toward feelings of isolation in their graduate program, either because of the influence of past experiences, internalized ableism, or reactions from others. Again, moving between the two as interpreted by feminist disability

theory is a method of protection in an environment designed for privileged and able-bodied students.

Participants also seemed to move from hiding to celebrating in relation to identities other than disability. Ted, Maili, Jane, and Magic all talked about how they have either recently started exploring and embracing their sexual orientation (Jane and Magic) or how reflecting on past experiences has made them look at their sexual orientation differently (Ted and Maili). All of these participants identified as bisexual, so it is crucial to discuss the impact of biphobia on participants' identity development, as well as the hidden aspects of bisexuality as it relates to the theme (Ramirez, 2024). Literature supports that experiencing antibisexuality can impact physical and mental health (Arnett et al., 2019), as well as their sense of community, strong relationships, and sexual identity (Irvine, 2017). As such, students who are bisexual and disabled have a unique and complex experience that may manifest these feelings and actions of hiding differently than straight and/or able-bodied students due to wider systems of oppression. In relation to race, Ted provided several stories that highlighted how, as a biracial woman, her experience was slightly different from the other participants who were all white. Ted could not hide her race, while simultaneously having sexuality and disability identities that have invisible aspects to them. In one anecdote, she talked about past experiences in her early education at a predominantly white school district in which she realizes now looking back at it, that she minimized her racial identity to fit in, such as with laughing at their jokes that were racially targeted. Then, she came to college where she felt she could be herself more and became an advocate for greater representation of Black women in higher education. What can be made of these examples is that disability is not a person's whole identity, and systems of anti-Blackness, antibisexuality, and ableism shapes their identity development, even in programs that emphasize social justice as they

too are rooted in oppressive systems. These stories show how disabled students move between hiding and celebrating their identities, especially when those other identities are also minoritized.

Possible Alternative Interpretations

Though I believe intersectional and critical theories such as feminist disability theory are a strong fit for this study, it is important to acknowledge how other theoretical approaches may have interpreted the themes found (Fraser, 2004). Two other approaches that I thought could support this type of qualitative data were developmental theories and social theories, specifically psychosocial adaptation to disability (Livneh, 2022) and social learning theory (Bandura, 1989).

Developmental theories focus on how we change over time and what influences that change, while social theories focus on how we process information through observing behaviors and consequences. In relation to the results of my study, a theory such as psychosocial adaptation to disability (Livneh, 2022) may frame the data in terms of stage of development. For example, instead of moving from hiding to celebrating, they may associate examples with their stage of adaptation to disability such as use of pre-coping strategies or positive psychological outcomes (Livneh, 2022). This could be beneficial for putting names to the stages that participants may be moving through and knowing where they have been or may go in the future. Furthermore, social learning theory emphasizes how we learn from others, so this type of analysis may lean toward interpreting examples where participants learned from others such as family, peers, teachers, and counselors. Social learning theory could be beneficial for focusing on how choices of the individual have led them to where they are, in conjunction with impacts from their environment. However, I offer an outlook that leans less towards labeling participants, and more towards practicing humility to best understand their experiences within their social and cultural contexts.

Strengths & Limitations

No study is perfect, though there were several strengths of this study to highlight. One, is the diversity of experiences within the sample. Though all participants had some form of non-apparent disability, there was variety in diagnoses. There was also variability across geographic location, type of university (e.g., private, public, in-person, online), and tracks (e.g., clinical mental health, college student affairs). Ultimately, utilizing a combination of email outreach and social media helped with getting a wider reach. At the beginning of each initial interview, I made a statement along the lines of, “While having a disability was part of the criteria for the study, I really do want to get to know you as a whole person and encourage discussion of other identities and experiences as they relate to the questions.” Upon reflection, I think this was helpful for encouraging more discussion of social context and identities, as several participants stated that separating their identities would have felt wrong. Finally, I see the positive impact that the study had on participants as one of the main strengths. Participants talked about how going through this type of reflection helped them as individuals and their hopes for it helping others. One of the goals of this study was to better understand disabled counseling students’ experiences, thereby validating other disabled students’ experiences, a goal that seems to be shared with participants.

While this study addresses critical gaps in research in counselor education, there were also several limitations. One, is that the nature of this study only captured one side of the story in only interviewing disabled students; while this side is an underrepresented group both in academia and literature, this selection limited the ability to draw conclusions about how faculty or administrators reflect on how they viewed disabled students and the accommodation process. Because disability in this study was self-identified, there were also natural barriers to using

self-report, such as not knowing whether this student would qualify as having a disability by medical terms or through the accommodations office on campus. However, this choice was made intentionally to promote autonomy and build trust with my participants who already experienced mistrust with helping professionals. Another limitation was the demographics of the sample. While the sample was diverse in geographic location, program type, sexual orientation, and religious affiliation, it was limited in disability category, gender, and race. All participants had non-apparent disabilities, so the results may not be applicable to students with visible disabilities. However, the commonality of having hidden aspects to their disability experience may have helped draw more cohesive themes between participants. Similarly, the majority of participants were cisgender white women, reflecting the underrepresentation of minority genders, sexes, and races in the counseling field (see, e.g., CACREP Vital Statistics, 2022) and limiting who the findings may be applicable to.

Implications

The results of this study serve as a reminder of the importance of seeking disability justice in counseling programs. This study had three main goals: , a) increase understanding of disabled counselor trainees' experiences in counseling programs in the context of their identities and lived experiences, b) differentiate facilitators and barriers present in counseling programs, and c) provide recommendations for counselor education faculty and programs to be more inclusive of disabled students' experiences. Below I discuss implications for counselor education and counseling, including programs, educators, supervisors, counselors, students, and counseling organizations.

Implications for Counselor Education

Through participant responses, facilitators and barriers to disability representation were identified. Barriers in counseling classrooms included shutting down conversations about disability by dismissing students' experiences or brushing past disclosures; formally or informally requiring students to prove, explain, or defend their disability; or having deficit-based discussions or information surrounding disability. Facilitators of disability representation in the classroom included allowing ample space for discussion of disability-related experiences, self-education so disabled students do not have to educate their peers or instructors, and speaking positively about disabilities in research and the classroom.

A question I find myself coming back to is: how are we supposed to expect counselors to provide equitable services for clients with disabilities, if we are not modeling this for our students with disabilities? As counselor educators, if we continue to teach about disability through the lens of ableism, disability will never be understood as a strength or as part of the diversity of the human experience. Based on the narratives of participants, some faculty and programs are creating anti-ableist classroom climates and I do not intend to minimize the positive impacts of those who have been open, educated, and respectful. At the same time, how do we hold those who are not doing that accountable for furthering their own education and for making counselor education a place where students and faculty can feel safe to embrace their identities, including disability-related identities?

Pedagogically, participants provided several recommendations that faculty could apply to their teaching approaches and address several of the barriers disabled students identified. Researchers have emphasized how disabled students have expressed a need for more inclusive pedagogical practices (Rivas & Hill, 2018). Participants of this study provided specific ideas and

examples of how faculty and instructors can be more inclusive. First, is consistently working toward creating an anti-ableist classroom environment, which benefits not only disabled students but students across other marginalized identities. Ways to work toward this include self-education, implementing elements of Universal Design Instruction (UDI), and practicing critical reflection to consider why our programs or classroom is designed in the way it currently is. In practice, this may look like having multiple options for assignments and allowing flexibility on due dates or classroom design, both of which are characteristics of UDI as they decrease stigmatization for different styles of learning and make the materials and assignments less complex and more intuitive (Ben-Moshe et al., 2005; Knoll, 2009; Nocella, 2008). UDI has benefits beyond disabled students; UDI strategies also lend to tenets of trauma-informed care, for example, which makes sense given that experiencing inequities can lead to trauma responses (Venet, 2023). What is added to concepts of UDI from the narratives of participants in this study is the idea of having an intersectional application of UDI principles, and understanding how UDI functions within systems of oppression beyond ableism. In counseling classrooms specifically, many students noted that they did not learn about disabilities or how to be a counselor with disabilities, and they had to follow skills or programmatic requirements that minimize their experience as disabled students. Examples of requirements that felt disability-exclusive included mandates to adhere to able-bodied counseling skills (e.g., narrowly defining what attentive listening or classroom participation look like) and unimodal approaches to the classroom that do not support the strengths of disabled students (e.g., only offering courses as asynchronous or synchronous, presenting course material in one format). A practice that could be helpful for faculty is reflecting on the narratives presented in this study and using them as case studies, either for students' learning, self-learning, or programmatic development as each participant

offered a unique perspective and recommendations for educators and counselors. In application, a critical discussion point would be to consider how oppressive and academic systems impacted the participants' experiences. Finally, several participants acknowledged how helpful it would have been to know about accommodation and/or learning resources earlier, suggesting that programs could be more supportive of disabled students by intentionally sharing information on disability services and resources with all students at program start, for example in orientation or in the handbook alongside other student resources.

Within the category of dismissing students' experiences, many participants told stories related to unsolicited medical opinions on their disability. Researchers categorize these types of ableist microaggressions as *denial of privacy*, implying that able-bodied people are entitled to knowing personal information of disabled people (Aydemir-Döke, 2024; Keller & Galgay, 2010). In the classroom, it is critical to remember that master's students do not have to disclose their disability. Considering this in the context of power dynamics, disabled students need to be reminded that disclosing is optional, especially when being asked by faculty who have more power over them. Faculty also need to remember that students you are interacting with may have a disability, even if you do not know about it. The estimated prevalence of disabled students in higher education is 12% (National Center for Education Statistics, 2018), which is assumed to be an underestimation because of suspected low disclosure rates (National Center for Education Statistics, 2022). At a minimum, this statistic tells us that more than one in ten of our students will have a disability, whether we know it or not. Furthermore, disabled students should be told about their own rights to withhold disclosure if they would prefer and also know the benefits of disclosing, which may include receiving reasonable accommodations or claiming it as central to their personal identity.

One participant even mentioned how they perceive that disabled faculty do not acknowledge their own experiences with disability to students. Maili explained how this modeling could be helpful and normalizing:

Even if teachers could disclose whether they have any issues or problems. It would be inspiring to know that. At this point in my schooling, I think that they're all perfect.

[laughter] They're all major resources, type A personalities, doctorate people that just like skated right along. [laughter] Just to know what they might have overcome would be cool.

(Maili, *The Wounded Healer*, Line 154).

This sentiment raises questions about what may be hindering faculty in disclosing? How does the culture of whiteness and white supremacy further fuel these oppressive educational values? In what ways could faculty disclosures be beneficial or not for students? What changes would be necessary for faculty to feel comfortable doing so? Faculty are critical stakeholders in higher education, and the culture of academia in which they are housed promotes elitism, reveres perfection, and demands hyper-productivity (Dolmage, 2017). These values connect to other discourses of normativity that impact disabled and non-disabled faculty alike and help uphold ableism, anti-Blackness, anti-transness, misogyny, colonialism, ageism, capitalism, and so forth (Erkulwater, 2018; Lewis, 2022; Schalk, 2017).

Finally, there appears to be a dire need for normalizing and encouraging disability representation and education across programs. While part of this issue may be improved with implementation of the above pedagogical changes, it also includes having more disability representation in faculty and students, both visible and invisible, in counseling programs. Jane emphasized the importance of having models when reflecting on representation. After sharing

how she never saw anyone growing up who had a trajectory similar to hers, she realized that the same is true now:

That goes back to what I was saying: who else do I know who has chronic migraine? Who else do I know who has chronic pain? Nobody. We don't see them. [laughter] The world still doesn't see people with disabilities or different abilities. There's so much having to push and fight to be okay for yourself, let alone to represent anybody else. (Jane, *Who is the World Designed For?*, Line 241)

Within this story, Jane implies a level of exhaustion that comes with self-advocacy that it can be difficult to put a similar level of energy in representing others. By increasing disability representation, disability-related experiences could be normalized and made more visible. With greater representation, disabled students may be more widely considered in recruitment and retention, being supported not only in applying, but throughout their entire time in the program.

As such, changes are necessary to work toward encompassing an anti-ableist curriculum. I urge CACREP and its representatives as an organization designed to standardize program accreditation, uphold curriculum standards, and report data to start to include disability more consistently and clearly. For example, including the percentage of disabled students in their yearly statistics to allow us to better understand disability representation numerically and potentially learn how changes in programs impact disability prevalence in counseling programs; this came up as an issue both in my preliminary research, and from Marianna during interviews. Without data on disability prevalence, it is more difficult to understand the representation of disabled students and faculty. Secondly, following up on claims to include disability more thoroughly in their standards, including addressing the fact that only one fifth of students take a disability-related course, even though it has been shown to be beneficial and more helpful when

compared to programs that only infuse disability content across courses (Feather & Carlson, 2018; Milsom, 2003). Promoting the use of disability counseling competencies alongside MSJCC education could also aid in addressing this educational gap across programs. Until CACREP addresses these pieces, programs can model what it looks like to be inclusive of disability experiences by considering and incorporating the previously mentioned recommendations.

Implications for Counselors

As a disabled counselor myself, as well as a clinical rehabilitation counselor who works with clients with disabilities, I am aware of the impact of education and training on the client experience. Similarly, participants in this study offered strong recommendations for practicing counselors to make their practice more equitable based on their own experiences as disabled clients. Regardless of their own lived experience or training, clinicians must practice critical self-reflection to attend to the below recommendations and the complex experience of disabled clients.

Even when discussing negative counseling experiences, several participants talked about how even counselors who were not affirming were still skilled in some areas, offering a certain level of growth for them as clients. However, by not acknowledging disabled clients' identities or seeming skeptical about their disability, the work sometimes felt incomplete. These stories imply that having some level of self-awareness and core counseling skills as a counselor does not inherently mean that counselors will include disability in the incorporation of holistic views of clients. As such, practicing counselors may benefit from seeking professional development in working with clients with disabilities, especially if disability education was not included in their program. Based on client narratives, being willing to look at deeper, underlying challenges

(including the impact of oppression) and helping guide clients to living their best life *with* their disability rather than ignoring, fixing, or working *against* their disability may help clients feel more confident in counseling. Counselors also need to critically reflect on their exposure to working with disabled clients, and if they have not had this experience before, think about how they can advocate for increasing disability representation in their practice. As previous research supports, disabled clients sometimes expect there to be negative assumptions made about them in counseling, leading to inaccurate diagnoses and services that have the potential to further problematize disability (Smart & Smart, 2006). Knowing that there may be a level of mistrust based on valid past experiences, counselors can be intentional about building trust with disabled clients by balancing showing comfort in talking about disability while not overemphasizing disability if that is not what the client is in to talk about.

Another aspect that came out of participant narratives is what has impacted disabled clients positively from counseling-related work. Several participants mentioned how encouraging the separation of messages of internalized ableism helped them work through it, and for Meghan in particular led to a sense of freedom. The skill of recognizing systemic influences on the messages a client shares requires a high level of awareness from counselors about ableism and how it interacts with other forms of oppression. Along with the importance of a high level of awareness, came a high level of empathy, including validating and normalizing what disabled clients go through; while this is a core counseling skill, participants did not mention this being present for every counselor. Therefore, clinicians should read through the narratives included, with the question: in what ways do I both perpetuate and resist replicating negative counseling experiences for disabled clients?

Future Research

Many of the recommendations I am about to review come directly from the participants of this study, and all the recommendations stem from incidents in their stories. One area that was made evident through this study was a gap in clinical skills, where students, faculty, or counselors continue to enact microaggressions on disabled students by making conversations about disability about themselves or asking invasive questions. Future research could look at developing strengths-based strategies for teaching folks with disabilities and promoting anti-ableist counseling competencies that could be housed under the broader scope of the MSJCCs (Ratts et al., 2015) or give rise to a wider reach of the ARCA (2018) Disability-Related Counseling Competencies.

Secondly, future research needs to consider increased disability representation across identities. Though there was only one participant who shared that they identified as a student of Color in this study, three participants (Ted, Magic, and Jane) brought up the need for better representation across races and ethnicities, aligning with research on predominantly white disability advocacy spaces (Annamma et al., 2018; Erkulwater, 2018; Schalk & Kim, 2020). For this study, I wanted to recruit more racially and ethnically minoritized folks. However, by mostly recruiting through program contacts, the diversity of the sample may have been hindered. Alternative methods for recruitment could include pursuing participants through resources such as educational equity offices. Ted offered another thought that could be useful for future research. She posed the statement, “I don’t know where the issues are starting,” in relation to why she does not see more Black women in the classroom. This idea could be a good start to a research study that looks at why students of Color, more or less disabled students of Color or Black disabled students, are not being seen in the counseling classroom. Is it because the climate

is not welcoming? Is it because our recruitment efforts are not diverse or that there is a low trust of researchers? Is it because of access-related issues? Furthermore, producing research that looks at the disabled experience in students of Color could be deemed beneficial for understanding their experience in more depth and reminding consumers of research that disability reaches across all different types of identities, including race and ethnicity.

Other areas of interest raised from this study include better understanding faculty disability education competence and disabled faculty experiences. As several of the barriers discussed above surround discussions in the classroom, conducting a focus group study with both disabled and able-bodied and able-minded faculty on how they feel navigating conversations around disability and promoting disability pride may be helpful for developing concrete teaching tools that facilitate more disability-positive classroom climates. Alternatively, better understanding disabled faculty experiences in navigating academia could prove fruitful regarding whether they feel comfortable disclosing or not to their students and colleagues, and how they perceive disability education is incorporated in counselor education.

The current study emphasized the impacts of understanding disability through the lens of ableism on experiences in higher education. Time and time again, we associate negative connotations to disability status because of how we are socialized to devalue disability. Therefore, we are tasked as researchers to be cognizant of how we talk about disabilities and their impact, both in terminology, and also considering the impact of how we write about disability status, identity, and disabled people. This may show in action, by fighting for counselor inclusion and disability representation on the development of the Diagnostic and Statistical Manual to lead to more accurate and affirming descriptions of disabilities, or deconstructing deficit-based approaches to the classroom regardless of if we know there are disabled students in

the room. No matter the approach, there are many ways to apply the research gleaned through this study to be thoughtful about our impact.

Conclusion

The primary goal of this study was to increase understanding of disabled counselor trainees' experiences in counseling programs in the context of their identities and lived experiences. Findings demonstrate, consistent with previous work, that while disabled counseling students have found some support in their programs, they still have to navigate fitting into able-bodied and able-minded norms of academia, persevering through dismissal to advocate for themselves and others, and working through internalized messages to move from a place of hiding to embracing. Future research is needed to develop strategies for increasing public awareness and education of disability, understand the effectiveness of pedagogical tools that facilitate inclusion of disabled students, and understand how disabled faculty experience academia. While disability representation will not change overnight, we are each capable of making one change at a time to work towards more consistently celebrating the gifts of disabled counselors-in-training.

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Appendix A: Interview Protocol

Interview 1: Past Experiences

Research Question: What impact have previous experiences in education and human service settings had on disabled students' identity development?

- 1) Please describe your position at the university.
 - a) Year, track, specialty, etc.
- 2) Can you tell me about yourself?
 - a) Social identities, family background, place of origin, etc.
- 3) What was your experience navigating the K-12 and college systems as a [social identities] student?
 - a) If the participants' disability was acquired later in life, ask: what was your experience navigating the K-12 and college systems before and/or after acquiring your disability?
Consider intersections of identities in your response.
- 4) What has your experience been like utilizing human services such as counseling or medical appointments as a [social identities] person?
- 5) How, if at all, have these experiences impacted your identity development?
 - a) Personally, professionally, etc.

Interview 2: Current Experiences

Research Question: How do disabled students experience and reflect on representation within their counseling program?

- 6) What are your perceptions of disability representation in your counseling program? In other words, tell me about your experience in the program.

- a) Coursework, classes, interpersonal interactions, practicum, internship, curriculum, developing clinical judgment, etc.
- 7) What strategies have been helpful for supporting you through completing a counseling program as a [social identities] student?
- 8) In your opinion, what are the biggest obstacles that disabled students face in counseling programs?
- 9) How, if at all, have your identities been affirmed or challenged through your program?
- 10) What, if anything, do you wish counselor educators or your peers better understood about being a [social identities] student?
- 11) What does representation mean to you?
- 12) Is there anything else you would like to add that you have not had the opportunity to share yet?
- 13) What has reflecting on your experiences been like for you today?

Appendix B: Screening Survey

Below is a link to the screening survey. Please complete the survey if you are interested in participating in this study. Completion should take less than five minutes. You will then be contacted via email regarding whether or not you are eligible:

<https://forms.gle/zViUdKf5JWMccK6X7>

A copy of the questions are included below.

1. Name
2. Email
3. Are you over 18 years of age?
4. Are you your own guardian?
5. Are you currently enrolled as a master's student in a CACREP-accredited counseling program?
6. Do you identify as disabled?

Appendix C: Ted's Narrative

Growing Up

I was born in Africa, then my mom brought me and my siblings [to the U.S.]. She's from Minnesota, so she's white. My dad's from Africa. So I grew up pretty much in Minnesota all my memorable life. We were pretty much the only BIPOC family, and that was really weird navigating that growing up. We grew up with a single mom of four, and she works really hard. Now, she's making significantly more money, but we grew up pretty poor, like on food stamps and stuff like that. Then, it just progressively got better as we got older, and more kids were moving out of the house.

I identify as bisexual, demographically biracial. I've had several romantic partners. They've all been male, but I was attracted to females at a very young age, like five or six. [...] ³ But growing up in an all-white, heterosexual, Christian town, that was frowned upon. There wasn't any out person in the LGBTQ+ dimension. They were ridiculed and persecuted to the fullest extent, where there was a lot of drama and hate around people different than them.

K through 12, there were a lot of Black jokes like *Where's your dad?* kind of jokes, and I mean...it kind of got to the point where I was like...I regret it now, but in the moment I was laughing along with them. I was like, "Ha, ha, ha! That's so funny!" But that's kind of degrading looking back. I fit in because I was always in sports, so I was pretty social. Growing up, I knew all the cliques, hung out with all the cliques, and ate lunch with all the cliques.

I only had two years of high school. I had freshman year, and then sophomore year. I was taking some junior level classes, and then I took a year for an exchange abroad. Then, I took two gap years. In the second gap year, that's when my mental illnesses started to arise, so they were more apparent then. However, there were signs leading up to then.

³ Explanatory note: Removed, for flow.

I was dating this scummy guy and...it was a complicated situation. I have schizoaffective disorder, which is schizophrenia and bipolar disorder. I also have ADHD and BPD diagnosed later on. I got on antidepressant medication, which probably had adverse effects, because I had a suicide attempt. So I broke up with him, which sparked a manic episode because I was so happy for a few days, like bouncing off the walls, just ecstatic. I was planning and plotting my life. I was like, *Oh, I'm gonna be so successful* and like, *I'm gonna live my life* and that kind of ended with a crash. I had a suicide attempt, and then I was committed for six months, and then six months I was just working, saving up my money, and then I went to college.

The Magic of College Life

Coming to college was pretty magical, because there's all these different kinds of people and I'm like, *Oh, I fit in a lot better than I did in this all-white, very Christian-based, small-town Minnesota*. I came to college after the two gap years were over, and navigating college was pretty complicated because I didn't know about any resources on campus. I didn't really have a support system here, and I didn't have a therapist or a psychiatrist, so I was just kinda winging it. I did really well the first semester, but it kind of caught up with me the second semester. I had to withdraw from my second semester. From there, I started getting into plant science. With plant science, I did pretty well. I graduated with like a 3.3, 3.4 GPA, somewhere in there. I tried to start grad school in soil science, and I withdrew because I wanted to be an advisor. Then, I ended up in college student affairs and I decided that advisors don't make a lot of money, so I was searching around for other interest areas and I found financial aid. I worked really hard, had a lot of jobs during college, and paid off all my debt.

The six months of working [in between high school and college⁴] was really nice, because I could practice communication skills, socialize slightly, and be with my family in a safe

⁴ Explanatory note: Added, for clarity of timeline.

spot. When I went to college, I really didn't wanna socialize with a lot of people. Like I had three roommates [...] ⁵ and one of them really wanted to be my friend, and I really didn't want to be, but I ended up hanging out with her a couple of times and trying to help her with her homework because we had a lot of the same classes, and trying to be involved and listen to her story, but it just seemed so supercilious. She was complaining that...there was this BIPOC study group to help you get involved on campus. They're like, "If you go to a couple of events and you attend these meetings and study sessions, we'll give you a couple hundred dollars a semester," which is like nothing, right? But my roommate's like, "I'm Russian. Just because I'm not..." Well, she's from Minnesota. Her parents are from Russia. But she's like, "It's so unfair that just because I'm not colored, I can't be in this group." And I was kinda like, *that's weird*. I didn't know how to explain it at the time, but I was like...*that's pretty weird*.

Now, I'd say [...] ⁶ it's bridging the gap in the structural racism that prevents people from being involved in campus as much. I mean, there's Black Student Union, and other groups on campus, like Latino groups, and different ethnic groups that are able to help with being not white on college campuses, which was founded on white, Christian, male foundations. I could understand where my roommate's just like, "Well, I'm a different culture." But she's not. And I don't know...it seemed fair to me. But she's like, "This is so unfair," and I didn't really comment on it.

I have some opinions on religion, and they're not super popular. I kinda identify as agnostic just to summarize it. But I guess my religious stance is there may be Gods, and there may be lower powers and higher powers that exist, because that might just be a fact of life, but I don't believe in a singular God. And if there is a singular God, it's more like a collective

⁵ Explanatory note: Removed, for flow.

⁶ Explanatory note: Removed, for flow.

consciousness. I get really passive aggressive in church, cause my mom made us go to church. We went to several churches, but she's more spiritual, not religious. She's like, *There is good in the world, and I'm trying to be better.* And I'm like, *That's kind of the right mindset.* But I tried going to church in college and at the local church they're all, "Yeah, we're so grateful for all we have," like, "God blessed us!" And I'm like, you know based on history, your God told you to come like colonize and rape and murder and disease the land, and steal people, things, land that doesn't belong to you, and then you oppress people of different backgrounds from you until you stole and pillaged everything that you have. And they're all, "God blessed us." That's kind of not right.

I realize that I'm part of the colonizer. Which makes me think of my grandpa, he was a farmer. We pretty much come from farmers in the Midwest, so it makes me relax my stance, like I can't blame all Christian white people for all the injustice in the world. [...] ⁷ And I'm from Africa, so I'm not Black American, so hearing how angry and how upset and how they want systematic equality makes a lot of sense that they have programs that might benefit specifically BIPOC people in order to bridge the inequality gap. That makes sense to me, but in the moment, if we're kids and we can't see past like the base level of, "She gets that and I don't." It's like...because you have gotten it for so long, and she hasn't ever gotten it.

When I first came to college, I didn't really have a psychiatrist or a therapist. Then, in the second year when I needed it, I was kind of reluctant. Like, *I don't really wanna talk to you, but I should.* And then I didn't know how to fully describe it cause hearing voices, feeling things and experiencing things that aren't seemingly real, it's hard to explain. It's kind of like explaining a dream after the fact. [...] ⁸ So I was having difficulty fully describing my experience to my

⁷ Explanatory note: Removed, for flow.

⁸ Explanatory note: Removed, for flow.

therapist. My psychiatrist was just prescribing pills that made me sleepy and I changed therapists a few times [...] I'd research a pill and they'd be like, "Yeah, we can try it out." I'd try it out, not like it, or like it. Finally, we decided on the regimen that I'm on with the ADHD medication. For two years, I was on the stimulant and I was doing really good in school. I could concentrate, I was not zoning out or pretty much dissociating from any conversation, so that was really nice. But I was also experiencing more hallucinations, which is part of the stimulant and so we came off the stimulant. She put me on a non-stimulant ADHD medication, which is pretty nice, but also has side effects. Which it's like, do you live with the side effects, or do you just suck it up?

In therapy, we didn't really talk about different identities. One therapist was trying to talk about bisexuality and what that means to me, but then he kind of went on to himself. He was like, "Yeah, I was bisexual before bisexual was cool," and like, "I was hipster before hipster was cool," so I kind of just listened to his story.

I decided to try a psychologist, which I've met twice and has been more helpful than any therapist I've ever had. Therapists in the past, stated that they have experience working with psychotic symptoms and bipolar disorder and BPD and everything, but they seem to either be more interested in their perspective or just want me to practice like colloquial remedies on the internet. So if you Google *how to cope with psychotic disorders* you'll get a list of 10 things, and they're like, "Oh, practice mindfulness, pay attention to your surroundings, and try and focus on what's real, and try and ground yourself," which is all helpful and nice, but it's not getting at the heart of the problem. With my psychologist, we're working on IFS, which is Internal Family Systems. It's really recognizing that the voices are there, that they have independent identities, but instead of being like dissociative identity disorder when the personalities are first-person, they're in third-person, so they're talking to me, I'm trying to communicate to them, and trying to

⁹ Explanatory note: Removed, for flow.

debunk the beliefs that made them come into existence in the first place. She said that the goal is not to get rid of your voices, but to be patient or understanding, and try and work with them in life so they're not causing distress.

The Scariness of Disclosing

I never really told anyone [about going to therapy¹⁰] until I started my master's degree. One of our professors was like, "If you don't go to therapy, get a therapist." We talk about it more openly than in undergrad when there's more stigma. I guess I'm being more firm in the fact that I do need counseling, and I do need psychiatry work, that disability is a part of my life.

It's pretty scary to disclose any kind of major mental health issue. Like bipolar disorder, or OCD, or any kind of those majorly stigmatized disorders beyond anxiety and depression, which are still stigmatized, but not to the extent that other ones can be. I think people disclosing that they have anxiety and depression is kind of helpful and seeing like, *Oh, a lot of people suffer from mental illnesses*. But again, with more like scary-worded diagnoses like schizoaffective disorder it's a lot like...it kinda paints a picture in your mind and you place people in boxes with the media's representation, which is violent, suicidal, very unpredictable, and hectic, lots of delusions, running around crazy, so I have a feeling that people will be hesitant or scared of me in some way. Important to me, is that people know that mental illnesses are a thing. People have successful educational and career prospects, and that success is possible even with a heavier diagnosis.

I think the counseling teachers are very understanding. If mental health issues were to occur that affect your studies, I feel safe in disclosing that like vagueness of *I have a mental health issue, it's affecting my studies, is there any way you can help me work with it?* And I think

¹⁰ Explanatory note: Added, for clarity of topic.

they'll be pretty understanding in either extending some assignments or [...¹¹] working with you to ensure that you have equity in that situation. I haven't had to go through it yet, but I'm assuming if I were to, that it would be a safe place. My teachers are pretty old, so educators-wise, I think they're very wise in their ways. Maybe just advocating more in assignments like in skills class, when you have to be a therapist and a client for a couple of sessions, to advocate that you don't have to disclose anything if you're uncomfortable.

Navigating Stigma in Counseling Programs

The number one [strategy that's been helpful for me¹²] would be journaling. If I am hearing or feeling anything and it's distressful, to just write down those thoughts and write down what's happening and try and work through it, but still look busy. In general, setting boundaries like I have in opting out not to disclose my mental illness, and setting boundaries with other students and not pushing them or wanting to know more about mental health. I'll be pretty open to like, "Yeah, I go to a therapist and have mental health issues," but just setting those boundaries into their curiosity like, "Yeah, it's not really your place." It's a means not to, like in a relationship with a significant other, break up, but instead a means to stay together. And determining what you can handle and what's comfortable for you. Being in my current relationship, I have more time to say no, and be like, "I'm not comfortable with that," and I guess that kind of extends into school and stuff. Teachers have really good boundaries generally, but setting boundaries with assignments and schoolwork can be helpful. I guess, just coming to an understanding later in life that you can say no to some things.

In counseling programs specifically, I think there's a lot of stigma and a lack of inclusivity due to that stigma. We work with the mental health counselors, and they're all very

¹¹ Explanatory note: Removed, for flow.

¹² Explanatory note: Added, for clarity of topic.

cliquey in a way [...] ¹³ like, “I’m gonna try and diagnose and pick apart why you’re the way that you are.” Or like, “Oh, you had a problem with the party last night? Maybe you’re not getting enough attention at home.” It’s a very high school, cliquey kind of thing. So I think if I were to disclose a mental illness, I think inclusivity would be few and far between because I don’t know if they’d be able to handle that kind of stress if they can’t handle it amongst themselves, with their normal-appearing peers.

Just knowing that people hold multiple identities would be helpful. I know they’re teaching that this year and we’re all first-year students, but knowing that people aren’t just their diagnosis. You can’t center in on their diagnosis and kind of understanding that, *Oh, you may have like a mental health issue, but you’re also involved in this, and do this, and have this, and are this.* So I think just fully understanding that one part of who you are isn’t everything you should base your judgments off of.

When I think of representation, my mind automatically goes to, are there Black women in the thing that I’m going into? Like when I was in biology, there were no Black females in most of my classes, and I looked at the teachers and they’re pretty much all white men. [...] ¹⁴ In counseling, our classes probably have 30 people in them, and I’m the only person of Color. There’s maybe two or three males, but it’s predominantly white women in the counseling sector and that was kind of off putting. It’s a great program, you know. At the end, you have the option to do many things, so I’m wondering why people aren’t being either admitted or interested in this kind of work. I don’t know if people just don’t know about it, or if there’s just not many Colored women interested in the counseling field. Every class I’m in, I’m the only person of Color. My teacher has actually pointed out once she’s just like, “No one will know what it’s like, you know,

¹³ Explanatory note: Removed, for flow.

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to be like Ted in this situation, what she has to go through.” And I was like, *Wow! I don't want to be the token Black person anymore.* So just being super uncomfortable with that.

It's definitely off putting. So much of our coursework is based off of DEI, so having only like cisgender white women trying to understand what DEI is and its importance, is kind of...it seems kind of negated. That's just being a Black person in America. It's just part of life. [...¹⁵] At the end of the day...what I make and what I earn and what I have, I'm gonna know that I earned it. Someone may be similar to me, but come from different circumstances, better or worse, but I earned my fair share.

I have these multiple identities, which fall outside of that white, standard, male, able-bodied, and straight and all that, but everyone's got their own story, and everyone's unique in their own ways. So just empower yourself with your own uniqueness.

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Appendix D: Marianna's Narrative

The Experiment

My first year in the program, I was pretty careful about not sharing that I had ADHD. So my second year of the program, I said, *You know what? I'm gonna try an experiment. I'm gonna be honest with my ADHD, and I'm gonna see how people react to it.* I should have done more of a study and I'm starting to write things down, but it was really more that I wanted to see what kind of understanding people have and all that.

I've had several professors so far and I said, *I'm just gonna put it out there. I'm gonna see the reactions.* I got some of the craziest reactions. Crazy! I got from one professor, "Oh, I was told I had ADHD, but I didn't want to take medication, cause I like myself, and I didn't want to change." And I really went into this experience, thinking *I'm not gonna judge anything, I'm going to learn, because this is what my clients and myself are gonna have to experience.* I said, *I'm just gonna listen the first year, listen so well.* [...] ¹⁶ I've asked every single professor: should I disclose? It seems to be okay in the university, but not in the jobs. I was like, *Wow, this is...okay.* And a couple had said, "Oh, I've disclosed stuff, and it hasn't worked out for me." But I thought, *I'm gonna give myself one year.*

The second year, I heard about the writing program and I said, I'm just gonna go there and see [how they can help me¹⁷]. And they're like, "Yes! We help with computer skills, and we help with everything." It's been a miracle this year to be able to go there. I got through, I did well in my classes, and I studied so hard for the test. I had been out of school so long, and I never really in my childhood learned how to study right. I never did. I was smart enough just to mask all of this stuff. There's other people in my program with ADHD, and they know these computer

¹⁶ Explanatory note: Removed, for flow.

¹⁷ Explanatory note: Added, for clarity of topic.

programs. They're younger. It's just interesting as an older student with a disability. There are some more challenges, and there are also some things that are a lot easier.

I was talking to another professor after sharing that I had ADHD with the class again. She asked me, "Well, do you have a lot of trouble in school?" I wrote that down, I thought, *this is perfect for the experiment*. [...] ¹⁸ It's interesting, because I did have trouble with school, but then on the other hand, I was excelling. I mean, I would have rather had my trouble. I've had students sit there with me and say, "Marianna, if I could be as comfortable with people as you, I would take your computer issues any day." But because I kept sharing about [how helpful the writing center has been ¹⁹], she's like, "Do you have trouble in school?" and I said, "No, I don't. I love it!" I said, "I've had to relearn the writing and the computers. But I mean, I really like talking about the ideas. Sometimes, I'm having trouble getting it all presented." She said, "Well, that's what graduate school is. It's presenting it on paper. Anybody can be good in class," and it just startled me. I wanted to say...that's when I knew, *She doesn't get it. She doesn't understand ADHD, and I gotta keep my mouth shut because I'm making myself too vulnerable here. I'm not doing this anymore.*

With one of my favorite professors, I asked him, "How do you handle students when you get notified about students with disabilities, or they share in class? [...] Because you know what it felt like with you? It felt like you were celebrating my ADHD." I introduced myself and said I have ADHD and am enjoying going to the writing department, and he wrote back to everyone, "I think that's wonderful!" That's how I almost thought it was going to be in all the classes. More of a just natural celebration, like it wasn't a big deal. He said his big thing is practicing Not Knowing what a person experiences. And that's what I want to say to people: practice Not

¹⁸ Explanatory note: Removed, for flow.

¹⁹ Explanatory note: Added, for clarity of topic.

Knowing what a person experiences. Almost like, sometimes when I'd share about my ADHD, they thought they got what ADHD was. Everyone experiences disability differently. That's what I would love for you to know.

I got diagnosed when I was 40. I got on Ritalin, and I had so much push back from people in AA that I wasn't sober, and I really shouldn't be doing this. I had my sponsors say, "I don't see any signs of you having ADHD, you're so focused, you're successful." [laughter] She just had no idea, and I was very influenced by that. At one point, I believed that I wasn't spiritually sober if I was on medication. I heard it from enough people that I believed it. So I sort of struggled those next 20 years without Ritalin. I identify way more with ADHD than being an alcoholic.

Growing Up

Now, I look back at when I was younger and I could have been diagnosed with ADHD. When I was in grade school, I was in a special reading class and I remember zoning out all the time. As a kid, I was so funny, and I just got along with people. [...] ²⁰ I was the typical girl that doesn't get diagnosed. In junior high, I struggled through the math. I just struggled! We didn't have a lot of structure in high school, so you know how I made up for it? I worked really hard and I was really good. I was enthusiastic [laughter]. It was exhausting, you know? I just compensated like hell. You know how I navigated it? I'm a natural - it was my ADHD. See, when you have ADHD, you can be really good at stuff. I would use professors a lot, and I studied all the time. I had six kids in my family, five are brilliant. [...] ²¹ I never wanted to admit that I was not. There's a lot of shame about having trouble in school, so I just masked it.

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²¹ Explanatory note: Removed, for flow.

How did I get help...oh, I know how I got help! My sister helped me in high school. One teacher thought it was so brilliant he had me get up and read it...I couldn't pronounce the words [laughter]. She had helped me write it! So I just navigated my way around, because I was embarrassed that I wasn't smart. It wasn't an easy life. I worked way too much. I had to put in way more hours than other people, just to sort of keep up. My father was an alcoholic. Both of my parents were educators. [...] ²² I come from a white, privileged family in Minnesota. Privileged in the sense that it was in [a nice area and my parents had steady jobs²³]. [...] ²⁴ I wouldn't say I came from a tough childhood, but I think it was.

ADHD is one of the most controversial disabilities. There's no doubt about it. And I'm convinced of it being in my current program. I know now, when you tell people that they'll think, *Are you on medication?* When somebody says, "Oh, I struggle with depression." They might not think, *Are you on medication?* There's something different about ADHD. I knew from the beginning that I wanted to work with people with ADHD, because I had been to a counselor a couple years ago and she didn't even want to acknowledge the ADHD. [...] ²⁵ I actually learned a lot from her, wrote a lot of things down, but because she didn't have ADHD, I felt like she really quite didn't get something about who I was. With ADHD, it's almost like people don't believe you. It's just such a...different, interesting disability.

I think the greatest thing that could ever happen to anybody is to really, really acknowledge your ADHD. Though I'm in my 60's, I know from talking to so many friends that so often people get more free about what people think of them, and there can be a different sense at this age. Certainly not for everyone, but my development is just the acknowledgement of it,

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but there's sadness too. [...] ²⁶ Sadness around that there wasn't more of an understanding of ADHD. I would just ask these professors in counseling programs all over the country, what do you know about ADHD? And when your students disclose that, they're tough, they're really tough that they're there. And they're needed. I do think people with ADHD can be really good counselors. I think people with ADHD don't do jobs that they'd be really really good at because you have to fit into the world, into a certain type of personality. [...] ²⁷ There are a lot of people with ADHD that bring so many things to this world and we need all of them.

Navigating Unspoken Rules in Graduate School

I don't know what the rules are in graduate school about disclosing disabilities and not. They haven't really talked about it, but then when people disclose, it doesn't feel comfortable. It's just disclosed, and sometimes the professors won't say anything. I'm like...that is the worst counseling I've ever seen. [laughter] That's what I want to say! This student just poured their heart out and the professor won't say anything. In the professors' defense, maybe they don't think it's an appropriate place to share. I don't know what the rules are. I don't know how to have a disability in counseling. And maybe they don't want to deal with it. The feeling seems to be that it's unprofessional to share your disability in the workplace.

This is where I'm torn right now, because do I wait till I graduate? Do I wait? Part of me is like maybe not, I don't know. I once told one of my professors, "I really wanna be an advocate for this. I really do." But then something happens, and you're like...are they gonna see me more than just somebody with ADHD? Is it really gonna help somebody now? I'm really struggling with it. Or, why is it that important to self-disclose? But we're in the counseling department! I can see, maybe in English, maybe in business or something, but in counseling, I thought then

²⁶ Explanatory note: Removed, for flow.

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people could pick up the phone, “I have a client, Marianna, with ADHD. Tell me this, or I struggle with this.”

I think accessibility is there, I think it's probably there at all these universities for getting help. I...I don't think disability is represented. I really don't. My gut says it's kind of swept under the carpet. That's how it feels, like it's swept under the carpet. It's not shamed at all, but it was very surprising to me, considering it's a degree in counseling. They're missing a very...they're missing a huge resource of people that could help teach.

It feels like “representation” is just what the university does to meet the federal guidelines. That's what it feels like, making sure they got themselves covered. I don't think people understand. I'm surprised how little some of the professors know about certain disabilities. [...] ²⁸ I'd want students to know not to expect people to understand your disability on any level, just because they're in the counseling department. You need to be professional, and also, if you feel comfortable, ask for what you want and need. And use that as an opportunity, because it may help somebody else.

I'm a little disappointed in my experiment [laughter]. Now, I think I understand. It's not my job to educate people about ADHD or disabilities. At this point, it's not. And maybe there'll be things in this paper that will be eye-opening to people, I don't know. My hope for the future is that I keep trusting. I might learn differently than other people, and maybe I wouldn't be where I am at this age, if I could have gotten a lot more coaching or help. I had to figure a lot out myself. But I need to trust that I'm needed in the field.

²⁸ Explanatory note: Removed, for flow.

Appendix E: Meghan's Narrative

Growing Up

I've now learned that not everybody says this the same way, but I am dyslexic. I wouldn't say, "I have dyslexia," I would say, "I am dyslexic." Which is interesting, cause I thought everybody did that. Turns out, that's not true. That's very much a big part of my identity. It's not one I talk about very much, but I feel very confident in that one and it's definitely shaped a big part of who I am. Interestingly enough, I wouldn't say I am ADHD...I don't even know how you would say that anyways, but I have ADHD, and so that's been a part of my identity too.

Growing up, I found out about my dyslexia and ADHD at the same time, a really young age. I was in first grade when a brand new teacher, who was really a go-getter I guess, was looking for kids who had problems. To be fair, I think mine was pretty obvious. I couldn't read. I remember thinking I was never going to be able to read, and another kid in my class told me so. I remember crying and thinking, *I'm never gonna figure this out.*

I've learned it's a big deal that I got diagnosed with ADHD, because they just didn't do that with girls back then. So I must have been extremely like, *woo!* Like, energy off the wall. It must have been really clear, "That girl has ADHD." I definitely had the hyperactive type, cause back then they still did the ADD versus ADHD. So I got diagnosed, but my mother didn't believe in doing medication for children, so I was never given medication of any kind for my ADHD. In fact, growing up, it was basically ignored that I had ADHD until my mom suddenly got sick of it, and then she would try and do something about it. But mostly she was really focused on the dyslexia, and so I grew up more identifying with the dyslexia than the ADHD.

My mom and dad also then labeled me as stupid, so that didn't help. But I was really determined to not be stupid. [laughter]

Anyways, in school I was put through the Resource program, and I liked that label because I didn't realize until much, much later that I was in special education. I just thought I got to go to like a special cool program that was called Resource, and that name really helped like a lot. Until one day, way later, when I was like, *Holy shit...oh, my gosh!* But I think that would have been pretty detrimental actually if I had realized that, because I was already struggling with the fact that my parents thought it was stupid.

It was really exciting when I learned how to read. I was a vivacious reader. I was obsessed with it, I couldn't get enough of it, like I had done something magical. Because it was not something that I ever thought I could do. It was incredible that I could read. I wanted to shake everybody and be like, "Look at this amazing thing you can do! It's so cool!" And that was just really powerful for me, you know? [tearing up] It's funny, I'm getting emotional about that...I worked so hard. And I really wasn't even entirely sure if I could read, but I was like, *I need to. I want to.* And there was like this little voice that was like, *You're not stupid. You can learn how to read.*

In fourth grade, apparently I hit a wall with my ADHD symptoms. So that's when my parents finally acknowledged that I had ADHD again [laughter], other than making me run around the house. They told me I had to pick a sport. [...] ²⁹ I feel like things got easier for me to focus and whatnot once I started exercising, and then I could somewhat ignore my ADHD. But I was also taught to do that, because my parents didn't really talk about it, I wasn't really given any resources, and everything was my dyslexia. I didn't realize how much [the two diagnoses³⁰] were actually enmeshed. [laughter] As an adult, I still have a little bit of a hard time pulling them apart. It was interesting, but once I learned how to read, it's like I suddenly had this huge uptick

²⁹ Explanatory note: Removed, for flow.

³⁰ Explanatory note: Added, for clarity of topic.

in my ability to get stuff done, and I eventually tested out of needing special ed services, but after that, I kind of wanted to pretend that it wasn't there. But it definitely was. [laughter]

I don't remember much about junior high, for whatever reason, except for a few things. Like when I read the book *Little Women*. I remember being convinced that I probably wasn't gonna be able to read it. There was some program where you read certain kinds of books and would get points, and then you had to get a certain amount of points to get certain grades. I remember picking out *Little Women* because it was a huge amount of points and being like, *I don't even know if I'm gonna be able to get through this*. I was really freaked out, but I was like I have to pick a big book, otherwise I can't get the points and I'm gonna fail. [...] ³¹ *Little Women* to this day is one of my favorite books of all time. It's like comfort food. [...] ³² So that was an empowering moment that I was like, *Wow! I read this whole book. That's big*. I just lucked out that it was a book that resonated with me in a big way too.

But I remember it being difficult for me to get my homework and stuff done because I knew that I was much slower than everybody at this point. I could get through my math, it wasn't my favorite, but I got through it. But then algebra, I was like, *what the heck is this?* It just felt incredibly random, like I could not ever truly get what we were doing, it was just purely rote memorization. [...] ³³ I probably could have used some help back then, but I wouldn't have. And my parents certainly wouldn't have, because it was important to my mother that she didn't have a special ed kid anymore. My parents were still very much like, "Don't reach for the stars. It's not possible for you." But I still really wanted to. I really just loved to learn, and I still had this magic of like, "Look at all this I can do!"

³¹ Explanatory note: Removed, for flow.

³² Explanatory note: Removed, for flow.

³³ Explanatory note: Removed, for flow.

In high school, I hit a wall again when I had to read *The Scarlet Letter*, and I couldn't do it. Because the thees and thous, all this like old English stuff, was like what the hell is happening? [...] ³⁴ Luckily, that was one of the situations my mom did decide to help me out with, which was nice. She got me the audio tape for *The Scarlet Letter*, or it was a CD or whatever, and so I was able to listen to it. I remember listening to it while I was cleaning my room and having this aha-moment that I was like, *Wow, audio books are the best.* [laughter] So that was a little bit more difficult, but I thought it was really cool that the audio books actually helped me. I also learned that it would sometimes help to listen and read the book at same time. These weren't necessarily services my school was offering, but once again, I wasn't asking because that wasn't a thing I was supposed to do.

Seeking Help in College

Then, I went straight to college for my bachelor's, despite my parents' wishes. [...] ³⁵ My sophomore year is when things really got difficult. Around that time, I realized that this multiple choice thing that I had going on with me was really a problem. I was like I really need help, I don't know how to do multiple choice tests. I can tell that this is holding me back, and I don't know what to do. So I reached out to the university that I was at at the time, and could not get help. It was really complicated.

I was like, "I have dyslexia, and I need help," and I thought that would be enough. It wasn't. Somebody was like, "Well, we can't give you services unless you can prove you have dyslexia," and I was like, "Well, I don't have that paperwork." It was really strange, that paperwork followed me all through school, and then suddenly I'm at university and it was like, "Prove it." What do you mean I have to prove it? I don't even have this paperwork. It's not like

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you graduate and they're like, *Here's the stuff to let you know so you can prove to people that you have dyslexia*. I did ultimately reach out to the schools that I grew up in, and was like...give me my file? [laughter] So I ended up with this huge ass file because apparently they had a lot on me, and then I just plopped it on their desk and I was like, "This is my proof that I have dyslexia." [...]³⁶ All I was looking for was how to take exams better. That's all I wanted.

I ultimately switched universities, and then things went better. I think it helped that the classes were smaller. That was a big thing, for sure. [...]³⁷ I was getting my degree in psychology because my mom said that was an easy degree, and so that was a degree I could do. Which was insulting. [laughter] Also, those sessions where someone sat down and helped me with taking multiple choice exams really carried me far. As I got further into the program, because classes were smaller, I could write more papers and I think that helped a lot too.

[The messages I got from my parents³⁸] did eventually go away, but it took a really long time. Actually, I still battle it sometimes. I'm working on a paper on ADHD right now and it's been surprisingly hard to read all of the things that are wrong with me. Like my brain is broken. I keep reminding myself that my parents aren't right. I'm not broken. I don't even necessarily like to call myself disabled. I don't want to say that I'm disabled. I have disabilities, I guess, but I don't like...that might be some of just the fact that I have to combat this idea that I am stupid. So it is sometimes there and it really makes my insecurity really bloom. But now I understand too, that ADHD and insecurity kind of go hand in hand. There's a lot of examples of, why can't you just do this? Why can't I just sit down and write my paper? Like what's wrong with me?

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³⁷ Explanatory note: Removed, for anonymity.

³⁸ Explanatory note: Added, for clarity of topic.

Finding Freedom Through Therapy

Through therapy after college, I really started to understand [where these messages were coming from]. I finally realized that I'm not stupid. And there's a lot of evidence that shows that I'm not. Maybe, I'm actually pretty intelligent. But I do still battle it, like right before I decided to get my master's, I think that's when I truly tackled: am I smart enough to do this? [tearing up] And I really, really, really wanted to do it. I found so much freedom in counseling, and I wanted to pay it forward. That's why I'm doing this, I want to help people find their version of freedom.

I guess I'm smart. [laughter] I think I just got a bum gig that I got these disabilities that sometimes make you feel like you're stupid, or convince other people that you're stupid. And my high intelligence has gotten me pretty far. It's helped me find ways of maneuvering and making things work anyways. Especially since I wasn't on medication for my ADHD, until now.

Realizing I'm Not Broken

Now, learning about ADHD and whatnot has been surprisingly difficult. [...] ³⁹ It's been shockingly difficult to process some of the wording in the journal articles. It doesn't make me feel very good. It makes me feel a little broken, and I'm trying to combat that. Like okay, my executive function doesn't fire quickly. That is correct. That is in my brain. [...] ⁴⁰ But the language around it is not kind. With dyslexia, I always felt like I don't fit in the same box as everybody else, like the whole world is made for somebody else. I live in a world of letters and numbers, and I recognize that. I'm used to it in some ways, even though I cannot tell you my right from my left [laughter] [...] ⁴¹ But I'm starting to feel that way about ADHD now that I'm embracing it more. The idea that the world isn't made for me. [...] ⁴² I sometimes wonder if the

³⁹ Explanatory note: Removed, for anonymity.

⁴⁰ Explanatory note: Removed, for flow.

⁴¹ Explanatory note: Removed, for flow.

⁴² Explanatory note: Removed, for flow.

world had a bunch of dyslexics, and then there was a minority of people who aren't dyslexics, I probably wouldn't have as much of a hard time with it. I work, I live, I adjusted to living in this world really well and I can do it just fine. But I truly did have to learn how to exist.

I started out today with that I am a dyslexic. For a really long time, I would've said that I have dyslexia. So somewhere along the way, as an adult, I started to say I am dyslexic and I got really confident with that. I think getting my master's has really made me confident in the fact that I have ADHD. I'm really open about it now and I actually talk about it with people. [...] Maybe it's that I'm getting a degree to be a mental health professional, but I do feel like if I can't be okay with who I am, how is anybody else supposed to be? Like I'm just gonna be a fake, you know? And how can I help anyone if I'm a fake? But I have felt this need to embrace my disabilities, and just understand that it's not like me, and *then* my disabilities. It's like me *and* my disabilities. There is no Meghan without the dyslexia and ADHD. There's no Meghan, without the growing up in the Southwest, and the experiences I got with living in different cultures by living in different parts of the state. [...] ⁴³ Having kids shaped me, being a mother has totally shaped me, things like that. I would never put those things in a different basket, you know? So why would I do that with something that's so intrinsically like has shaped me as a person?

I don't think I would have been so driven to or found learning so magical, had I not had the wonderful aha-moment of finally reading. That's a beautiful magical thing that happened to me that I still get to tap into to this day, to remember this incredible thing that I can do now. It's wild, because I'm in my 30s, and yet I still can tap into the fact that like...reading is incredible [...] ⁴⁴ Why would I want to get rid of that magic? That could be true with ADHD. I think it's

⁴³ Explanatory note: Removed, for anonymity.

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great that I have lots of energy and keep up with my children, I wanna go and do things, I'm not a couch potato. [laughter] There are so many great things that I can embrace about myself.

I was processing what we talked about last week, and I've realized that part of the reason I'm struggling so hard with my ADHD is because I've kind of lost sight of the good things in it. Maybe I didn't entirely know what they were in the first place? I'm not sure, but I've noticed while I've been writing this paper, I've been really passionate about ADHD. [...] ⁴⁵ As I was reading through all these articles, I kept getting really depressed because, like I talked about last week, they're not always very kind in their wording, and I realized from our conversation that that's because I'm not coming from a place of fully embracing my own disability. I found out I haven't entirely come to peace with it, which is surprising cause I thought I had it under control. I'm still processing it myself, which is a good thing. I'm not actually upset that school has cost me that, but I'm so grateful I'm on my medication now because it makes a huge difference in my life. [...] ⁴⁶ I didn't realize that I had gotten so...hard on myself. And that I have been kind of thinking of myself as broken.

I'm surprisingly not really seeing, and maybe this just hasn't been the most recent research, the fact that we're so hard on ourselves and that self-esteem is such a problem. We mess up over and over and over. And we try so hard not to. And we promise this time we'll listen. And we're not gonna interrupt. And we promise that we're gonna get that thing done. And then we just forget again. And because of that, all these things pile up, and we feel like a piece of shit. We feel like failures. We feel like failures, because all these things pile up, and then it feels like there's not a lot of evidence that we put in all this effort. [tearing up] And that we tried so hard, you

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know? I'm surprised, I'm getting emotional about it. [...] ⁴⁷ I don't see any strengths at all in the literature right now.

I think my program has done, in general, a really good job. I think that's cause counseling is very much about working with populations of all different kinds. We have to know about different disabilities. Most of my classes have been really great about providing space for people with disabilities to talk about their experiences with it. It's been really cool, honestly. It's really demystified a lot of issues that I didn't even necessarily know that I had. One of my teachers is really great about providing some discussion space to talk [...] ⁴⁸ It's been cool to hear that somebody in my program [also has a disability]. It makes it more real and then it gives me somebody I can even reach out to to ask more questions about it. But I love my program. [laughter] It's nice to just get to be me too, you know? I think it's empowering me, makes me feel better about my ADHD, because [even though this particular class is hard], that teacher is amazing, and she's created a good environment where I am empowered, that I am okay, I'm not broken, and I feel that in most of my classes.

I think representation would be education on the disabilities. Once somebody does realize I have a disorder, it gets exhausting to explain what that actually means. And it's become impressively clear that nobody even really knows what ADHD is. I don't even necessarily mean only in education, even for the regular public. But I also mean for the people who have the disability, because I feel it's important for me to know what that means, right? For me to go learn about myself. But at the same time, I don't remember anybody ever sitting down and ever explaining to me what that means. I just was left to fill in the gaps myself, and I feel like that did more harm than good. And then I end up filling it in like, *well, I guess that means that I'm not*

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smart or *I'm just gonna fail at stuff a bunch*. And you're gonna do that regardless, and it feels like that's true with society as well, because people don't know what ADHD is or what dyslexia is. Then, I find people making strange assumptions. The whole name Attention-Deficit/Hyperactivity Disorder is an impressively terrible name, because everybody just latches onto the hyperactivity part. The acronym ADHD is fine, it doesn't seem to make any difference, but once you break it down and people actually talk about that, it seems like that causes a lot of misconceptions. And I thought the same thing for years, which is wild, because I was never educated. So I think representation, to me, would be just educating everybody. And maybe something counselors could be better at in general too, is being able to educate on some of these disabilities. I know you can't be a specialist in everything, but it would be helpful to get some specific resources on your specific disability.

I'm more than these pieces of paper make it seem. I have to know that within myself first, and that's really what matters. This process has been like a good reminder to not make myself just another like part of a bigger picture, but to just make myself the main character of my own story, you know? I don't need to be a statistic, I can be greater than that.

I was initially nervous to respond to your letter. I sat on it, I felt like I should, but when they were like: *looking for students with disabilities!* I didn't want to respond, because I didn't want to have a disability. I didn't want that label. I don't want to consider myself as disabled, it doesn't mentally make me feel good. But I also think that society tends to make disabilities like you're in a wheelchair, or you have a physical disability. I was actually pretty convinced you were gonna write back and be like, "No, not you. You don't really have a disability." I feel like this actually makes me feel a little better, and that you did include me, because it's...it's surprisingly affirming to acknowledge that I do actually have a disability, that dyslexia and

ADHD really are disabling. I think we live in a society where disabilities have to be physically seen. And when you can't see it, the pressure to mask is so high. It's good for me to hear that disabilities that can't be seen are still disabilities.

I do have an important role, and I should not be quick to dismiss myself because I have a disability, but actually because I have a disability, I have something to bring to the table. Not only do I have something to bring to the table, but I have personal experience and personal investment in this. It's not just something I read in a book, it's something I live with every day and I should not discredit that. Maybe society teaches us that the non-disordered people are the ones who should do all the big work and the disordered people need to take a step back. I do have to fight that and remind myself, *No, I have a disability, but I still have a place. And I still matter. And I can do big things.*

Appendix F: Maili's Narrative

Growing Up & Falling in Love

I was born in Ohio, and I moved a lot in my life. At one point, I moved to New Mexico. I was looking for God in the desert, but instead I found my second husband. [laughter] Eventually, I fell back in love with somebody who I was with previously, and moved to New York. We got into a massive fight and I ended up moving again, after this fight. Then he died, which was a really significant part of my life. I ended up going to pharmacy school, but that didn't pan out because my grades weren't good enough to progress into the next level. And so, with my tail between my legs, I ended up at my parents' house. There, I met my current husband. I married him so that he could get his green card, but I also married him cause I really liked him. [laughter] So we fell in love and moved around, so I've been to a lot of different places.

I got diagnosed with bipolar in the early 2000's, and somebody at one of the service agencies said, "You know, you should apply for disability," so I did. I was actually really surprised when I got the letter saying, *You are disabled and you're eligible for disability benefits*. But they didn't say in that letter what my disability was. I can only guess and assume that it's because I am bipolar, because I also mentioned chronic pain, but I didn't have documentation of anything that was wrong with me, as far as pain was concerned. I have fibromyalgia flare-ups on occasion. I had lumbar spine and neck problems, so I had a fusion and it really helped a lot with my back pain.

I also consider myself as having major depressive disorder, but that might not have been actually diagnosed officially. I consider myself with dysthymia, like a low level of depression for my whole entire life. I didn't really socialize with people very much when I was little. I felt like I was neglected by my family. I liked to curl up with a book and read about animals. I hated

people and loved animals. Well, I didn't hate people that young, but later on I felt like I hated people and loved animals.

Then, I started doing drugs early. In a way, that was kind of self-medicating. Alcohol is a social lubricant, so I was able to engage with people and hang out. Thinking back, I feel like I had bipolar symptoms in the fact that I was running around having sex with a lot of people. That's one of the criteria they talk about, and definitely I had that going on, some manic type of stuff. What shifted for me to decide to become sober was the depression. Going really far down, really low, especially after using and then having it wear off. I used to do speed, a little bit of coke, a little bit of heroin, marijuana was in there somewhere, really strong marijuana. [...] ⁴⁹ In any case, I would get really super suicidally depressed. I felt like I was in a dark, deep hole. And I knew that I needed a change to change or else I was gonna die. I had that realization, called a drug crisis line, and ended up in Narcotics Anonymous.

When I went to pharmacy school, I was taking the same type of classes, chemistry, biology, and physics, which I had taken already and gotten A's and B's. I was getting D's in these classes, I don't know why. I'm wondering whether there was something going on with my brain. I actually asked to be put on Strattera for ADHD, because I just couldn't focus, I couldn't concentrate. Maybe that was the bipolar talking, you know? The lack of focus, the inability to stick to one thing, impulsivity was happening around then, and I also consider impulsivity to be a part of the sexual stuff too, when I was younger.

When I went to pharmacy school, I actually had accommodations for taking tests. I was able to take it in a separate location, and was given a longer period of time to take the test. That didn't help. I ended up getting really poor grades, anyway. Maybe it was the bipolar disorder, but I was also being treated for lack of attention span, but it didn't really help. I couldn't study. I had

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a really hard time at school then. And then right now, my perception of having a disability in my current program is that I feel not that it doesn't matter, but I don't need the accommodations. I was inquiring about them, and they said at first that I had to have a psych eval, and then I talked to the lady that does the accommodation and she said, "No, that's fine. You just need a letter from your provider in order to get services." I decided not to get them because I don't see how I can be helped.

Empathy for Others

I got fired from three major jobs in my life. One, was as a case manager. I don't know exactly why I got fired, but I do know that I made a comment in the open like, "I don't know what I'm doing," just flippantly saying that and people took it seriously. I was in training, of course I didn't know what I was doing. But I was actually more relating to the clients than the professionals, cause they were always wanting to file and get the kids taken away. [...] ⁵⁰ My next job was at an alternative high school, and again, I could relate to the kids more than I related to the teachers and the professionals. I had a lot of trouble with boundary setting and we would go for a walk and I would let the kids smoke cigarettes, and the secretary drove by once and it was over. [laughter] Then, I had another job working behind a razor wire fence for incarcerated youth, and again, I could relate more to the kids than I could the professionals. I had a lot of empathy from where they're coming from, being that I was close to that kind of lifestyle.

Looking back, I feel like there was some mania going on at that job, and also the depression. At one point in time, I was diagnosed with rapid cycling bipolar, so I can relate to that, because it wasn't like I would have a month of depression and then a month of mania. It wasn't like that. It was more like a week or so I would have depression, and then another week I would be manic. But I ended up getting fired from that job as well, and I remember just not

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being able to focus and do my job correctly. I was also seriously depressed, because my supervisor was the most negative person I had ever met in my life, and couldn't say a good word or have any praise at all for anything that I was doing. She was constantly critical and I just got really affected by that. I would cry at night, almost every night. I once tried to get accommodations at work and my idea was that if I had a breakdown or whatever and couldn't come to work, that I wouldn't be penalized for that. I couldn't get my provider to write that in as a recommendation. She didn't understand or know or agree with it, so that just didn't happen.

Resisting New Labels

I started seeing my very first counselor when I was a teenager. My parents sent me to counseling. At first, there was family counseling, and they didn't like what the counselor had to say, so [laughter] that ended. Then, when I got clean and sober, I started counseling again, and have been doing counseling almost ever since. Like I said, I first got diagnosed with rapid cycling bipolar in the early 2000's, but I kind of poo poo-ed that idea, because I felt like everybody was getting diagnosed with bipolar it seemed like. That was the catch-all diagnosis, and I disagreed. I got put on a Wellbutrin, and ended up suicidal on that medication, but I've been counseling for a really long time.

All I know is that I did have a really good therapist. She was also my medication provider, so that's how I ended up with the bipolar and bipolar medication. Previous to that, I had tried so many different medications for my depression, and the only thing that worked was the bipolar medication. The positives from therapy were that I had a lot of affirmation, which really helped my self confidence and self-esteem. Mostly, it was talk therapy. I can't remember people being very direct in the counseling sessions, just mostly empathetic and listening. They really helped me with my codependency issues. I actually don't see any drawbacks to the counseling. I

know that when I got diagnosed with the bipolar I was really resistant to the idea. I wasn't really...I don't know if I wasn't happy about it, but I kind of resisted the idea that that's what I was. I didn't really like them being labeled, I guess.

When I got the letter from the disability from social security, I actually cried. Because it was like...this is real. I really do have this mental disability. It was a relief to know that there was something wrong with me and have it acknowledged by others, and set into a category. I felt like I didn't have to try so hard or pretend that I was something that I wasn't. I was also kind of upset by it like, *Oh, my God. I have this disability.*

In my cultural diversity class, they talked about intersectionality, like how we all have different identities that all intersect with each other. And I guess the bipolar is just one of my identities, but it does intersect with my ability to...to work, actually. I also feel like the bipolar and the drug use really intermingled with each other. I mean, maybe the bipolar caused the drug use, I'm not really entirely sure, but it's a possibility. Ever since I got the offer to do this research with you, I was thinking a little bit more about my past. A lot of my identity was my sexual identity. I consider myself bisexual, but it reminded me of how many partners that I had, and maybe that had to do with the impulsivity and mania, which really kind of surprised me in a way to think about it that way cause I had never thought about it that way before.

Being a sponsor was what made a big shift for me, cause one of my sponsees [...] ⁵¹ was always telling me how good I was at this. It kind of seemed natural to go into the counseling field. Everybody's answer to [why they want to become a counselor is] I want to help others. With my sponsoring [...] ⁵² I was thinking about picking up another sponsee so I could do the

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steps with them. Like they would do it, but I would also do it at the same time for my own self. And so even though it's not supposed to be this way, I feel like counseling others helps me.

The Wounded Healer

We did some disclosure in some of my classes. In group, we had to sign an informed consent. I did feel really self-conscious in having a bipolar disorder and mentioning that in class. That's mainly where I was self-conscious about having this disability because other people don't. They're normal, as far as one can say about normal. [laughter] The other thing that's also tied in with the disability is being a former drug addict, and that got brought up as well. I felt...not really relieved, but sort of relieved. I just wanted to put it out there in the open and then I felt...like I don't really care what other people think of me.

My disability doesn't impact my ability to study in this program, because I am getting A's. But I think that there is somewhat of a struggle to focus and concentrate and retain information, and I'm not really sure whether the retaining information has to do with my memory being shit because I'm older. Also, for a long time, I took a benzodiazepine, and that can affect your cognitive abilities permanently. I don't know, but I do know that I'm much better off of them. It took me a long time to taper off, and that's scary because I wasn't sure how I would be able to do at school. [...] ⁵³ At the beginning, it was really tough. But I seem to be able to do it, and I did ask for help from a professor and they went over my papers with me. [...] ⁵⁴ I was really surprised that they actually went out of their way to take the time to read the paper, and do some minor corrections here and there on it, and give me ideas on what else to write.

I also have this one classmate that I meet with on a regular basis. That's been really helpful to accomplish schoolwork. We do it together. [...] ⁵⁵ The other thing that helps me is

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knowing my limits, like I'm not going to be taking three classes a semester. [...] ⁵⁶ I keep thinking about the fact that there are actual campuses. For me, I'm doing it all online. So I think an obstacle would be having some classes held on campus. There's a lot of activities that happen that are on campus that I look at and I'm like, *Wow, that would be really interesting*. But I'm not gonna drive so far to go to them. What are other obstacles for a person with disabilities...just that feeling of shame can come up. Not wanting to disclose that you have a disability, and feeling like you can do it without telling anyone because it's an invisible disability, so it's hard to.

People need to know that...it's like the wounded healer sort of thing. There's a lot of people who actually have the types of problems or issues that we're gonna be counseling people for. Knowing that your classmates have disabilities and just being more aware of that might be helpful. [...] ⁵⁷ Just knowing that some people have invisible disabilities that you know nothing about. Even if teachers could disclose whether they have any issues or problems. It would be inspiring to know that. At this point in my schooling, I think that they're all perfect. [laughter] They're all major resources, type A personalities, doctorate people that just like skated right along. [laughter] Just to know what they might have overcome would be cool.

Since I am on disability benefits, I need to limit my work hours so that I don't make too much money. And the whole thing is I have to wait until I'm in my late 60s before I can make money. [...] ⁵⁸ It's a long time to limit my income. There's always the fear that I'll lose the benefits. I don't know what's gonna happen if that happens, but I'll cross that bridge when I come to it. But I have a lot of fear around that at this point.

It would be good to have people at school representing people with disabilities. I don't even know if there is such a person at my school. In my 12-Step, I represent a person who has

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been successful in staying clean and sober for a long time, so it would be good to have somebody represent people with disabilities, especially representing people with mental health challenges. I mean, they offer counseling for people [...] ⁵⁹ but nowhere to drop in, like a place to hang out and just be comfortable around other people with disabilities. At work, I'm supposed to disclose and share lived experience in order to help people, so I kind of represent that in my job being a peer support specialist. A thought crossed my mind for a millisecond, and then went away because I'm not into that, but it's like, *Well, maybe I could represent people in the college who have disabilities*. But I'm not really a leader or joiner of that sort of thing, like student government or whatever, so that's not gonna happen. [laughter] I don't have the energy for anything like that anymore.

I feel like I've gotten used to my disability. I feel like I'm kind of normal. That's why I don't really ask for help at school, for accommodations or anything like that, cause I don't even know what official accommodations they could give me. [Going through this interview process ⁶⁰] has impacted me in that I've actually had somebody to talk to about it, which is different cause I don't really have anybody to talk to about being bipolar. Looking at the past and reexamining it has been almost cathartic or therapeutic, to be able to talk about it and know that being bipolar really affected me more than I thought in my younger days.

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Appendix G: Magic's Narrative

Growing Up

I was born premature, which meant that I was in the NICU unit for several months. It was kind of touch and go for a while. That's actually an understatement. It was pretty bad. It was one of those situations where my parents were told many times that I wasn't gonna live, and there were lots of other babies that were in that unit that did not live, unfortunately.

[When I was a young kid, we moved⁶¹]. Part of the reason we moved was because there was a private school there that my parents wanted me to go to. At the time, the only diagnosis I had really been given was ADHD. I was put on medication, had a lot of problems. [...].⁶² As far as school goes, I had a lot of support at the beginning. Private school is very much what you would imagine when people talk about small colleges, having small class sizes and stuff like that, but for elementary school. I had a lot of individualized attention and my mom helped me a lot. I mean [laughter] help is a strong word. [...].⁶³ My mom was very involved in correcting my homework before turning it in, which made me feel that I was being closely monitored. That experience ended up being quite traumatizing. I didn't realize this until a lot later, but it felt like I didn't really deserve the grades that I got in high school because of this.

As far as the disability goes, it was difficult. I didn't really consider myself disabled until a couple of years ago, when I got some other diagnoses where I really felt like, *Okay, maybe I'm really struggling through life and people don't have the same problems that I do*. But middle school and high school, I distinctly remember being very difficult and I was bullied a lot. I did

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well, but it was kind of at the expense of everything. [...] ⁶⁴ It was also a public school, and so there wasn't as much individualized attention. There wasn't the kind of help that I needed.

The ADHD didn't help, I think people always thought I was kind of weird. I was medicated, but aside from band where I made most of my friends, I didn't have many other friends. Looking back, I was probably pretty lonely. I spent most of my time doing homework, because grades were really important back then to me and my family. Something about family background, my dad is a doctor and my mom has two PhDs. [...] ⁶⁵ It's all advanced degrees everywhere. This is about to be the understatement of the year [laughter] but my mom's also a very anxious person and a helicopter mom, so that was what I had to deal with growing up.

A little bit of foreshadowing, I had some anger issues and would come home from marching band yelling and screaming because I would be completely mistreated by the band director, along with everybody else. [...] ⁶⁶ I spent a lot of my time really angry at how things were going and feeling very out of control, which was very much a theme for me growing up. On the outside, it looked like I had a lot of nice things. My family had money, I could go on trips. But I didn't have any real personal control over my life. [...] ⁶⁷ My anger was often around the fact that I had things to correct or hadn't got things done the right way the first time. It was anger at myself because I felt like, *Why can't I just do this right? I should be able to just get this right, and I'm not.* There was some anger at my mom, being like, *Why are you making me do this?* I didn't have a way to really express this, but thinking now, it's like, *I should just get the grade I get, why are you so involved?*

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I'm sure you're familiar with the concept of identified patient. [My experience with counseling⁶⁸] was very much that. I went to therapy starting when I was a teenager. It was one of these situations where it was like, *We don't know how to deal with him, so we're gonna send him to a professional to help fix him.* My dad worked a lot, so he was mostly absent throughout my childhood. I found out later that my mom had told him, "Let me deal with Magic," so he wasn't even dealing with me at all. [...] ⁶⁹ They didn't know how to handle me, they didn't know how to handle how angry I was, and I really don't think they knew how to handle having a disabled kid.

Finding a Good Fit for College

College was...a little bit ridiculous. I realized two things. I realized I didn't really like college, and I realized I didn't really like *my* college. It was very sports-centered, Greek life, lots of frats. [...] ⁷⁰ I'm just not into any of that, I never have been. So I wrote my parents a big, long letter about why I shouldn't be in college, and they tried really hard to keep me there. [...] ⁷¹ None of it worked. So I dropped out after freshman year. I worked in fast food for a brief stint, and it was so horrible that I begged them like, "Look, I'll go back to school. I'll do whatever, I just can't do this." Also something important that happened during college, is I stopped taking my ADHD medication. I thought at the time that it was giving me anxiety, so I was really struggling.

[I tried going to community college, where⁷²] I met a girl. We dated and she got pregnant, actually. My parents were furious. I have a very distinct memory of them yelling at me on the way to therapy, because we started doing family therapy, which was also horrible. And yelling at me that I hadn't been safe, and that's why it happened. In the end, she ended up having a miscarriage. That was sort of a catalyst for some things falling apart in my life. Right after, I

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⁷² Explanatory note: Added, for clarity of topic.

started dating someone new. And...I was dating this girl, and I ended up getting sexually assaulted. It was pretty horrible. [...] ⁷³ It led to a mental health breakdown. I don't really remember what happened, but I spent a lot of money and I was just feeling out of control.

Anyways, then I moved home. I was so out of control because I was taking some medications prescribed to me, and then some not prescribed to me. I was having a lot bigger problems and sort of psychotic behavior. My parents threatened to kick me out, take me to a homeless shelter. I sort of wised up because that was a scary threat. I flunked out [of college], I stopped going to classes. I was really depressed. At one point, I actually had to go to the dentist, because my gums were bleeding and purple. During that time, I think I stopped taking care of myself. I don't really remember it.

[When I eventually went back to school ⁷⁴], I was working and in school at the same time, and my grades kind of reflected that. Then, I had what ended up being my third episode. I was hospitalized and committed because I had a manic episode with psychosis. I didn't really know what was happening at the time, and it was really traumatic. [...] ⁷⁵ In the end, I got diagnosed with bipolar one. The bipolar was kind of behind the scenes as far back as high school. After that, I did well when I went back to college, pretty much all A's afterwards.

As far as my disability goes, I mostly dealt with the ADHD in college. I got disability accommodations through the university, so when I would take tests, they'd take me to a separate place that was a little room and I could wear ear muffs and just write. [...] ⁷⁶ I have very strong issues with sensory stuff, especially around sound, so it helped to be in a dead silent room doing my test because then I'm not distracted. The disability services really helped a lot.

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Disability Pride

Flashing forward to where things are now, I have good providers that I like. That didn't always used to be the case. [...] ⁷⁷ When I had one of my episodes, I was seeing a psychiatrist. She was really bad at her job. [laughter] She was bad at managing meds. There was even a period where I was off of ADHD meds because I'd been taking Wellbutrin, and I was starting to kind of lose it because I don't handle life very well when I'm not medicated for ADHD, I get really stressed out. She basically tried to tell me there's nothing we can do, we've tried everything. It was a lie. I've tried more meds that have actually worked that weren't what we had tried yet.

My current provider is the best provider I've ever had, in any capacity. I really trust him, partly cause he's gay. I came out as bisexual a couple of years ago, and so I feel like, not to say that there's anything wrong with straight people, but being bisexual, I tend to trust people that are part of the LGBTQIA spectrum a little bit more. [...] ⁷⁸ I do psychedelic assisted therapy with him and it was really nice to have someone that was willing to try it. I am a completely different person than I was before. I'm much more able to deal with life and be okay with things. [...] ⁷⁹ I really trust him. I mean, you have to trust him if you're going under the influence of something that's strong to be like, "Don't murder me!" [laughter] I'm using new slang here - it was kind of "mid" [laughter] before, and now it's good. I'm actually way too old to use words like that.

I don't really have a strong sense of identity. When I had my major episode, the best way I can describe it is it sort of fractured my personality into pieces. I have a lot of self hatred around like what I'm diagnosed with. I feel like I've struggled a lot in therapy to move past the idea that I'm a bad person for these things. Even though I know they're things I can't really

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control, they're just things. But it's been hard to figure out who I am. Because all the times that I normally would have been going through developmental stages, I had trauma and other issues.

I was assessed and diagnosed with autism one, so Asperger's, even though people don't call that anymore. That has helped me realize that I struggle to understand how I'm perceived, and I actually struggle to *know* that I am being perceived. I have this theory that I've read about. People that are allistic that encounter autistic people, will recognize that something is different and will view them as weird until they find out they're autistic. Then, they will become more accepting. But until that happens, it is very much othering, like, "I don't know what the hell is wrong with this person. They're not behaving normally." It's really hard for me to know how other people perceive me. I feel like I'm either perceived normally because I mask well, or I feel like I don't mask well, and people perceive me as weird.

When I was diagnosed with autism, I really took a hard look at myself and was like, *Is it okay for me to view myself as disabled and not feel the stigma?* Because for me, being disabled is not a bad thing. It's just a neutral thing, it's just another label. I know people have mixed views on all these labels and diagnoses, but for me, diagnosing has really helped me come to terms with who I am. Especially when it comes to viewing myself as disabled, it helps me understand my limitations. [...] ⁸⁰ The disabled label has been helpful for me because I don't view it as bad. I view it as actually empowering. It's almost like I'm proud of my autism [...] It's like if you're bowling, and you have the bumpers. Before, I didn't have the bumpers, I'm hitting like a hundred million gutter balls, I don't know why. Now, I know where my limitations are.

The main thing I make of these experiences is that it's really important for me to have a lot of empathy for people's struggles [...] ⁸¹ Because of all my diagnoses, I feel like I know how

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hard life is when you're neurodivergent. That's not to say that people that aren't neurodivergent don't struggle, I know that they do. But there's a special kind of struggle that someone who has different brain wiring will go through, and I think it's important especially to learn from my bad counseling experiences that bias is important to control, value imposition is important to control, empathy is important to control, having active listening, reflecting, summarizing, all those things are important to do. I already feel like I'm good at those, so I feel like they inform me in a good way. It almost makes it worth it...almost. [laughter]

A Giant Dose of Ableism

At my university, if you have a disability and you work with disability services, they're gonna help you get your shit figured out. That's been really good, and I feel really cared for. As far as the rest of the school though, I unfortunately can't be as positive.

I had a bad experience when I first started. [...] ⁸² Basically, this professor didn't take my accommodations. She tried to talk me out of using them. She tried to have her own version of them. She also graded me really harshly. It's the only low grade I've gotten in the program. [...] ⁸³ She was really, really mean to me, to the point that I almost left the program because I was just like, *If this is how it's going to be, then screw this.* [...] ⁸⁴ That was a little bit frustrating, because I'm here getting a giant dose of ableism, basically, from this professor.

The other thing about my program is that there's not really trigger warnings for anything. I've had some classes where there are, but I also had this class where I was having really bad suicidal ideation cause I struggled with that sometimes, and in this presentation that was being played for class, the presenter disclosed a suicide attempt and went into graphic detail. It's one of those things where if I had gotten a warning, I could have left the room, I could have protected

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myself, I could have disassociated or compartmentalized. I remember sitting there being like, *Wow! I really want to die. This is really horrible.* The flip side is that everyone's over sensitive. And to a degree, I agree, you know? But there are disabled and depressed and suicidal students who need to know what's coming.

I also had a class where we were doing role plays, and people were acting as our mentors. And my mentor...they were kind of ableist. Some of their commentary on my behaviors during role plays would be things that I can't really control, or that are signs of a disability. For example, it would be like, "Well, don't click your pen a lot," or "Don't move your hand a bunch," and it's like, "Sorry, I can't, I'm stimming," that's just what I do, and you have to live with that. Maybe I'm wrong about this, but I don't think most clients would care unless it's actively distracting them, and if that's the case, I can figure something out. For the most part it's like, "Oh, you're a human being that is shaking their legs, clicking their pens," it's fine. Some of my feedback for my role place would be like, "Well, when you're thinking, you need to be looking at the client." I'm like, "Okay...no, thanks. I'm gonna look around."

This is not true for everybody in the program, because I've made some friends that are not ableist, and I've made some friends and gotten to know some professors that understand what it's like to live with disabilities and will advocate for that. I'm very appreciative and I owe a lot to them. But...one time, someone came in the class as a guest professor and they singled me out in front of the whole class because of eye contact behavior. It was bad enough to the point that other students came and talked to me afterwards and were like, "Hey, we weren't cool with what happened, just so you know." I had to have a conversation with the actual professor of the class who brought the guest professor in and I said, "What happened wasn't okay. I don't expect you to talk to them, but this shit can never happen again, because I already struggle with eye contact,

and having someone being like, ‘Well, you weren't looking at me when I was talking to you, so I decided I was gonna make faces at you and make fun of you.’” Like there's no way I'm the only person with that kind of disability in the program. What if it had been someone else? That's what I always think about. It's bad enough that it's happening to me, but what I also tend to think about is what about another year that this person comes in and does the same thing? Are they gonna make the same comment? It's just awful. I hate to say this is why, but I really think it's because they're a religious university. They have this contract you have to sign if you're gonna work there that says you only acknowledge marriage between man and a woman, and not gay marriage. When I first heard about that, I was like...are you kidding me? I can't really think of anything worse you could do than that. [laughter] And I know it's not the only school that happens at.

To sum it all up, on the one hand, there's the actual disability office. They do a great job, and they really help the students. But then my specific counseling program is, ironically, very ableist, very anti-disability. When that guest professor came in and commented on my eye contact, part of the reason I got so angry is it was the third or fourth time that it had happened in this program.

I would say the biggest help besides the disability services [...] ⁸⁵ is something called the writing center, and they offer tutoring. It has helped in so many ways. I've been able to plan, work on my time management - my ADHD makes that really hard. I've been able to work on papers, I've become a much better writer. I was so insecure and not confident when I started [...] ⁸⁶ I think the biggest thing I learned from them is if you're writing a research paper, the best way to start is [...] ⁸⁷ just free-write and see what you can get from the original draft. That has saved me so many times. because before I was sitting there being like, *I don't know how to answer these*

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prompts. Now, I just tell my brain, *Just write, go, and see what comes*. And I can usually edit those drafts into something good. I give all the credit to the writing center for that.

I know this is broad, but just in academia, I mean...it is hard. It is hard to just be in class and know that somehow, these neurotypical and allistic people are able to manage their time and get their assignments done, and they don't have to plan everything to a T in order to not have demand avoidance. I know they obviously have their own problems and I'm not discounting that, it's just knowing that you have to put in so much work to even get anything done in the first place. Because if it was up to me and it was like, "Well, do homework when you want to," I would never have gotten through this program because I never wanted to. Never. And I know that's kind of a universal thing, but being disabled makes it even harder because my brain will literally stop me from working.

The other thing that's been hard for me has been socializing. I didn't have the typical college experience, I went to a commuter school for my associate degree, and for most of my bachelor's, so there wasn't a lot of campus life. That's also the case at my grad program. You can have study groups and get people's numbers, but it's been really hard to make friends.

[If I could tell people anything, it would be] take the time to get the right help. A lot of people talk about getting help, but I think what's even more important is getting the *right* help. [...] ⁸⁸ Also included in getting the help you need, is being open to other modalities. Whether that's EMDR, psychedelic-assisted therapy, somatic therapy, neural feedback, whatever it is. [...] ⁸⁹ I would say make a safety plan with your providers or find an app that helps you do it, save the crisis lines in your phone because those lines could save your life. And...yeah, this is going to make me cry. [laughter] The funny version of this is don't let the intrusive thoughts win. But

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realistically, don't let the darkness win. [...] ⁹⁰ Whatever is making you feel suicidal, there's so much possibility on the other side of it, whether it's completing your degree, or getting licensed, or getting a certain job, whatever it is, that you'll never know if you don't exist. [...] ⁹¹ It sounds dramatic, but pets can also be the difference between life and death, or finding that one creator or artist that really resonates with you. Especially if you don't have a pet and you need something else, art can have such healing powers.

A big part of representation, for me, is having accurate descriptions of what people go through, and then having the voices that are the loudest be the ones that are actually impacted by the disabilities. Very soon, I'll be sitting with clients for the first time. There are ways that my own experiences can help me deal with clients, whether it's helpful in sniffing out diagnoses, or understanding thought patterns, because maybe I've gone through something similar. And I think that's pretty cool.

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Appendix H: Jane's Narrative

Growing Up & Working Through Pain

I grew up in the Midwest, my family is from Illinois. As far as identities, white, cis. In the last year or two, I have been exploring my sexual identity to where I'm not fully comfortable or don't fully feel like I can say I'm queer yet, but identify more as bi. I went to Catholic school as a kid, but I wouldn't identify with any religion currently. My grandparents were a huge part of my upbringing, so I spent a lot of time with them, going to Catholic church every week. I didn't mention this because it's so normal to me now, but I've never met my dad, so mostly single mom.

My experience with disability...most of my experience I would say was tangential of seeing people in my family with it. My mom has been on disability for a long time. When I was a teenager, she was in a really bad accident and that kind of started her journey into, I don't know that she would identify as disabled or not, but she started using disability services. As for me, I have chronic headaches and chronic migraines, and chronic pain that comes along with that. [...] ⁹² But that wasn't something that I knew of as being a disability until I was an adult. As a kid, it was just something that I dealt with and it was just how my life was.

I didn't know that other people didn't have headaches all the time, so that was something that I never really asked for support with or accommodation with as a child. I just thought, *Okay, I need to work through this*. You go to school and you work through the pain. Sometimes, during lunch in high school, instead of going to the lunchroom, I'd go to an empty classroom, where I could turn off the lights and be in quiet for a little bit and get a little bit of a reprieve. But it's one of those things where there's not a lot of understanding of what migraine is, and there's not a lot of accommodation for it. And it's an invisible disability. Very often people don't understand why you can't just take an Ibuprofen, and then you can function. It's like, no, it's debilitating. I just

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learned to deal with it and work through it. I often think now, when I'm having a pain day of like...this was probably one of my bad days when I was younger, but that pain tolerance just increased, because I kept pushing through it.

At the same time, we were in the position of single mom, very little money, very little resources. We didn't really have the resources or the time or the knowledge to do anything with it. I remember my mom did take me to a few different doctors. [...] ⁹³ But these aren't disabilities to the point where you can't do what you absolutely need to do. You can figure it out if you need to. It'll be harder, it'll hurt, but you'll do it, and that's just what you had to do.

As I got up into college-age, I was starting to do a little bit more exploring options for myself. Even then, not a lot more, just started trying some different medications, started trying some alternative treatments like bodywork and chiropractic. But a lot of it was me still learning to work with the pain like, *Okay, if I face all my lights a certain way, or if I turn my lights a certain way, or if I wear earplugs, I can do this. Or, if I wear sunglasses all the time, or wear a hat*, things to shape my life around it, rather than figuring out how could I maybe help my environment help me more? Cause I really didn't know that was an option until fairly recently.

I started to become more vocal about this being part of my life and would tell my job, "Hey, I can't come in today like I'm having a high pain day," or, "Hey, this medication that I have knocks me out for four hours at least, so my days gone," and starting to advocate for myself a little bit in that way of making this less so, *Oh, this is something that's wrong with me, this is a failing*, of more so, *Hey, this is kind of like part of my life, and we're gonna work with it*.

It was a lot of hiding, a lot of trying not to be seen. I was very...embarrassed that I had this defect. I very much felt ashamed of needing something in general, feeling very ashamed of having human needs. I would try to not tell people, or try not to go home from school unless I

⁹³ Explanatory note: Removed, for flow.

was really, really bad. I would hide in the bathroom a lot, like go sit in a stall because in a stall I can rub my face, or move my neck around, or stretch without anyone noticing. I really didn't want anyone to pay attention to me. For example, I didn't know I was rubbing my head, until my teacher told me I was rubbing my head. I didn't know I was walking around trying to crack my neck and back all the time, until someone made fun of me for it. So as I gathered this information, I learned, *Okay, these are things that I need to hide.*

As I got older, I definitely felt a lot of shame around others. Even if people were nice about it, cause I would have to be like, “Oh, I can't go like I have a migraine. I'm canceling our plans.” There's a lot of me canceling plans, which I think...annoys people [laughter] and it's hard for people to understand. Like again? Again, you have a migraine? Yeah, I mean it lasts more than one day.

I remember the very first time I got a full-blown, official migraine. We didn't know what was happening. I remember, like being in an armchair in the middle of the room, with a bucket, and my mom turning the TV on and giving me a popsicle, she's like, “Do you have the flu?” I don't know, I'm gonna throw up, my eyes hurt. My head hurts, everything hurts so much, and not knowing what to do. We went to a couple of doctors, but again, nothing ever really continued. It was like, “Okay, here's a medicine,” or, “Oh, let's try a couple of appointments.” One time, I guess my mom read that some people who have migraines have a hole in their heart, and so I remember going to a doctor and getting imagery of my heart and her being like, “Oh, well, that wasn't it! Back to...” whatever, you know? Almost flailing out and just being like, here's a thing! Let's check that out! Here's a thing! There wasn't a holistic lens of doctors talking to each other, referring us to different places. More so, just my mom heard about this thing, let's go try it. [...] ⁹⁴

No one really considered the body as a whole system that is experiencing migraine. Nothing was

⁹⁴ Explanatory note: Removed, for flow.

gonna provide immediate relief, and anything else just wasn't sustainable. It was very much a normal part of our lives, but maybe not an emphasized part, where I dealt with it a lot by myself.

Learning to Value Myself

I don't think at the time I could have been this conscientious about it, but I do think there was an element of starting to recognize...maybe some separation of my identity as a person or my worth, and the condition. Maybe some of that did come from starting to pursue it on my own with a doctor, because I tried a couple of different rescue drugs, a couple of different medications during college. At that time, I had a provider who had me take a daily antidepressant to try to help with it. It did nothing, but it was just the fact that I'm being provided with options and maybe there is something that can help me. That probably started to help me understand better what I was experiencing. And that, *Oh, this isn't just an inherent like...failure of your body. It's not just that your body is bad. It's not just that something's wrong with you, and you need to figure it out and hide it, cause it's weird.*

I haven't fully released that. In the way that I and some of the people around me still talk about it. I think it is still what's wrong with your body, why is your body doing this? I remember my second year of college, this wasn't specifically related to migraine, but I had really burnt myself out to the point where I made myself sick. I was very much, *Okay, I'm gonna work multiple jobs to make sure I can be here and support myself, I'm going to take a full course load.* I was doing two degrees at the same time in my undergrad. I had no concept at the time of burnout or of worth outside of productivity. Or, of rest. So I wasn't doing anything to take care of myself. Your body is ultimately gonna force you to stop, and it did. That was really notable for me where I'm like, *Oh, I am killing myself for what?* And that extends to migraines. I've always worked through my migraine pain, which also makes them worse, so I'm perpetuating a cycle.

It was very exhausting. I was a very stressed out child. And this was part of it, my body was in pain every day. I don't have the daily headaches most of the time anymore, but I specifically remember one time when I did not have a headache for 10 days in a row, because my whole life, I had pain every single day. It is a form of just being like I have to push through, I have to persevere, this is what you're supposed to do. Everyone else is doing this, so I need to do it too, and it doesn't matter that I have to do it this way. Which is not what I would tell myself or anyone else now, but at the time, especially in the 90's and early 2000's there just wasn't space for something like this. What would we have done?

Some of that was just growing up and starting to consider, what do I value? I value me. Again, at the time I don't think I would have said, *Oh, I value myself*. But in retrospect, I was starting to have that separation of my work as an individual from my productivity, or this condition. You're still a worthy human, even if you have to take more breaks than other people.

I work in healthcare currently, and then I'm pursuing being a counselor, so I see a lot of this. [...] ⁹⁵ I'm always saying that part of our job is to help people advocate for themselves. As a therapist, that's a big part of what I want to do as well is help people advocate for themselves, because I don't think that you know that you can [until someone teaches you]. Like I never, until I was in my thirties, fired a doctor and said, "No, I don't want to see that person again. Find me somebody else." Cause people don't know that option exists or people are scared to pursue it. As I've gotten older, I find myself talking about my experiences more, and talking about having migraine, having pain, having depression, because I think that normalization is important for us to make change, but also for people to know that they have options and they're not alone. That has definitely been an evolution. Post-high school, me being more open about it was maybe advocating for myself from a more defensive position, versus now, doing it in a proactive role.

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Chronic migraines are a really big problem that exist, and it's very easy for it to go unseen. Or it's very easy for it to get shunted to the side, because not everyone has to navigate disability resources. Not everyone has to try to get an accommodation and know what a nightmare that can be. And it's really easy to ignore it then, or to shove it aside because it's inconvenient and it takes a long time. I don't think that's okay.

The pain is something that I manage as best I can, and sometimes it's worse than other times, and I've done my best to shape my life to allow it to be worse than other times. Even now, being about to go into internship, I'm having fears about it coming up again where I'm like, "I have to be good. I have to prove myself. I have to get a certain number of hours. And I'm doing something new and stressful that my migraines will interfere with this. My pain will interfere with this." So I'm facing that again, of having some of that shame come up around it.

Overall, I'm definitely much more able now to navigate my disabilities in more of that neutral way of like, "Yep, this is what it is." Ultimately, it's okay. Ultimately, these little day-to-day things or productivity things don't really matter a whole heck of a lot. I'm able to approach it with a lot more neutrality. And some of that comes with modeling that or encouraging that for those who are around me, or those who love me, who are wanting to say like, "Oh, have you tried this thing? Oh, try this thing. Oh, do this," which is very well intentioned, and sometimes just isn't the answer where I'm like...I know my body. That piece of self-advocacy, that piece of recognition of knowing my body more in ways that I didn't as a kid.

It's hard to accept that. There's an idea that accepting that this is part of me almost feels like you're not trying, like you're giving up. It isn't. It's a both-and. Like I accept this, I know this, *and* I try new things, I try to find solutions. [...] ⁹⁶ That is a difficult place to get to with disability,

⁹⁶ Explanatory note: Removed, for flow.

with diagnosis, with a lot of things, that you can accept something and that does not equate with giving up.

Right now, I'm having some of that self-consciousness around it...of almost wanting to explain or defend. Being like, "Nope like this is a real this is a real condition." It's debilitating, migraines cause lots of people a lot of pain, and it looks different for everybody too. I spoke some to what it means for me, of basically needing to go in a dark, quiet, cold space, then work through it. Sometimes medicine helps, sometimes it doesn't. I am still struggling with calling it a disability. Not because of me not wanting to say, "Oh, I have a disability," but more so of it feeling not enough to say that of like, *Oh, am I like co-opting this term? Or these resources?* Or someone being like, "Oh, well, you aren't you're not struggling enough." But then there's days where I'm like...it really feels like I'm struggling here [laughter] I'm in a lot of pain trying to do my job that everyone else at my job is doing. I'm just struggling a little bit with...is it enough to be considered?

Who is the World Designed For?

In my program, I've definitely reverted some of how I was when I was in school when I was younger, of trying to keep it to myself as much as possible and trying not to let it interfere. But not to the same extent. In general, the response has been really kind. I've been pleasantly surprised at how understanding my classmates have been of it in ways that I haven't necessarily gotten in most of my professional jobs.

I'm doing most of my program online. There's been times that I wish there was a little bit more flexibility or accommodation, and maybe it's because I haven't asked. There was a night class I had where I was in a lot of pain during it, but I had already missed one class. I couldn't miss another one, it would knock my grade down. So I showed up, I kept my camera off, I was

pretty quiet during it, but it was three hours of being in pain. What I'm getting at, is it'd be nice if since these classes are recorded, can I come back to this later? I'll still get the content, I'll still be present. But that day I didn't want to risk losing the points because our syllabus says is if I had done that, I would get knocked down an entire letter grade. I can't risk that, I'm about to go into internship, I don't have time to retake this class. It would be cool if we can start to make universal design more standardized, because again, I'm seeing this as helping everybody.

I'm very nervous going into internship. Like, when do I talk to my supervisor about this? How do I explain this to my supervisor? How many hours am I gonna lose and have to make up because of this? Am I gonna keep my clients? Internship is another layer of needing to navigate. I've talked to my therapist about it some, but haven't taken action on it yet.

Something I've been thinking about with my own clients and my own practice is how do I balance on the business side? Having no show policy or applying late fees, or whatever, while at the same time knowing that I'm gonna have to cancel last minute on them sometimes? There's that fear of, are clients gonna leave me because I have this condition where I won't always be able to show up for them in the way that they need? This hasn't really come up in class.

[laughter] The classes I've been in, disability hasn't been a big emphasis. It's more a general touch on diversity and disability, like you've checked the box where you're acknowledging it, but haven't gotten so far as to what to actually do. It would definitely be nice to have some guidance on working with clients with chronic pain or chronic conditions in general and more specific information about disability too. It's kind of just a footnote it feels like in most of my lessons.

[When you asked about representation⁹⁷], two things sprung to mind. The first is that there isn't necessarily a ton of flexibility. Yes, your professors will work with you, or yes, you can extend your program, but that takes more time, that takes more money. I don't have more

⁹⁷ Explanatory note: Added, for clarity of topic.

money to spend on this [laughter] so I think that the demands aren't as flexible as we need them to be sometimes, and there are more ways for it to be. Maybe other programs are more asynchronous where you can do it on the days where you feel good or where you have energy, but that's not how my program is. The other thing that comes to mind is in my opinion, the disability resources aren't particularly visible. [...] ⁹⁸ When you start a class, at the beginning of the semester, they always lay out here's our assignments, here's the expectations. Can we throw in there like, *Hey if you have needs, if you have disability [here's what's available to you]*? I recognize that is my responsibility as the student, but it would be nice for the program to make that obvious to make things more inclusive and accessible, to help me and whoever else recognize that there are options where you don't just have to suffer through, or make yourself uncomfortable to get through it and having to pay for it later. I didn't know to ask for that. I don't know what I don't know. I haven't navigated the system as much as some people, and so I didn't know to ask for this thing that would have helped me, of talking about these options more openly, instead of having to do so much additional work to get your needs met.

In general, I have found a lot of openness to identity in ways that have felt really comfortable and validating in settling into myself. That has been such a pleasant shift from what I've been used to in most of my life. It's been affirming in the way of, okay, maybe I don't need to fully hide this or deal with it by myself. Maybe I can be present in this world in this community of mental health as I am. Maybe I won't have to fight as much as I have in my previous professions. In my job now, it took over six months for me to get an accommodation in place and I had to jump through a lot of hoops to get it. I've seen a different reception in my program.

⁹⁸ Explanatory note: Removed, for flow.

I don't think of having chronic migraines as a separate identity marker, because every single piece of me is touched by this. [laughter] [...] ⁹⁹ [For people who don't experience this ¹⁰⁰], doing a little bit of learning, a little bit of understanding and trusting me really does mean the world and makes it a lot easier because this isn't my first day. [laughter] Sometimes I need to not have to to not have to advocate, to not have to push, I just need you to understand and have some grace. I think for the world at large too, we all need more grace. I'm so over this need to instantly reply, and everything's urgent, and you have to be available all the time. That's not good for anybody. But if you have chronic pain or chronic migraine, it's not only not good, it's impossible. My internalized perception is sometimes, *Oh, I'm not keeping up enough. I'm not doing good enough. I missed something, I have to make up for it.* If the world as a whole could start to have a little bit more grace for each other and slow things down a little bit, that would make it a lot more accessible and pleasant.

When you say representation, I'm thinking of when the new *Little Mermaid* movie came out, and people were posting a bunch of videos of their little daughters who are Black seeing themselves on screen, and being so excited and happy. Or, when a little girl saw Phillipa Soo who is performing in *Hamilton* as one of the Skylar sisters, and she was so excited she's like, "Oh, that's me!" To see that reaction from a kid really highlights what representation means at its core. For myself, I am not a superhero movie girl, but I watched *Wonder Woman* on a plane one time and that was actually pretty cool [laughter] to see all women, that doesn't happen. I've felt that in places where in this job and my last job, all of the higher ups in my department have been women. And I'm like, *Oh, that's really impactful.* Maybe what representation boils down to is being able to see a model, to see that something is possible for someone like you. I think back to

⁹⁹ Explanatory note: Removed, for flow.

¹⁰⁰ Explanatory note: Added, for clarity of topic.

being younger, of some things that I didn't see. I didn't see what I'm doing right now as an option, cause I never saw anyone do it. No one in my life was pursuing higher education. No one was financially secure. No one was in a job like a therapist. I felt like I couldn't pursue a science, and not seeing anyone who looks like you or is similar to you doing what you want to do really does make it harder to know that you have the option.

That goes back to what I was saying: who else do I know who has chronic migraine? Who else do I know who has chronic pain? Nobody. We don't see them. [laughter] The world still doesn't see people with disabilities or different abilities. There's so much having to push and fight to be okay for yourself, let alone to represent anybody else. The world is not designed for people to need anything. I'm not really sure who it's designed for, because I think most people need something. It's really amazing that we are starting to see more and more disability and people with different conditions in so many spaces in the world, and talking about it openly. [...] ¹⁰¹ It doesn't have to be this shameful thing, it can just be part of you. Even so, that doesn't necessarily make it a comfortable thing. A lot of that is more uncomfortable for someone else than for me. This is just what my life is, how my body is.

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Appendix I: Stacy's Narrative

Growing Up

I grew up in Connecticut. In my personal family, it's just us five. My dad has high functioning autism and then my mom, although undiagnosed, has ADHD in my opinion. So the two of them [laughter] there's not really any solution, genetically predisposed. And then my brother has autism spectrum, and I have ADHD. We grew up Irish Catholic, white family. [...]¹⁰² I also wonder if my grandma had ADHD, so I do think it's in our family line. And there's been trauma in both family lines, so I think that has a contributing factor, in my opinion.

Adolescence was really difficult for me. School was incredibly difficult for me. If I were to pinpoint a time when I probably could have been diagnosed, if they had those measures, this would have been it. This was when you had Resource room. This wasn't when things were diagnosed necessarily. I have inattentive ADHD, so I'm not necessarily hyperactive. You can see it in my mind maybe, but not in the clinical definition.

In fourth grade, when I was really beginning adolescence, I had a teacher. I was daydreaming, which I could never pay attention during reading group. The silence was enough to make my skin crawl. So I was daydreaming, doing my thing, and she took my desk and put me outside and made me face the wall for two whole days. All day. She would bring me my work and I'd sit there and do my work. The other kids would come by and be like, "Why are you sitting outside? What's wrong with you? Why are you being isolated?" I told my mom after the second day, because I thought I was in trouble, I was like, "I don't know why I'm sitting out here, apparently I can't focus." Literally, my desk was facing the wall, so I couldn't look anywhere. Then probably would have been a good time to take me to a psychologist or something. But my parents just didn't know what to do, because it wasn't like my brother, who had more significant

¹⁰² Explanatory note: Removed, for flow.

symptomology around autism, a little more noticeable, a little more crazy-making for them, maybe. It just looked like, *Oh, she can't pay attention*. And then I was bullied. Relentlessly. So it just kind of compounded.

When I got to high school, I could do well in certain subjects, it's not like I couldn't, I was just more creative and more science-oriented, and so I just leaned into what I was good at, cause what else was I gonna do? It was one of those where, I wouldn't say I was failing school, but it wasn't okay for me to have C's in my house. [...] ¹⁰³ I was having rage symptoms too, so I could go 0 to 10 very quickly. I went to a neurologist and at the time, it was the ancient self-report situation [laughter] and they were like, "Oh, you have ADHD," and then they put me on Ritalin, which I won't ever take medicine again. At that time, I was a junior, and it was the first year in all my schooling I got A's. I could focus, I could function, I could do school, and it just regulated my brain. Then I had a psychiatrist who kept changing my meds. He put me on Tofranil, then Zoloft, then Effexor, and it turned out to be these antidepressants. The rage was worse on Ritalin, so it had that side effect. I already had it, and then it just made it worse. And adolescent friendships were super hard, the bullying was hard. I do think that's common with folks with ADHD, especially women with ADHD, so that part was hard and still is. But I think it was harder during those key years, you know?

I was constantly in a state of escaping. [...] ¹⁰⁴ I did not have a calming home environment, so I spent a lot of time alone, drawing and doing art, because that was my safe place. I had friends, but for me I was just like, how can I escape my own mind and my own reality? That's how I managed it for a long time, which was not healthy of course, but that's what I had at the time. I didn't know how to relate to other friends and didn't understand the dynamics of female

¹⁰³ Explanatory note: Removed, for flow.

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friendships, honestly. That's really what it boiled down to. I would have a few best friends, but I couldn't relate to those dynamics. I still sometimes don't get it, so [laughter] I'm learning. But I think that's where it really showed up is more in the female friendship domain. I'm learning more now, but it wasn't until I was a sophomore in college, I started tutoring kids with learning differences out of the center at the school said, "Well, how are your friendships?" No one had ever asked me that question. No one! Ever! Like, "How are your female friends?" I was like, Oh, wow! That's a weird question to ask and now I understand why.

Finding New Ways of Learning

Eventually, I was teaching and I had to do a postgraduate in special education, so that was most of my graduate school education. It was hard, but I had at that point figured out how to do research and write a paper. You just figure out how to do all those things somehow. It's all been trial and error! I'm still trialing and erroring. [laughter] I taught for the first part of my career and that was an amazing experience. I ended up working with a lot of students with learning differences, ultimately. [...] ¹⁰⁵ I really loved that job, I think that's where my ADHD shines cause I can manage multiple things at once. That way, I was able to be like, *Okay, I can manage chaos, it's fine.*

I really wanted to help other kids find their own way and find different ways of learning. Growing up in the 80's and 90's in school, you had to fit in the box. You had to fit in the box of having to sit still, and take notes, and read, and vomit out what you had to know. This very in-the-box schooling was so hard. I couldn't do it. Knowing what a sentence fragment was painful, or trying to do the sentence diagram they made you do was like, *Oh, my God, my brain doesn't like this.* There was no creativity in education.

¹⁰⁵ Explanatory note: Removed, for flow.

For me, it was learning how to study and manage my time. I have this new theory of what your focus hours are with ADHD and I still struggle with that. There is almost no point in me doing anything academic or that is going to require me to focus if I can't focus. I would stay up really late because my focus hours were typically at night and they still are. However, that's not conducive to me now, but at the time, I would be up until four in the morning writing papers, because my brain was so active at night and it still is. [...] ¹⁰⁶ And if someone breaks my focus, that's where my emotions get dysregulated because I'm finally able to focus. [laughter] Learning those rhythms is a valuable piece.

I think there has been frustration with peers in peer projects. I'm really organized, because I have to be, so I could over index on that, but maybe not on all the details. In my past relationship and in running a medical office, the nightmare was my inability to do detail-oriented work, to remember all those details. And I don't do things the same every time, so I might do it one way at one time, and then another time I'm doing it a completely other way. [In a lot of my relationships ¹⁰⁷], the problems were around my ADHD and not being able to do the details. With any job that I've had that requires a high level of detail focus, makes me highly anxious cause I can be highly detail oriented in some ways, but if I'm at all anxious, I will miss all the key details that I need to remember. [This constant adjustment ¹⁰⁸] has been depressing, but it also makes you resilient, right? I have *had* to be highly adaptable, so naturally I'm adaptable.

Making Peace With ADHD

I think what these experiences have done on a negative, it's made me have a lot of self-doubt where I'm really hard on myself or I have a lot of negative self-talk that I have to work through, *I always do things wrong. I'm always going to get it wrong.* I'm gonna over index on

¹⁰⁶ Explanatory note: Removed, for flow.

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¹⁰⁸ Explanatory note: Added, for clarity of topic.

what I can't do, right? Because it's so exhausting to do it the way I'm supposed to, or the way that everyone else seems to. My parents were verbally abusive when I was a kid like, "What's wrong with you? Why can't you do this? You're so stupid." Those messages don't easily go away. That has formed my identity, having low self-esteem and not believing you can do things, but having to work so hard to do basic shit. [laughter] Basic things that other people can do, or comparing yourself to everybody else around you. That has led to confidence issues as an identity landscape that I've had to deal with. Now, it's more not caring as much, or focusing on what I can control versus can't. The hardest part from an identity landscape is really accepting that you have ADHD and being okay with it, or making peace with it. Because for a long time, I just didn't really talk about it, right? But being shamed for it has been the hardest aspect of the identity piece. It's not seen as a gift in our society at all. [...] ¹⁰⁹ All those things that you get shame for, bullied for, kind of add up to who you are as a person. You're constantly having to prove yourself.

There's no one way my brain works. So that can be a benefit of like, *Oh, let's try that*, just knowing that there are other possibilities and being okay with trying them. There is a hyper-focus element of ADHD that can serve a purpose. It's also finding what works for you. I can be all over the place one minute and then completely like here, but my brain goes in thousands of directions all the time. [laughter] So I think it works for accounting, it works for teaching, it works for coaching, it works for being an artist. But...don't ask me to be a banker. Or a financial analyst! [laughter] That's what I would say in terms of the strengths and abilities, what it does bring to the table. I think we over index on the negative with ADHD, or anything else!

¹⁰⁹ Explanatory note: Removed, for flow.

Navigating Graduate School

Being in school for counseling, I'm more open about it. I'm more honest about it. I'm more real about it. When I was a teacher, I was with my students because I was like, *Hey, I get it. I'm the same. It's fine.* But in a professional environment where you're tasked with doing things that are outside of what your brain can do, is when it's heightened. I've really grown to accept my brain. I think that's the creativity aspect of it. For the outside of the box thinking, the big picture. When I work with clients, being able to follow them so closely, like almost to a T. Maybe that's intimidating! I don't know. [laughter] But I can follow every nuance, right? Where if I didn't have that, if I had a neurotypical brain, I might miss a lot of things. I definitely feel it's a gift in intuition. Being a person with ADHD is really a gift of being able to see everything in your environment. Almost like hyper vigilance, but a positive form of it. Of really getting to know your intuition on a deeper level because you have to. That's what you rely on.

Everything I'm doing is online. That has had some challenges, just because some of it's asynchronous so then you're not really in the class, or you're not having your professor, so you're self-directed. So, if the professor's been disorganized, that's the hardest part for me to deal with having ADHD, I'm like, "Ahh, what's happening?" But some professors are definitely more structured and that really helps. The classes that are asynchronous can be the hardest part because you're left to your own devices in that domain. I don't have services through my current university or anything. I've never advocated in that way for myself, honestly. Because I've typically just made it work. [laughter]

I went off medicine in my 20s, and that was the last time I've taken any kind of ADHD medicine. I thought about it recently, just to help me get through grad school, but I was like, *I'm just gonna try.* This is my second graduate degree, so the first graduate degree I had medicine,

and it helped, but I was like I'm not going through that milieu of trying to figure it out of like, what medicine works? What dose? It's just too traumatic.

It's a small program, but I would say it's diverse in disability and diverse in culture. So I don't feel it's one group, one population over another. I feel everyone's really accepting and really accommodating. I don't feel so like it's a space I can't talk about having ADHD, where I might in other programs I've been in in the past.

Reading can be really difficult, especially reading a lot of dense information at once. I was taking notes for a while, and I'm like, *Oh, my gosh! I'm making more work for myself.* For me, I can't just read. I have to do other tasks associated with reading to make sure I get all the information. So I think it's learning how to streamline some of those processes to study. [...]¹¹⁰

Each professor is so different on how much they require of you, so it's learning, *Okay, this professor is going to give a 10-minute PowerPoint, but this one's going to spend the whole class literally reading us slides,* which I cannot handle. I mean I can't sit through that, I just go crazy.

The strategies have been really focusing on time management. Also, knowing what I need, what each professor is requiring of me, and trying to break down. One of my professors, I love her, but she - I'll show it to you! This is an example of what her assignment looks like. I've decided I'm gonna send it to her in a new format, because there's no way anyone with ADHD or anyone with learning differences could take this all in. When I receive something like this, this is a shutdown moment, because I don't even know where to start. My brain freaks out. So the strategy I took was like, *Okay, well, you have to first print this out, because if you try to do it on the computer, you're gonna lose your mind.* And I have to literally print it out, check off each section as I do it. Otherwise, it's incredibly overwhelming. [...]¹¹¹ For me, when I take notes, I do

¹¹⁰ Explanatory note: Removed, for flow.

¹¹¹ Explanatory note: Removed, for flow.

two column notes, which is what I taught all of my students when I was a teacher. Where you have like topic, details, topic, details. That is a better way, probably, for her to do this assignment or even a checklist. Like step one, this topic, here is the information I want you to do. You check it off, you're done. But when you have something like this [gestures] that's overwhelming. So how some professors frame their assignments can be simplified as opposed to not made so complex. For anyone it would be overwhelming, you know? I don't think I'm unique in that. But when you have a brain that can't make sense of that at first glance, it's not gonna actually go well.

It is too hard for those of us with neurodivergence, because we need other ways of learning, whether it's the professor asking questions or having a discussion, or interacting with other students. Some teachers don't have the same level of acceptance, or maybe awareness, on how to teach to different students. This is a prime example, right? There's just not that awareness on how to teach someone who might be autistic, or teach someone who might have ADHD, or teach someone who might be dyslexic. Even from a cultural standpoint, that may not work. I think older professors who have been at it for so long, kind of fall into that. They're so used to standing in front and lecturing. That's what I received in my first master's program, just lecture-format. You're supposed to just take notes and figure it out. Depending on how long they've been a professor, they're not in the domain of, *Oh, there might be people in here with different ways of learning.*

Focusing on the Gifts

Feeling affirmed to me is like, *Oh, I know my ADHD. That assignment does not work.* But then it gets exhausting to have to constantly almost reinvent the assignment so that it works for me, and that part is not affirming. I'm very open about it, so my professors know and I feel validated or affirmed through them. It's more that I don't think professors are going to always

cater or change their assignments to meet the needs of some students, so you have to do it yourself. Otherwise, it's not gonna get done.

It's tiring. That's the challenge with any grad program, of having to manage. There are probably more than a handful of us that have ADHD, and some with other situations going on so I know I'm alone in this domain, so that's affirming. Almost all of our professors are fine with that. They're always validating. It's more of how they put together their classes and do assignments. It's not multimodal in any means most of the time.

I would say, for ADHD and a counseling program, asynchronous classes can be really hard. If I were to have a bottom line, that would be it. Also, to tell your professors, have open communication with them. I think that helps, but the other piece is it is a field that lends itself to other people being accepting, and it's not something to be ashamed of, especially in the counseling profession. Whereas, say, if I were a lawyer or banker, there'd be more stigma related to it. Initially, everyone might feel like there is, and then there really isn't once you get into it. So you can actually be like, *Oh, yeah, it's okay to be who we are in this program* instead of hiding parts of yourself, because I don't think that makes for a good counselor to have that mask on, you know? That's important for everybody, to be real with yourself and others. Otherwise, counseling could be hard if you're not. [laughter]

I think we all got attached to the person-first language, but that doesn't always feel good. Because in some cases yes, but in some cases not. When I think of representation, it's more about asking a person how they want to be referred to. How do they want to be represented? And it's not always going to be a person-first situation. That's what I would say about representation, is it's not so much that you're underrepresented or represented. Sure, everyone's more than their disability. However, I would say that disability gets in the way of a lot of things, right? It gets in

the way of so many different things, no matter how mild or severe. There is that layer first of, okay, I have to do this assignment, for example, which is gonna take all of me to do. But there's a whole layer I have to go through first, before someone else does. Even with person-first language, like yeah, I'm a person first. Yet, I have to go *first* through this layer before I can even take that assignment and do something with it. I can't make my brain do something different unless I take medicine, you know? That's really how it is. I also think ADHD, or autism, some of these things are unseen disabilities. [...] ¹¹² You wouldn't physically see it, but it's still there. How do you do people first in those cases? Cause it doesn't always work with that representation piece. Like if you see someone with cerebral palsy in a wheelchair, there is that visual representation. So it's very different if you're neurodivergent, because it's not always seen.

ADHD can be such a gift as a counselor in some ways, in that you can really understand. You have a different perspective. Seeing it as an actual gift over something that's not a gift. Even if it has its challenges, it still can be a gift in the counseling profession, probably more than other professions I would say. And the ability to follow someone's random stories. [laughter] Cause you're just like, *Oh, my brain is all over the place, too. It's fine.* [laughter] But I do think there we have to harness more of the focus on the gift, rather than the problems it causes. It's hard not to beat yourself up when you have ADHD. That's the one thing that I noticed the most that I still have to work on. The strength of having ADHD is constantly being creative in how you learn. That's what it allows me to do. I'm clearly not gonna learn this by sitting down and reading with my head into the book. I might, but I will forget it all. So it's learning different strategies that you can then apply to other areas of your life. I know I'm never gonna be perfect at certain things, no one is. I think there's a level of acceptance for other people when you have ADHD, because you're constantly trying to accept yourself as you are and work with what you have to work with.

¹¹² Explanatory note: Removed, for flow.

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Education

Doctor of Philosophy, *The Pennsylvania State University (expected August 2024)*

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Peer-Reviewed Publications

Fleming, A. R., **Roundtree, S. M.**, & Pierce, K. L. (2023). The evolution of laws and policies in the U.S. and their impact on disabled people. In I. Marini, A. R. Fleming, and M. Bishop (Eds.), *The Psychological and Social Impact of Chronic Illness and Disability* (pp. 85-101). Springer Publishing.

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Teaching Experience

Instructor-of-Record: *Penn State University (August 2022 – December 2023)*

- RHS 100 Introduction to Disability Culture, undergraduate students

Co-Instructor: *Penn State University (January 2023 – May 2023)*

- RHS 403 Medical Aspects of Disability, undergraduate & master's students

Instructor-of-Record: *Portland State University (Winter 2022, Summer 2022)*

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Clinical & Supervisory Experience

Career Counselor: *WorkLink, Penn State University (January 2023 – May 2024)*

- Provide career counseling for students with intellectual and developmental disabilities and assist with problem solving and work satisfaction at internship placements.

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- Promote anti-ableist counseling practices, provide constructive feedback for counselors, and create a supportive learning environment for master's-level supervisees.

Mental Health Counselor: *Herr Clinic, Penn State University (August 2021 – December 2021)*

- Provided individual mental health counseling services in-person and via telehealth for local high school, undergraduate, master's, and doctoral students.

Professionally Related Service & Leadership

Co-Chair of the Accessibility Committee: *WACES (2023 – present)*

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