YOU TAUGHT ME TO HATE MYSELF, LET ME SHOW YOU HOW YOU DID THAT: AN AUTOETHNOGRAPHY ABOUT NAVIGATING ACCESSIBILITY SERVICES AS A BLACK WOMAN WITH A DISABILITY

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Preface

It should be noted that throughout this thesis I will be using the terms "*university*" or "*institution*," "*Accessibility Services*" and "*Accessibility Services Coordinator*" as general terms, knowing that every educational institution refers to this department/office and those who work within it, to support students with disabilities [like myself], under a different name.

Abstract

Despite there being enormous amounts of research on disability, and how disability is experienced, when parameters such as higher education, race and gender are considered alongside disability, the research documented becomes limited; and even more so when each of these parameters are in combination with each other.

The aim of this study is to use Critical Disability Theory, Feminist Theory, and Intersectionality to better understand how I have experienced accommodation as a Black woman with a disability within an academic environment. I use Autoethnography to detail my own lived experience to investigate if the institutional response (of providing accommodations and its practices along with it) aligns with my lived experience as the student on the receiving end. The findings from this study suggest that there is misalignment between the institutional response and the student experience thus causing a struggle of identity outside of the medicalized identity recognized by *Accessibility Services*.

It is my hope that those who read this thesis adopt a '*nothing about us, without us*' attitude towards *Accessibility Services.* I hope readers will see that students with disabilities need to be included in the conversation of accommodations with *Accessibility Services* offices in post-secondary institutions because stories like mine (as a Black woman with a disability and a life-long service user of this school provided service) demand to be acknowledged and be felt as the "supposed" benefactors of this service. Because without us, this service would not exist. And yet, without our voices heard this service continues to exist as it does. Our voices, bodies and lived experiences should be validated as appropriate "measures" to determine accessibility, accommodation and learning needs.

Acknowledgements

Lauren,

You not only showed me that I had a voice, but you also taught me how to use it. You made sure that I knew that my voice is equally as powerful on its own as it is amongst a sea of other voices trying to weather the same storm. I've often said that when I'm advocating for myself, I consider that effort to be an extension of myself because I'm never just advocating for myself but instead, I'm advocating for the collective "us." And it is because of you that this is my outlook on advocacy; because you made sure that I knew the value of my voice and how it can add value to the voices of others who have also been silenced and ignored. So, you see… because you took the time to help and support me in developing my voice, I credit this voice that I now have, how I use it, and my outlook on to advocacy to you – and you, alone.
Thank you for being my friend and mentor.

Alise,

When I felt like the place that was originally carved out for me within McMaster was being filled in with cement to keep me out, you made sure to find and carve out a new place for me. You made sure I knew that this new place wasn't a replacement to the original one I had felt that I had lost access to. And you did this by taking me back to the scene of that originally carved out place now covered in cement. There you encouraged me to look at the cracks in the cement with you and look at the dull tools in my hands that were responsible for those cracks. We stayed there for some time talking about the labour of the builders, their materials and me (the destroyer) until we didn't need to anymore. And when we finally left that place you reminded me that I didn't have to be just a destroyer… but that I could be a builder too.
Thank you for being my friend and my second reader.

Allyson,

Blah blah blah… *you already know*.

Table of Contents

Opening

A Poem entitled: Insider, Outsider

I've spent so much of my life within your space (your schools) that I don't even know who I am outside of them. More time than any place of employment or any doctor's office that I often wonder if there will be any semblance of a life left for me to live once all is said and done. How many more times must I rape my personal experiences in order to gain access to your schools? To my right to access my own education? How many credentials will be enough? Because without them I don't exist. Without them I'm not acknowledged in the spaces that I occupy outside of your schools.

But let's talk about that – those spaces that I occupy.

For all my life (as a student of your institutions) I've occupied a space that you called "mine." A designated space that you made just for me, and others like me. And you made this space for me. You made this space for us. Herded us in without showing us the other options and opportunities that may be available to us on the other side – on the outside. And once inside, you pitted us against each other in a constant state of comparison to one other. You did that to us. And thanks to you AND the policies and practices you endorse in your institutions; I struggle to get to know those other occupants of this shared space as they struggle to get to know me. You did that. You did that to me. You did that to us.

Set the rules and expected us to continue to exist within them.

But I’m different now, you see. You slipped up when you changed the rules on me. That slip up opened my eyes to see what you really are, your expectations of me AND for me. I often wonder how I couldn’t see it before. How I couldn’t see what you were doing to me. But I did see it. I started to see it when I was very young. I just couldn’t articulate it (thanks to you of course). You never gave me the opportunity to do so or even tried - because you hid me behind policies and practices that atrophied the circuits in my brain from exercising free thought. So, all I could do was think to myself.

And I did. I thought A LOT.

I thought about how hard learning new things got year after year as I grew older and older. And I thought about missing out on skills and subjects I should’ve known by this age because I was exempt from learning them when I was young. And I thought about how I wasn’t allowed to exist within your institutions without the tether of your designated space for me. How I only existed as a product of your system and continue to exist within this system you personally designed for me. This system that you swore would protect me by allowing me to utilize my rights. But what good are rights in your system if your system doesn’t even teach me that I even have those rights to begin with? Let alone what rights even are?

What good is your system if your peers slit our throats whenever we speak out against you?

My throat has been slit so many times that it hurts to even speak up, let alone speak out. The psychological scar of that violence upon me has left me paranoid to even continue to exist within your space. Everyone examining me are your peers so, who can I trust? Who can I trust when the examiners you put next to me (your people) are only there to “manage” me and “handle” me? Who can I trust when these examiners (your people) say that they are on my side, but their hands are tied? Hands tied by policies and practices that never truly allow them to know me. Them (your peers), only knowing me based on black words on white pages. They just say that they do know me to make it hurt less when they pull their knives out from behind their backs to slit my throat on your behalf.

Outside of your spaces (your institutions) I don’t know who I am and don’t know how many credentials will be enough for you to finally see me as more than just what you have conditioned your peers to see me as. What I do know is that you taught me to hate myself. And now I want to show you how you did that.

Introduction

For as long as I have been a student, my identity as such has been tethered to *Accessibility Services*. Over the course of my education (Kindergarten-Undergraduate Studies), I have known this is a school provided service uses a variety of names such as *Special Education* (or *Special Ed* or S*pec Ed* for short), *Disability Services, Accommodation Services*, just to name a few. But regardless of the variety of names by which this space is known for, the underlying goal of the service remains the same throughout. That goal being for this service and those who work within it (i.e., service providers *Accessibility Coordinators*) to provide its service users i.e., students with disabilities, chronic illnesses, and those who have behavioral issues, etc.) with academic accommodations in order to support said students in their achievement of "academic success."

This tether of mine to *Accessibility Services* happened like it would for many other persons/students diagnosed with disabilities, chronic illness, and those who have behavioral issues, etc. at a young age. When being registered for school for the first time by our parents and/or guardians they had to identify us to the school as being different from other children because of our diagnoses. Therefore, this single default in our identities, is the single identifier of us fitting the parameters of this designated and segregated space. Simply put, our medicalized identities which make us different were our tickets into this space and thus granted us access to its supports. And so, for as long as we continue to pursue our education – our tether to *Accessibilities Services* will remain with us as we do so.

Our medicalized identities have been frozen in time by *Accessibility Services* through their use of what K-12 education would call an Individual or Individualized Education Plan (or I.E.P for short) and what post-secondary institutions would refer to as an Accommodation Plan. The black words on the white pages of these plans outline a snapshot of our learning needs and are carried with us over the course of our continued education. Not in all cases, but in some (like mine) this newly named plan can become defrosted and picked apart by *Accessibility Coordinators* until eventually being refrozen in time again. This can happen during student transitions between schools because different institutions cannot provide the same means of supports and therefore, changes need to be made to this plan even at the expense of the student being unprepared and unequipped for said changes.

On a broad scale, the relationship between *Accessibility Services* and its service users (i.e., the students it supports) spans for as long as said student is enrolled in school. Therefore, it ends at the time a student has completed all the education they had set out to complete. Some students might require more interactions with the *Accessibility Services* office (specifically with their assigned *Accessibility Coordinator*) while other students might require very little or none beyond their initial registration (or intake) with the office.

In the Spring of 2017 when I found out I had been accepted into university for that year, one of the first things I did was begin the accommodation process by registering with the *Accessibility Services* office at the institution I would be attending.

This meant:

1. Looking on the school website to find the contact information for the *Accessibility Services* office AND using it to find out what information (i.e., medical documentation) I was required to submit in order to be register for accommodations;
2. Contacting the office to set up an (in-person) intake appointment after having collected and submitting my documentation to said office; and
3. Attending that appointment to make an Accommodation Plan with the *Accessibility Coordinator* AND verifying/confirming the plan by signing off on it at the end of the appointment.

This was a familiar process to me having gone through it once before when I registered with the *Accessibility Services* office at the college I started attending in the Fall of 2010. Like then and now, I felt a lot of anxiety about going through this process on my own. To me, it felt like both a rite of passage AND a milestone for me as a post-secondary student with a disability as if going through this process alone was a lesson in self-advocacy because it was something that only I alone could do. As a post-secondary student (regardless of it being college level or university level), it was no longer up to my parent to disclose my accessibility needs to the school I was attending upon my registration with said school. It was now up to me to disclose my own accessibility needs on my own AND for myself. Thus, if I decided not to do it, then I would have no accommodations until I decided to change my mind.

However, one thing about going through the accommodation process as a university student was different from when I had first gone through it as a college student. What was different this time around was that one of the accommodations in my plan was modified for the first time in the history of any plan that I've ever had. For all the years that I had an I.E.P. (K-12) the accommodations that I received in that plan remained unchanged since the time of its conception and implementation. And when I entered post-secondary school in 2010 for the first time as a college student after graduating from high school that same year, the accommodations I received in my I.E.P. were carried over to this plan. But this time, (as a university student), the *Accessibility Coordinator* that I spoke to at the time of my in-person intake appointment suggested a change to my accommodation of "*Extra Time for Tests and Exams*."

Despite my hesitancy to accept the suggestion for this change because I was unsure if I would be able to manage under its modification when the time came, I did accept it. The rapport I established with the *Accessibility Coordinator* during this conversation was one that continued until their departure from *Accessibility Services* for another department at the university. However, when the time came for me to utilize the now modified accommodation, I asked for it to be amended and to be specifically reverted back to what it had been prior to its change. This request was brought to a new *Accessibility Coordinator* replacement who denied my request, and the lack of rapport that I established with them during this interaction was one that I did not wish to continue because the denial of my request caused me to question my identity as a student. I concluded that I wasn't a student who just HAPPENED TO HAVE a disability (something I had believed since I was a child) – but instead was a student WITH a disability. For me, the difference between the two being that to be a student who just HAPPENS TO HAVE a disability locates the problems that I face in school because of my disability within the policies and practices of this environment and the larger school environment itself because I don't see my identity as a person with a disability as a problem. But to be a student WITH a disability locates the problems that I face in school because of my disability within myself because if I don't make myself a submissive participant to the policies and practices within this environment it becomes inaccessible to me.

This distinction forced me to acknowledge that within this space (*Accessibility Services*) and the people who work within it (*Accessibility Coordinators*), I have always been and will always be seen as a student WITH a disability, despite having never forgotten this about myself to begin with because my disability is fundamental, central, and inescapable to who I am as a student just as my race and gender are. And so, to combat the lens of this identity fixed upon me, I sought refuge outside of this space (specifically within university's *Diversity and Equity Office*) by doing what I could to bring attention to my own turbulent relationship with this school provided service. I started doing this by writing about my experience with *Accessibility Services* for any assignments for my courses that asked me to describe a tension I had experienced in life. For one of my courses, I wrote a Major Research Paper (MRP) analyzing the conditions/factors that made the *Accessibility Services* office at the university inaccessible to its service users. For this paper I decided to interview other students who were registered with *Accessibility Services* and interview a professor who once held the position of *Accessibility Coordinator*.

The stories/experiences of other students alongside my own allowed me to see my own experience as something not isolated to me alone; although the spectrum of each experience varied, the inaccessibility felt was universal. Likewise, the perspective shared with me by the professor (and former *Accessibility Coordinator*) gave me insight into why my accommodation of "*Extra Time for Tests and Exams*" was modified during my intake appointment and my request for it to be amended to its previous form was denied. The following year after writing this MRP I entered it into a research exposition being held at the school. The exposition gave me the opportunity to further bring attention to my own turbulent relationship with *Accessibility Services* by creating a large poster board and presenting my findings to faculty and staff, current students and alumni, and members of the public.

Compiling the stories and experiences opened my eyes to what I was trying to do when first deciding to take opportunities where I saw them to share my story. What I was trying to do was shine a light on the counter-story of *Accessibility Services*. The current/common story of *Accessibility Services* is to provide its registered students with academic accommodations in order to support said students in their achievement of "academic success." This is a story that is known by members of the institution which includes faculty and staff, and the student population (both with and without disabilities).

As Bernal (2002) states, counter-stories not only tell the stories of those outside of the dominant ways of knowing, but also teaches listeners of these stories how to listen and hear the messages within them. And so, upon further examination of the ways that *Accessibility Services* supports students, there is an important counter-story and narrative that emerges.

Students with disabilities who I previously interviewed in my MRP were the narrators of these counter-stories; and the presentation of my MRP shared these counter-stories with other people outside of this identified group. A counter-story of *Accessibility Services* based on my own experiences and those of my MRP participants is that this school provided service does not acknowledge or understand us/me beyond the identity they have medicalized and frozen in time through an Accommodation Plan. Without disclosure or expression of this counter-story it would continue to remain hidden and not widely discussed outside of the minority group of which I am a member. Although I limited my interactions with *Accessibility Services* after the denial of my request for an amendment to my Accommodation Plan, I continued my effort to bring attention to my own counter-story of this service because I was still questioning my identity as a service user of *Accessibility Services*.

When I began questioning my identity as a service user of *Accessibility Services*, it started with my identity as a person with a disability. This line of questioning regarding this specific piece of my identity allowed me to analyze my own relationship with this service beyond my interactions within it, in this university setting. Seeing the beginning of this relationship that started in (my) childhood brought me to this point of wondering about my identity as a student. In doing so, I also added other facets of my identity such as my race and gender because I wasn't just a student with a disability: I was a Black student with a disability, a woman with a disability and simultaneously a Black woman with a disability. And so, my research question for this thesis emerged through attention to each of these components of my identity:

- How do I as a Black woman with a disability experience the accommodation process?

And its partner question:

- How comfortable would I (as a Black student with a disability) feel about asking for a change to my Accommodation Plan?

The focus of this study is to investigate if the institutional response and process of providing accommodations aligns with my lived experience as the student on the receiving end. My aim is to examine how accommodation is experienced as a Black woman with a disability within an academic environment.

Literature Review

Defining Accessibility

To begin I first turn to the definition of "access" by Bess Williamson who offers both a literal and a figurative definition of the word. Williamson (2015) identities the literal definition of access being associated with the architectural design and technologies of a space that allow people to move freely within them; and the figurative definition being inclusive of social and political participation as a form of access. These definitions of "access" by Williamson are important as "access" in academic spaces for students with disabilities can reflect both definitions (individually and even both simultaneously). As Zola (1983) states, the power of an institution is often reflected not in the possession of formal power but the influence the institution holds in the minds of the population. What Zola (1983) is saying here connects to Williamson's conceptualization of access because how power is held in spaces to provide and/or limit access can impact how the individual(s) construct their identities based on that access.

And so, although Zola is speaking to medical institutions specifically, this awareness of medical institutional power can be transferred to academic institutions also as the university's medicalization of the identities of students with disabilities provides a lens through which they see themselves through. And so, when we combine Williamson's conceptualization of access with Zola's in the context of academic spaces for students with disabilities, we can better understand how (when students with disabilities access accommodations) within academic institutions, power (i.e., the control over accommodations) remains in the hands of the *Accessibility Services* by way of the *Accessibility Coordinator* thus, providing and/or limiting access to education by way of accommodations. It is in this way that I, as a Black woman with a disability and student, struggle to gain power (or control) over my accommodations when engaging in the process of obtaining them thus, influencing how I as such would feel about asking for a change to my Accommodation Plan later. This connects very strongly with Williamson's (2015) figurative definition of access because it demonstrates how inclusivity of social and political participation – such as participation in education – is influenced (or hampered) within academic spaces through the very processes that espouses to facilitate ‘access’, i.e., the accommodation process.

Disability Services (Accommodations)

A review of the literature on disability services calls attention to the use of the medical model of disability as a method to address accommodations for students with disabilities. For example, some authors assert that disability services (like special education) are used to segregate students who exist outside the “norm” of functioning in schools (Erevelles & Minear, 2010) and this segregation contributes to the silencing of disabled bodies therefore, perpetuating the appearance of normalized ones (Yoshida & Shanouda, 2015). Classification (or segregation) of students with disabilities being determined based on medical knowledge thus ignores the account of the person with the disability themselves (Peruzzo, 2020).

Other authors note that while disability services adherence to their legal obligation under the law (like the Accessibility for Ontarians with Disabilities Act in Ontario) to provide necessary accommodations for students with disabilities is important (Agarwal et al., 2014), disability services fail to acknowledge the psycho-social development of the students with disabilities that they support including their internalized stigma and self-advocacy efforts. This happens as providing accommodations usually involves procedural changes and modifications to teaching (Jung, 2003) rather than changes needed regarding attitudes about disability as it is accommodated. Thus, disability services offices are often distant and unconnected from the students they support as the main objective of office staff is to comply with their legal obligation to provide accommodations (Cory et al., 2010), whereas students may identify their accommodation needs and themselves via the social model of disability (a model I elaborate below).

Iqtadar et al. (2020) found that across their studies, K-12 students of colour were aware of how they have experienced systemic inequality in the education system in relation to their multiple identities. This is important to note as Banks and Hughes (2013) found that Black post-secondary students with disabilities often engage in an internalized affirmation of their multiple identities when confronting educational systems that have been historically hostile to those identities. This is significant to the experience of racialized students with disabilities attending post-secondary institutions because it highlights the continued identity work of these students. As Jung (2003) identifies, although higher education institutions have a legal obligation to provide "access" to all aspects of university life so that people with disabilities can participate, Ramirez-Stapleton et al. (2020) assert that our collective understanding of disability within higher education is often white-centered similarly to that of the Disability Rights Movement and Disability Studies. As Banks and Hughes (2013) identify that far too often research literature that addresses the critical issues of post-secondary individuals with disabilities ignores the voices of students of colour. This relates to my own research as it was difficult to find research on the intersectional experience of race and disability in post-secondary education, particularly research as written by people of colour. Thus, my own research questions are a necessary addition to the limitations of this identified topic of research.

Baynton (2001) states that race and disability are intersected as being both a prescription and a description in the concept of “normal.” This is further supported by Linton and Bérubé (1998) who state that both categories of disability and race and understood as axes of oppression; axes in which power and resources are distributed (p.31). Therefore, although these two identities illustrate familiar narratives of oppression and segregation, how these things unfolded over the course of history is the result of two very distinct histories. As Bolaki (2011), as cited in Artiles (2013) identifies that the history of race and disability have been intertwined in that disability has been racialized and race has been conceived as disability. The similar trajectories of exclusion of racialized people and people with disabilities contributes to the how both identities are intertwined (in me) within the space of *Accessibilities Services* as contributing to how the accommodation process is experienced.

Theoretical Framework

Critical Disability Theory

This research is guided by a critical disability theoretical orientation through which models of disability can be interrogated and examined. Critical Disability Theory (CDT) considers how different spaces (like educational institutions) ‘dis-able’ people. This theoretical frame can be applied by researchers to consider disability beyond a medicalized and biological tragedy for the disabled individual and to interrogate why and how disability is framed as a problem within society through social, cultural, economic, and political discourses and systems that ‘dis-able’ people (Goodley, 2013). Bogart, Logan, Hospodar, et al., (2019) assert that disability models have created and become a predictor of attitudes about disability as they raise assumptions about its cause, nature and treatment and offer a space to challenge how disability is addressed and defined (Bogart, Bonnett, Logan, et al., 2020).

CDT is a helpful theoretical orientation to investigate how certain bodies are made to matter (or not matter) in various settings and within institutional arrangements, and to interrogate how notions of ability and impairment are socially constructed (Goodley, 2013; Meekosha & Shuttleworth, 2009). Thus, CDT can be used to expose and analyze ableism as embedded in social and political structures that ‘dis-able’ people. In the article, *Critical Disability Studies as Methodology,* Julie Avril Minich as cited in Schalk (2017) argues that as a theory, CDT requires probing social norms and conditions that define specific attributes as impairments and concentrate stigmatized attributes in particular populations. This is significant to the definition of CDT in that the history of people with disabilities is one that has been prescribed to them based on “norms” and structures that label them as ‘Other’. This critical model of disability can reveal the ways in which society provides and/or limits access.

In the article, *Could you hold the door for me? Including disability in diversity*, Olkin (2002) states that the language used to describe people with disabilities reflects the models of disability and shapes one’s responses to people with disabilities (p. 136). CDT calls attention to how disability has been viewed within society and institutions; and how the narrative of disability throughout history competes with the disabled individual's understanding of themselves as the person with the disability themselves. In the article, *The History of Disability: A History of 'Otherness'* authors Clapton and Fitzgerald state,

> Bodily difference has for centuries determined social structures by defining certain bodies as the norm, and defining those which fall outside the norm as 'Other'; with the degree of 'Otherness' being defined by the degree of variation from the norm. In doing this, we have created an artificial 'paradigm of humanity' into which some of us fit neatly, and others fit very badly (n.d.).

Here, the authors highlight the label of 'Other' as one that has been assigned to people with disabilities by those who do fit the "norm." This label of 'Otherness' is carried over into class, status, and social institutions as a whole. More clearly, the history of people with disabilities is one which was created for them as social structures dictated how their stories would be told for future generations. And so, proof of competency or functioning is what the authors identify as determining the fit of people with disabilities into the (artificial) 'paradigm of humanity;' this paradigm essentially determines which bodies are "acceptable" within society and which are disabled bodies not fitting that norm of what is considered "acceptable." In the article, *Could you hold the door for me? Including disability in diversity*, Olkin (2002) describes the tenets of the medical model of disability as understanding disability as intrinsic to the individual. By way of the medical model, pathologizing disability through this lens carries stigma (Olkin, 2002) because it allows for an individual’s internal attributions and personal responsibility to be positioned as the cause and treatment of their disability (Bogart, Bonnet, Logan, et al., 2020) and therefore not onto society itself like the social model of disability suggests.

It is the emphasis on diagnosis and treatment that further creates the foundation for prejudice and discrimination towards people with disabilities (Dirth & Branscombe, 2017); as other authors assert that the medical model creates discrimination through medicalization and medical violence (Withers et al., 2019) as it fragments the individual by focusing on the biological impairments within said individual (Artiles, 2013). Here, each of the authors in these articles highlight the clinical perspective of this model, and this is substantial to the definition of this model as it focuses on the medical intervention of understanding disability and the difficulty presented to people with disabilities to separate disability from themselves (as the one who has the disability). Ability becoming a discourse of efficiency (Peruzzo, 2020), ableism intersects with other forms of structural oppression (Karpicz, 2020) and has historically and presently segregated students with disabilities from the larger non-disabled population (Banks & Hughes, 2013) by use of pathologizing models of disability (Mitchell & Snyder, 2000). I conclude from this literature, therefore, that the medical model thus identifies that the quality of life of people with disabilities is seen as something to be ‘cured’ or ‘managed’ for the individual to ‘function’ within the societal and institutional “norms.”

In the article, *Disability Models Affect Disability Policy Support through Awareness of Structural Discrimination*, Shakespeare, 2006; Smart & Smart, 2006 as cited in Dirth and Branscombe (2017) state that, in opposition to the medical model, the social model of disability externalizes the disability, locating the source of “difficulty” in a person’s environment and social sphere rather than in the individual person or diagnosis. This is echoed by other authors who frame the social model of disability as an ideological construction (Erevelles & Minear, 2010) moving the “problem” of disability from the individual and onto society (Stienstra & Ashcroft, 2010). Barnes & Mercer, 2005 as cited in Dirth and Branscombe, 2017 state that “the social model shifts the analytical focus to the barriers to social inclusion created by disabling barriers, attitudes, and cultures” (p.416).

It is here that the social model can be used as a helpful lens to view disability as a product of oppression (Artiles, 2013) because it considers how the environment has been built (Karpicz, 2020) and locates disablement as society not accommodating people with disabilities (Olkin, 2002) vis-à-vis structural discrimination (Bogart, Logan, Hospodar, et al., 2019). In this way, each of the authors highlight the shift of the social model from the internal focus of exclusion (disability as viewed by the medical model), to the external focus of exclusion experienced via social attitudes and environmental barriers. This shift in focus between the medical model and social model of disability is important in understanding how disability and ability are produced through a system of ‘norms’ rather than innate or biological.

Feminist Theory and Intersectionality

The concept of Feminist Theory and Intersectionality help to examine the compounded oppressions experienced by racialized people with disabilities. Some authors define the concept of intersectionality as an examination of what is considered outside of the traditional boundaries of race or gender oppression (Erevelles & Minear, 2010), being that each person has their own individual experiences (Stienstra, & Ashcroft, 2010) that interact within various social, cultural, and historical spaces (Yoshida & Shanouda, 2015). Therefore, integrating disability into Feminist Theory greatly contributes to feminism's intersectionality (Garland-Thomson, 2002) to further explore the unique and overlapping oppressions individuals experience.

Coined in 1989 by Kimberlé Crenshaw, *intersectionality* is a word used to describe how race, class, gender, and other individual experiences “intersect” with one another and overlap (Coaston, 2019). Crenshaw came up with the theory of intersectionality in order to define the experience of being a Black woman as this specific experience cannot be understood independently on the basis of race or gender alone. The intersections between the two axes of identity frequently reinforce each other.

Some authors assert that the examination of Intersectionality using Feminist Theory and Disability Theory also calls attention to power. As intersectionality explores how systems mutually construct one another (Erevelles & Minear, 2010) and intersect simultaneously, feminism increasingly recognizes that no woman is just a woman (Garland-Thomson, 2002). As different women have different experiences (Erevelles & Minear, 2010), intersectional identity work is on-going (Iqtadar et al., 2020). Feminist and anti-racist critiques challenge the dominant narratives of what it means to be a (white, middle-class) woman (Jung, 2003). Therefore, a Feminist Disability Theory, allows both individual and collective learning in order to address accessibility and the elimination of barriers (Garland-Thomson, 2002).

I find this frame compelling because it identifies and examines the multi-dimensional narrative of disability by exploring ableism embedded in systemic and social structures. One dimension of this narrative is one in which the majority group (non-disabled people) have placed upon the minority group (people with disabilities) as identified and examined through said structures. Put more simply, the social model of disability makes visible the medical, psychological, and societal barriers to access as well as the language of naming disability that has continued to cause much debate within the disability community. The other dimension is the narrative of people with disabilities themselves through scholarship such as critical disability research. My observation of the narratives of people with disabilities is that they reflect the movement (or lack of movement) within those spaces based on lived experience and navigating assimilation into the majority culture. These two dimensions thus calling attention to identity, agency, experience, stigma, and oppression simultaneously through the lens of ableism. CDT can essentially be applied to show that ableism is omnipresent and enduring, despite the majority group failing to see it when attempting to enhance the quality of life for people with disabilities.

What I also find compelling about this frame are the possibilities to also pay attention to gender, race and culture when applied with Feminist Theory and Intersectionality. As Erevelles (2015) states, claiming that “race is like disability” or that “disability is like race” does not advance the conversation of race or disability as both are kin to the construction of the pathological 'Other' (p.147). In the article, *Integrating Disability, Transforming Feminist Theory*, author Rosemarie Garland-Thomson states, Disability-like gender-is a concept that pervades all aspects of culture: its structuring institutions, social identities, cultural practices, political positions, historical communities, and the shared human experience of embodiment (Garland-Thomson, 2002, p. 4). When combining the identities of being Black, a woman and a person with a disability, the experience being defined becomes a specific intersected one.

And so, when applying this theory to my own identity as a Black woman with a disability, the experience is one of compounded oppression produced by two caste systems existing both independently and simultaneously of each other. And so, using CDT with Feminist Theory and Intersectionality allows me to describe each individual experience, the overlap between them and how each of my identities are taken up in society as seen by the majority (or dominant) group/culture.

Methodology

Overview of Autoethnography

Using the lens of autoethnography, this section of my thesis explores the importance of identity through storytelling. Autoethnography is a form of qualitative research that will allow me to use self-reflection and writing to explore anecdotal and personal experience and connect my experiences to those of larger, often overlooked systemic issues. In a journal article, *Bodies of/as Evidence in Autoethnography*, the author compares this framework to the show Crime Scene Investigation (CSI). Spry (2009) describes how crime scene investigators carefully examine and analyze a body of a deceased person for any evidence that it may offer to what has happened. Spry (2009) asserts that in AE, we can similarly offer our performing bodies as raw data of a critical cultural story. This is a fairly accurate representation/definition of Autoethnography (AE); in this research I am putting my identity (*body, voice, experiences, etc.*) on the examination table to identify the lived experiences that I have had in order to answer my research question(s).

In the journal article, *Auto-Ethnography: Paradigms, Problems, and Prospects* by Hayano (1979), he acknowledges different styles and types of AE. These include auto-ethnographers who have a "*master status*" where their writing is obvious and important to their self-identification. Autoethnographers with a "master status" have studied their own cultural, social, ethnic, racial, religious, residential, or sex membership group, or a combination of one or more of these categories. The second type being auto-ethnography written by researchers who have acquired an intimate familiarity with certain subcultural, recreational, or occupational groups. And finally, highlighting a subcategory of this second type of auto-ethnography which occurs when individuals become formally and informally socialized, after indoctrination, into a specific group or role-type with some specialized knowledge or way of life. With each of these types and styles of AE, the author states that

> The shared similarities among auto-ethnographies are that, in each case, the researchers possess the qualities of often permanent self-identification with a

> group and full internal membership, as recognized both by themselves and the people of whom they are a part. (Hayano, 1979, p. 100)

Here, Hayano (1979) describes one of the principles of AE in that the researcher's own experiences are part of the study. Whether that be their membership within a particular community, or their wanting to learn more about a particular community in which they are not a member. It is these positions that force the researcher (auto-ethnographer) to use self-reflection and writing to explore anecdotal and personal experience in connection to the research question being explored.

Herrmann et al. (2017) describes another principle of autoethnography in which the researcher's own experiences are linked to the social world. He states,

> Although autoethnographies start with the personal, they are simultaneously political. As Holman Jones, Adams, and Ellis (2013) noted, "autoethnographers *intentionally* highlight the relationship of their experiences and stories to culture and cultural practices …" (p. 22). Autoethnographers recognize fully that the personal is political, and that our work involves pursuing social justice – emancipation, liberation, and hope – for ourselves and others, in part by interrogating larger cultural interpretations, grand narratives, and hegemonic discourses (Herrmann, Denker, Adams, Tull, Hunniecutt, Watson, & Lindemann, 2017, p. 2).

Here, Herman et al. (2017) identify how AE moves outward from the individual researcher and their experiences, and towards the political components of the personal stories/experiences being told. One's identity under examination in turn forces one's social world to also be examined simultaneously. In doing so, a third principle of AE is achieved and that is in considering personal experiences we can consider social issues and work towards the pursuit of social justice.

Finally, AE combines autobiography and ethnography as it integrates personal experience with cultural practice. Ellis et al. (2011) notes that through writing about past experiences we can analyze and deconstruct the world around us. Autoethnographies can emphasize epiphanies, and these epiphanies stem from a particular event or experience that has forced the writer/researcher to do a deeper examination into why such an event or experience has happened. Ellis et al. (2011) state,

> As a method, autoethnography combines characteristics of *auto*biography and *ethnography*. When writing an *autobiography*, an author retroactively and selectively writes about past experiences. Usually, the author does not live through these experiences solely to make them part of a published document; rather, these experiences are assembled using hindsight (Ellis, et al., 2011, p. 275).

In this way, the authors are also suggesting that AE works to help understand how one's own identity is constructed. Specifically, how one's identity is constructed through the experiences in which they are writing about. It is this action of writing and self-reflection that allows autobiography and ethnography to work simultaneously in a way to critically analyze the personal experiences of auto-ethnographers, whether a part of the community under examination or not.

I find the method of AE compelling because it provides an opportunity for the researcher who uses it the opportunity to critically analyze their experiences through autobiography and ethnography. This specific principle of AE was of significance to me as the personal experience I detailed for this thesis was my reflection of both how I experienced *Accessibility Services* and the accommodation process as a Black woman with a disability (*the autobiography*), but also, the multiple dimensions at play in the post-secondary institution itself and *Accessibility Services* within said institution (*ethnography*). To use another frame like Narrative Theory for example, would put too much of an emphasis on the story itself rather than an equal emphasis on other factors involved in that story being what it is.

Another reason why I find AE compelling is because it is a form of qualitative research that compliments the way that I already think. What I mean by this is that I know myself to be a very strong critical thinker. When I find myself in situations like the interactions that I've had with *Accessibility Services* while attending post-secondary school, I am very interested in understanding how and why such interactions could unfold the way that they have. For example, when advocating for my own accommodations to better align with my academic needs, I have been told by *Accessibility Services* that my disability (previously submitted medical documentation) must support the need for modifications to my Accommodation Plan. With this experience, I've spent a lot of time trying to understand this rhetoric, reflecting on my feelings of having to receive it and reflecting on how my disability and needs were being understood by *Accessibility Services* but also at the university as a whole.

Through this type of self-reflection that I have taken on, AE allows me to show my thinking through the specific principles of connecting my experiences to the social world, connecting my personal experiences to social issues and ultimately, understanding how my identity is (or has been) constructed. And to the last point about the construction of identity, this is incredibly significant to me as my identity as a student has been (in part) constructed by my use of *Accessibility Services* throughout all the years of my education from grade school to now Graduate level studies. This relationship between knowledge (the experience) and learning (the reflection) is an important relationship that I can pay attention to through AE.

My personal experiences (previous and newly acquired knowledge) of *Accessibility Services* has informed my own learning of this service and how it operates. I have observed through my interactions with *Accessibility Services* that its “operation” is grounded in neoliberal practices of speed and efficiency, tick-box style questioning and the medical model of disability being the determining factor for accommodations provided to students with disabilities. I also hold understanding of the culture of *Accessibility Services* and the culture of being a Black woman and student with a disability; each of these things - *Accessibility Services*, being Black, being a woman and identifying as a person with a disability each have their own culture. However, together AE will place myself within a social context thus identifying the compound oppressions that exist for my experiences as someone with an intersectional identity and dependant on this school provided service.

Data Generation and Analysis

Parameters

To generate my data for this thesis I relied on my memory to do it. This was necessary for me to do because I have never kept a personal diary or any other type of written record of my lived experiences. Richards (2008) identifies that in recalling the memories of her past self, she sees herself as a different person (in the present) and wondered if she would objectify herself in the reconstruction of her past through AE. And this is something that resonated with me because before I began my own data generation process by writing a journal about my experience with *Accessibility Services*, I spent several days considering the level of disclosure I was willing to subject myself to.

I decided to set very clear parameters for myself regarding how much of myself I would disclose, focusing on a specific experience/situation related to the thesis and omitting any aspect of my life before or after the experience in question. Sitting down to write out my journal for the first time I had that "mental map" or (mental outline) of those parameters (where I wanted my story to start, where I wanted it to end and everything in between). So, as I wrote I remained conscious about not over-thinking what I was writing because I wanted to simply write about the experience for what it was (in that moment) and leave other aspects (or experiences) of my life out of it as much as possible.

Richards (2008) identifies a bifurcation of self – one self being who she was/is as humbled by the fortune of the "positive" outcome of her illness and the second self being the person who has to cope with the new identity she has as someone well but still living with illness. For myself, as I was getting closer to beginning to write my journal of my experience with *Accessibility Services*, the parameters I set for myself kept the self that had experienced trauma within the border (this being the titular experience) and the experiences of my younger self that brought me to that point remained outside of those borders.

As Richards (2008) further interrogates the bifurcation of self for her as one: the self in which was (at the time) experiencing the "perils" of illness and two: the self in which she is older and writing about those past experiences that now provide her with distance, experience, and perception. Like Richards, I saw my own experience and my own self within those experiences to be two separate entities – who I was before the traumatic experience AND who I it was the experience of trauma of negotiating disability with *Accessibility Services* that was/is to be the central focus (of the journal), and therefore I had felt that who I was outside of that traumatic experience did not need to be acknowledged as relevant to my re-telling of my story through AE.

Writing Process

For two weeks I relentlessly worked the circuits in my brain and in my fingertips to write out (type out) my journal. Up until this time, I hadn't read any autoethnographies beyond simply researching what the tenets of AE are. I believed this decision to be crucial for me to make because prior to writing I was fearful of losing my voice – such as by having (within writing) to be speaking through the voice of another author and their AE of their own lived experience. I wanted my AE to be authentic to me and my lived experience as theirs was/is/are to them. And so, when my journal was finished, I confidently sent it to my second supervisor awaiting feedback. When they returned it to me and we had a conversation about what was missing, I was anxious about their feedback instructing me to add that other self that I had originally chosen not to acknowledge. My supervisor explained that I needed more context in the journal about who I was. I needed to detail the time leading up to, during and after the "event" (or experience) in question. And to do this I needed to disclose more of myself for the research and to my readers.

And so, before I began the writing process i.e., data generation for this more reflective autobiographical account, I spent several days [as I had before] interrogating my memories for more experiences I could draw upon around the central experience that is the focus of this thesis. Despite not having any type of written record from the time of the event, I considered my process of retroactive data generation and self-reflection to be easy because the memory of the central experience of *Accessibility Services* that I have chosen to detail in this thesis has been one that has been easy for me to recall. As Goltz (2011) asks, if it says something about him that the threat of violence he's experienced is deemed "remarkable;" that he chose to write about one instance of violence he's faced rather than the countless days he's moved through life with ease? The central experience that I have chosen to research for this thesis is traumatic and humiliating; and one that I have thought about for many years since it took place; internalizing the question of how I didn't know then what I know now about *Accessibility Services* and why this experience out of all the others that I've had (even as Goltz said, "without ease") should this be the focus. I discovered that my reason for drawing on this specific experience for this thesis is related to the humiliation and trauma as my reason for this specific experience for me to draw upon for this thesis. And so, as I continued to engage in a sort of continuous state of self-reflection, I eventually began writing a new draft of my journal that extracted memories to develop an appropriate start, middle and end to my journal of experience of *Accessibility Services.*

As I started writing the second draft of my journal, I let go of the initial parameters I had set for myself in my writing. This time, it was more important for me to get as much of my life written down as possible (as it pertains to the central experience). I didn't think about potentially subtracting (or removing) anything from my journal after it was written, because I had committed myself to writing down as much as I could so that I wouldn't need to do that. Richards (2008) herself also acknowledges that it had taken her many years to write about her lived experience, but in doing so she was able to disseminate what her life was like growing up and what it meant to become well and understand that. But whereas Richards had years to write her AE, in contrast I had only four months to write mine. And this is significant to note because although I do believe myself to be a strong critical thinker, to write a thesis using AE in four months required me to omit a lot of things (or themes) that I would've otherwise liked to explore had I had more time to engage with those themes. As Winkler (2018) similarly echoes that autoethnographers use features from autobiographical research in which they are selective about the past experiences they are writing about while focusing on epiphanies that have a particular or significant influence on the course of their lives. For Richards (2008), when writing using AE, she wanted to present a sort of discussion with her readers who were not influenced by her conditions or circumstances. Similarly, to her, this presentation of discussion is what I believed I was doing with the first draft of my journal by setting very clear parameters for myself regarding the story I wanted to tell.

Reconciliation of Identity

And so, for this second draft of my journal I felt a continuous need to reconcile with myself the perspective of the roles I was undertaking regarding the data being collected. What I mean by this is clearly establishing with myself that although I am both the researcher AND the (sole) research participant, for the purpose of this part of the research I was the research participant. For Richards (2008) she states that even now she battles with not knowing who she is and when she is well and wonders if she would belong more comfortably in a different category of people with chronic illnesses – that category being one in which health comes at a different price than hers (i.e., a lesser physical, emotional, and psychological cost). Thus, for me to understand my role as both researcher AND (sole) research participant, it wasn’t that I had to simply interrogate my memories; but I also had to interrogate my identity as a Black woman with a disability. The experience of this intersectional identity is not universal therefore, understanding these roles (researcher and research participant) meant also understanding my personal identity outside of those roles as well in order to write my journal.

My reconciliation of myself (of my dual roles in research and my identity as a Black woman with a disability) began and continued throughout my journal writing and happened by taking a broader approach to looking into (or at) my memories. It felt as though the more I interrogated my memories, my role as a researcher seemed less significant to me (at the time) because I was focused on the information I was mining from my memories as the research participant. I believe being more critical of the memories I felt comfortable disclosing strengthened my own understanding of my identity as a Black woman with a disability, but also strengthened my recall of the central experience of this thesis. As I did more to describe the scene (the places/spaces I was in), described what was said to me and how I responded (verbally, emotionally, and mentally), I experienced epiphanies in discerning which aspects of my past experiences with *Accessibility Services* were significant to the course of my overall journey with this school provided service. Through this process, I revealed my own identity – something already formed that I could not see for myself until put into written words and through a process of deep critical self-reflection.

Conversations with Others

But I wasn't just writing alone and on my own. In between writing I also spoke about my lived experience with those around me. I believe this too strengthened my memory because although my recall and description of the central experience itself remained unchanged when I recalled it from memory – how listeners responded to it was different from one to the next, which opened up different ideas/possibilities for further exploration of themes for this thesis. And so, for several weeks I wrote this second draft of my journal and talked about the process with those around me – my small team consisting of my mentor and friend, my second supervisor and my second reader. I believe that the many conversations we had were a helpful and a necessary reminder for me of my roles as both the researcher and the sole research participant because I was able to verbalize how I (as the researcher) needed to generate as much relevant data as I could while I (as the sole research participant also) was mindful about the parameters around "relevant" data being generated. Regular conversations with my small team supported my desire for the analysis of my narrative to not overpower my voice.

Engaging with these three people regularly made it easier to situate my lived experience in a context, operating from a CDS lens, and show/interrogate how ableism operates with post-secondary spaces for students with disabilities easier. In having these conversations, the transition from verbalized thoughts and ideas about how to write about these things to actual written thoughts and ideas felt smoother than had I just written such things on my own privately. As Meekosha and Shuttleworth (2009) identify that critical analysis of appearances is meant to provide insight for the goal of social change towards a society and this is crucial for CDS when disabled people are excluded from disability discourse (p.54); my own interrogation of my memory of my experience and conversations supported my desire to call attention to a story that had been otherwise hidden / silenced through (1) a lack of spaces in the institution for speaking freely and openly about that trauma and humiliation that I had felt, and (2) isolation in the trauma and humiliation of the experience.

Analyzing Data Using CDT and Intersectionality

To conclude, using autoethnography for data analysis focuses on both the 'body' and socially constructed disablement and incorporates intersectionality thus, pushing a re-think of ways of knowing, doing and being. My personal experience can be understood through literature in terms of how bodies are viewed as normal/abnormal and able/disabled, and critical disability scholars can help me do this. This will bring attention to how CDT has given a voice to people with disabilities (like myself) to speak to their experiences rather than able-bodied people doing explaining the voice of disabled people for them being rooted in second-hand experience, which does not always accurately represent people with disabilities, their bodies, their voices, and their experiences. And so, what I might ask of the data is how are the medical and social models of disability represented in my own lived experiences as a Black woman with a disability regarding my use/interactions with *Accessibility Services*.

Ethical Considerations

This study required ethical clearance from the McMaster University Research Ethics Board (MREB). This is because of stipulations within the Tri-Council Policy Statement regarding "self-study" considers autoethnography a form of research involving human participants (even though the 'participant' was me. As such, I was required by the

MREB to submit an ethics application and to verify with the MREB that I would de-identify and not name explicitly the individuals, services, and institution/context on which my research was focused. The ethics application was reviewed and cleared by the MREB to ensure compliance with the Tri-Council Policy Statement and the McMaster Policies and Guidelines for Research Involving Human Participants.

Findings

Preface

It should be noted that throughout this journal I will be using the terms "*university*" or "*institution*," "*Accessibility Services*" and *Accessibility Services Coordinator*" as general terms, knowing that every educational institution refers to this department/office and those who work within it, to support students with disabilities [like myself], under a different name.

I am Black.
I am a woman.
I am a person with a disability.
I am a Black woman with a disability.
And with all these identities I am also a student and have been a student for many years.
As a student with a disability, I am a member (or service user) of Accessibility Services.
And having had my membership to this space carved into every educational environment,
the following journal depicts an experience/interaction I had within Accessibility Services

as an undergraduate student and how it caused me to question who I was up until that point AND who I wanted to be/who I was going to become once the experience/interaction was over.

I am a product of the schools that I have inhabited as a student who has been raised by Accessibility Services and this is an autoethnography about navigating this space as a Black woman with a disability.

With only one semester of university under my belt, and a number of experiences as a student and Black woman with a disability, when the second semester of my first year of university started, I felt like I had something to prove. I felt this way because of an experience and an unrelated outcome that I did not want to repeat again. The experience in question being how difficult it was for me to complete the two final exams I had to conclude that first semester. And the outcome in question being that I had received a 'C' as a final grade on my transcript for a course unrelated to those two exams. I believed that those things happened because my disability got in the way of my academic performances, and I needed to prove to myself that it wouldn't get in the way of it again.

This second semester was like the first in that I had another full course load. Three mandatory courses required for my program AND two elective courses that I selected to fulfil requirements for a minor. So, when this second semester started, I made a personal goal for myself. That goal being not to let my disability recreate that prior experience and prior outcome. And as I walked from building-to-building attending one class to the next, during that first week back from Winter Break, I held onto that goal.

But achieving my personal goal required two things of me:

1. An appointment with *Accessibility Services* to address my prior exam experience AND
2. A boatload of self-talk every day as I attended my classes, did assignments, quizzes, etc.

By this time however, I wasn't a stranger to what I can only describe as determination self-talk. For me, determination self-talk goes beyond positive self-talk. Where positive self-talk stays within the realm of feeling good about oneself and optimistic, determination self-talk allows me to stay committed and motivated in achieving the personal goals that I set for myself. I'm able to do this by reminding myself that the smaller goals that I set for myself (like having a better exam experience and not getting another 'C' on my transcript) are to help me achieve a larger goal that I have for myself. The larger goal that I have for myself being that I want to be able to provide and take care of my family AND be a professor teaching disability studies at a university. I focus this kind of self-talk to my disability in academic settings because it is my time in academic settings that I find myself up against more barriers to my right to accessibility than outside of it in spaces/places like employment for example. This determination self-talk started when I was seven years old after (for the first time) learning and understanding that I had a disability.

My mother came over to the kitchen table where I was already sitting. She sat across from me and explained to me that I had a disability. Prior to this time, I had already known that I was Black, came from a Black family AND that I was female, as my family of five (my mother, older sister, twin sister, and youngest sister) were also. We were (and still are) all Black and all females. No one told me these things or had to teach me about them, I could just see them and therefore, understood them for myself. But what I did have to understand and be taught about my race is that as a Black person I would have to work twice as hard to be considered half as good as my counterparts who were not Black; and as a female I would be expected to keep my emotions "in check" because being "too emotional" would cause me to lose out on certain opportunities (like advancing in a future career). However, my disability is not something that I fully knew or understood before this moment. I could see how my body and speech were different from others (including my family members) because I could see that I needed to wear an assistive device and had regular doctor's visits unlike any of them. But before this time, I didn't really know or fully understand why I needed that device and all those doctor's visits until my mother explained it to me.

I didn't say much of anything as she spoke to me. I only spoke when I was asked if I understood what was being said to me. And when the conversation was over, I remember *going up to my room and being angry. Not angry with her, nor with the weight of my newfound identity: Black, female, person with a disability. Instead, I was angry that I didn't have more time to just be young. I could hear my heart pounding in my ears and feel a sharp pain radiating in my chest, and it was those feelings in my body that my anger morphed from that and into fear. A fear that I didn't want to admit I felt at all. I was scared to have each of these identities (Black, female, person with a disability) exist simultaneously as MY identity because they were just so BIG. I stayed up all night thinking about what the future would look like for me. Thinking about racism, sexism, and ableism. Wondering what I would be subjected to endure because this was who I was – who I had always been despite not always knowing it.*

It was hard to believe how quickly time had passed that first month back from Winter Break that January to the month being up. By this time, I had remained steadfast in my determination self-talk each day despite not yet seeing any effects (positive or negative) as no assignments I'd completed had been returned to me. I was also working at a similar pace as first semester which had sprouts of procrastination here and there, but I engaged with the weekly readings more this semester by skimming all of them (at least) rather than just reading the shortest assigned reading to have more time to work on assignments. The only thing that I had yet to do was book an appointment with *Accessibility Services* to address my prior exam experiences
(through changes to my Accommodation Plan). I knew that if I wanted to have a better exam experience this semester, than I needed to act fast. I needed to act now.

I felt a sense of urgency to act as the days came and went. This sense of urgency to act wasn't a want or a need or a desire, but rather an imperative. I HAVE (or rather HAD) to act fast because there was a process for how accommodations are provided and amended. Like any other educational institution, each department/office has its own process, including *Accessibility Services*. And I understood this process to be executed under the guise of the rhetoric: "*The longer you wait, the harder it'll be*." Something that I have heard from various *Accessibility Coordinators* at multiple points during my educational career as a life-long service user (of *Accessibility Services*).

My understanding of this rhetoric began after hearing it (for the first time) said to me in high school by my Accessibility Coordinator in grade 11 when it was time for me to start seriously thinking about my future (having to by this time know what career I want to have, know where I want to go to college, etc.). So, to understand the rhetoric of "The longer you wait, the harder it'll be," I started by just asking myself the question: "hard for whom? Who would the accommodation process be hard on?" And it wouldn't be until I became a post-secondary student, registering with Accessibility Services on my own, that I would understand the answer to this question to be them (Accessibility Services – but more specifically, the Accessibility Coordinator). This is because the process of providing and amending accommodations is a continuous and on-going process that requires a lot of steps to be fulfilled by both parties (the Accessibility Coordinator and the student). However, on the side of the Accessibility Coordinator, their role requires steps *that I (as the student) wouldn't have to adhere to, and I have learned these steps over my many years of interacting with Accessibility Services.*

For example:

- *Recordkeeping of student files (Accommodation Plans and supporting documentation),*
- *A flow of appointments from new and returning students to discuss accessibility and accommodations, AND*
- *The upholding institutional practices i.e., how accommodations are determined*

Hence, expressions like "*the longer you wait, the harder it'll be*" are extensions of the role and responsibilities of the *Accessibility Coordinator* as integral to the continuous functioning of the *Accessibility Services* office and its processes.

View Appendix A to see my accommodation process experience in college
View Appendix B to see my accommodation process experience in university

After a couple weeks of building up the courage to make the appointment, I finally stopped by the *Accessibility Services* office (after one of my classes ended) while it was still open to make the appointment. When asked by the person at the front desk my reason for requesting the appointment, I immediately hesitated in my response. I said that I wanted to talk to the *Accessibility Coordinator* about my Accommodation Plan. But when asked to be more specific, I stated that my Accommodation Plan wasn't right and that it wasn't working for me. I didn't want to be more specific than that because I wasn't sure how to be more specific than that, so I was glad I wasn't asked to specify any further. And so, as I stood at the front desk trying to match my availability with the *Accessibility Coordinator's*, a date and time was eventually set. The appointment was scheduled for the following week of my being there.

I felt like I needed to build up the courage to make this appointment because of the way my in-person intake appointment with this university's Accessibility Services office went. The Accessibility Coordinator that I had met (at this university) was incredibly kind and reassuring, but not in the same way that the Accessibility Coordinator at my (former) college was. With this new (university) Accessibility Coordinator there was no emphasis given on taking a special interest in working with people and/or students with disabilities. And following that (university) in-person intake appointment, I didn't realize that that was something that I felt reassured to hear (by my college Accessibility Coordinator) – almost as if I needed to hear it all those years ago. So, not hearing that from the university Accessibility Coordinator really made me feel like I was just one student in a long line of many before and many more to come.

Originally, I wanted to have the appointment as soon as possible (during the same week that I was making the appointment) but I decided to schedule the appointment for the following week because I felt as though I needed to prepare for it. And part of that preparation meant going over how the appointment might play out on the actual day (again and again) in my mind. Specifically, this meant preparing my argument (or reasoning) as to why I wanted my Accommodation Plan changed and why I (as the student) needed and deserved for it to be changed. However, it was more than that – more than just needing and deserving for it to be changed. It was that the *Accessibility Coordinator* I was scheduled to meet would not be the same person with whom I had done my initial in-person intake. This was someone different – a new *Accessibility Coordinator* that had come in after the former had left their role in *Accessibility Services* for a new position in another department at the university.

Despite all my nerves and hesitations during my intake appointment with Accessibility Services, I really did like that (first) Accessibility Coordinator. Despite their office seeming cold with its white walls, I felt comfortable talking with them. My comfort developed over the course of September to mid-October as it was during this time that I had grown to build a steady rapport through regular meetings with them. We would talk about how my program was going (for me), discuss topics related to my program or just have less serious conversations about sarcasm and make light-hearted jokes. So, despite the office feeling cold because it didn't look personalized, the Accessibility Coordinator themselves made the space feel warm and comfortable with their attitude and support towards me.

Mid-way through October (of the first semester) I had scheduled an appointment to meet with them. It wasn't anything serious as I hadn't had any major hiccups with my courses or my Accommodation Plan (being only two months into the semester). I just wanted to have one of our usual (non-serious) chats. And so, we talked for a while and as we were nearing the end of our conversation the Accessibility Coordinator disclosed to me that they would be leaving Accessibility Services for a new department at the university. I was devasted by the news. The moment I heard it I started crying because I liked that this Accessibility Coordinator was familiar – their humor matched mine which made it easy for me to talk to them. And at one point during this part of our conversation, I had to stand up from my chair and just look out of their office window to see something else – anything else. I told them that I just wanted one more look (although I had never looked out of their office window prior to that time). Despite them reassuring me that we would meet again or run into each other on campus, I just wanted to leave. I was embarrassed for crying and couldn't believe that their last day was at the end of that week. Had I not made my appointment to see them, I wouldn't have had that opportunity to thank them for making me feel comfortable. They tried to assure me that I would be in good hands with their replacement Coordinator and if I ever felt as though I still wanted to talk to them I still could, as their email address would remain the same.

A few weeks later, I decided to schedule an appointment with the new (second) Accessibility Coordinator. The first time I met with them, I was distant. I told them in that first meeting that I had nothing specific to talk to them about and that I just made the *appointment to introduce myself and get to know them a bit (which was true). But in all honesty, I didn't like to see this person sitting at this desk across from me in this office one bit. They were unfamiliar and I didn't like that. And even after our short meeting ended, I was still of the opinion that this new person could not replace their predecessor. But as I walked home from that short appointment, I took a deep breath and told myself that it doesn't matter what I thought about them (this new Accessibility Coordinator) because I need this place. I needed the support of Accessibility Services to continue to move forward and upwards in my program to make it to graduation with a degree that I had worked so hard to earn. But more so – I needed their support to achieve the larger goals that I have for myself and my life (to be able to provide and take care of my family AND be a professor teaching disability studies at a university).*

Prior to making this appointment to ask for an amendment to my Accommodation Plan, I believed that no matter what I said to the *Accessibility Coordinator*, nothing would change about my accommodations. So, even though I was reluctant and uncertain about signing off on my Accommodation Plan, I felt stuck in the pressure to do because of the reassurance I had received like there was no alternative. I believed this to be true because before I made this appointment, I thought back to the time of my in-person intake appointment. That first appointment didn't feel like an intake appointment but instead more like a formality since conclusions and decisions about my learning needs had been made prior to my physical appearance in the office. It felt like what was asked of me in that so-called intake appointment was just to sit and listen to (those) conclusions and decisions that had been made – without me – based on my medical documentation. And once the listening was over, all I was expected do was verify my understanding of all the information presented to me by signing several papers with my signature on the line at the bottom of each page.

But before I agreed to sign anything, I brought up my concerns about the two papers I was asked to sign:

1. Consent of *Accessibility Services/Accessibility Coordinator* to share any accommodation information I had provided to them with other members of the university i.e., other faculty and/or staff members, AND
2. The Accommodation Plan that would be electronically sent to each professor/instructor of my courses

I was specifically concerned with signing off on my Accommodation Plan because the *Accessibility Coordinator* suggested that my accommodation of "*Extra Time for Tests and Exams*" previously received at other schools be reduced from two extra hours to an hour and a half per exam. I felt sick to my stomach agreeing with the *Accessibility Coordinator* that I could complete any tests and exams in this reduced amount of time. So, I voiced my uncertainty about the change and whether I could complete tests and exams in this reduced time as all I had ever known was 2 hours of extra time. The *Accessibility Coordinator* assured me that if (at any time) I wanted this specific accommodation amended, I would just need to ask for a change. Although reluctant to do so, after receiving that verbal reassurance, I signed all the forms. And with that, I was officially registered with *Accessibility Services* at a university-level post-secondary institution and had an Accommodation Plan put in place for that school year starting in the Fall of 2017.

So, before I could begin developing my argument (or reasoning) for why an amendment to my Accommodation Plan was needed, I wanted to reflect on my in-person intake appointment more deeply. I believed that more reflection on this was a significant starting point for me as it was the hesitation and anxiety that I felt initially signing and moving forward with my Accommodation Plan (at that time) with this university that I would have to experience again.

Now prior to being a student at this university I had always had 2 hours of additional time for tests and exams. Along with other accommodations, my I.E.P. from K-12 stipulated that I received 2 hours of additional time AND remained unchanged for all those years since its inception and implementation. And after graduating high school and registering with Accessibility Services on my own in college, that I.E.P. morphed into a college Accommodation Plan with all the same accommodations. Nothing from my I.E.P. was left out nor was anything amended to fit what the college was able to provide or what the Accessibility Coordinator determined I could "handle" or "manage" based on their institutional practices.

When registering with Accessibility Services as a university student four years later, my Accommodation Plan changed for the first time in its history. This happened when, during intake, the Accessibility Coordinator determined and concluded after reviewing my:

1. *last I.E.P. (from grade 12),*
2. *medical documentation (doctor's note detailing my disabilities),*
3. *most recent Accommodation Plan (from college), AND*
4. *psychological assessment (completed five years prior)*

that 2 hours of additional time on tests and exams seemed like a bit much for me and that I could complete tests and exams within a reduced timeframe of an hour and a half of extra time. Not that it was <u>possible</u> for me to complete tests in this timeframe – but that I <u>could</u>.

This change happened in a matter of minutes. From the time that it was put into writing and printed for both the (former) Accessibility Coordinator and myself to sign off on, to the time that I had to write my two exams, I was nowhere near mentally, emotionally, or psychologically prepared or ready to complete my exams within that new timeframe. So, when this amendment was initially suggested to me, I immediately felt a pain in my chest and averted my eyes away from the Accessibility Coordinator. And as they were talking, I stopped them to ask for a moment to myself so that I could think. "No problem" they said. "Take as much time as you need" they said.

So, as I sat there in that small black chair across from them at their desk, I thought to myself:

- *"An hour and a half extra time for tests and exams?"*
    - *"Could I really complete tests and exams within that amount of time?"*
    - *"Developing Accommodation Plan's is this is this person's job, but do they really believe that I could do this?"*
        - *"Does this person really know me well enough to know that I can do this?"*
- *"Well, they wouldn't suggest it, if they didn't believe that I could do it, right?"*
    - *"But all my documentation submitted to this office for accommodations says 2 hours, through and through, so why change it?*
    - *"What do they see in all that documentation that I can't see for myself?"*
        - *"What did I say when speaking to them that made them suggest this?"*
- *"Of all the accommodations to change, why that one?"*
    - *"The one that I needed and relied on the most?"*
    - *"The one accommodation that has gotten me here (to be a university student)?"*
        - *"Why set me up to fail rather than support my continued success?"*
- *I've got to make this decision right now.*
    - *"The longer you wait, the harder it'll be"*
    - *"Who is this harder on?"*

- *"Me?"*
- *"You?"*
- *"Both of us?"*

I don't remember how long I took to run through these questions in my mind, but I did know that I didn't want to take up too much of the Accessibility Coordinator's time because I believed that they had a busy day (other things to do and other students to see). So, before agreeing to this change, I said that I didn't think it was a good idea for me and that I didn't want to do it. But I felt pressured to concede because they "believed in me" AND I needed an Accommodation Plan. If we didn't make a decision in that exact moment, I risked leaving the office without an Accommodation Plan at all. After being told to try it out and if it didn't work and I wanted the time back, I could have it back – the Accessibility Coordinator would give it back – I took a few seconds more to think things over as we both sat in silence.

So, once I had finished replaying (in my mind) how my in-person intake appointment went, it was time for me to now build my argument for why I wanted to have my Accommodation Plan amended. And my initial argument for this was simple: I was told to try it out this way, and if it didn't work out, I could get back what I lost (or really, what was taken away from me). But right away as I had that thought, I knew that it wouldn't be enough. It wouldn't be enough to simply say that "I tried it your way. Now I want to go back to doing things the way they have always been." I knew that I would need to be specific about why I needed to have my thirty minutes of extra time back because this wasn’t just a conversation for me to update the (now new) *Accessibility Coordinator* about how I’m progressing in my program. This was a conversation that involved process because I was asking for something to be done. I was seeking to activate an institutional process and to do that I need arguments, not just information.

I came to this conclusion (of certain things needing to happen / needing to be proven) by (this time) thinking back to my in-person intake appointment with *Accessibility Services* at the college I had attended AND now comparing it to the intake appointment that I had with this university.

When thinking back to both appointments, I considered the following:

- First, how the college AND university *Accessibility Coordinator(s)* came to their conclusions and decisions about what my Accommodation Plan would include based on my medical documentation and questions they asked me about my learning style.
- Second, what pieces of documentation they had each received
    - College: grade 12 I.E.P. AND note from family doctor
    - University: grade 12 I.E.P., (updated) note from family doctor, college Accommodation Plan, AND psychological assessment (something I did not have and was not asked to provide when registering for accommodations in college)

        - The only difference between the two (in terms of documentation) were the college Accommodation Plan AND the psychological assessment

- Third, the words: “college” AND “university”:
    - Both fall under the umbrella of post-secondary school, but, from my perspective, the word university carries more prestige compared to the word college.
        - These thoughts then shifted to how people (family, friends outside of the school I was attending, and co-workers) reacted when I said, “I’m in college” VERSUS “I’m in university”.
- Fourth, my identity: as a Black person AND as a woman AND as a person with a disability AND as a Black woman with a disability [simultaneously]:
    - I thought back to the years of asking my K-5 *Accessibility Coordinators* why my schoolwork didn’t match the schoolwork of my peers who did not have disabilities.
    - I thought back to why, when it came to my medical needs, only my mother could speak for me.
    - And then I reflected on why I get depressed when I go to class in both college and university and never have a teacher who looks like me [is Black].

I did all this thinking to be prepare myself for any direction that the conversation might take. And this was important (even necessary) for me to do because in all that thinking I concluded that to ask for an amendment to my Accommodation Plan meant that I would have to put my body and my mind up for cross-examination by the institution, as represented by *Accessibility Services*. This was something that I had never done before or felt as though I needed to do before this time. As a child, I knew who I was but couldn't understand why *Accessibility Services* didn't see me in that same regard. The continuous misalignment of my view of my identity as a student with a disability (and associated needs) and *Accessibility Services'* view of my identity and needs caused me to feel as though I needed to be overly thankful for what I had (and was able to receive) i.e., accommodations because they were given to me based on policy under the guise of need. Up until now, I had accepted and managed with what was provided to me; and now, for the first time, I was arguing for what I needed and deserved.

In the days leading up to my (second semester) appointment to ask for this amendment, I was preparing to take my case to trial. I practiced leveling out the tone of my voice for possible moments of frustration as I replayed how the conversation might go in my mind. I also worked on maintaining eye contact by practicing it with everyone I spoke to prior to the appointment date. And I also worked on suppressing any personal mannerisms that could impede my speech like resisting the urge to rub underneath my chin with the back of my hand and wrap my fingers around my throat whenever a lump deep inside starts to grow with increasing anxiety.

I was the plaintiff, but the institution as represented by Accessibility Services [via this Accessibility Coordinator] was the defendant, judge, and jury simultaneously. All of which ultimately deciding if my amendment request would be approved or denied.

My experience with *Accessibility Services*, particularly during my intake appointment, gave me cause to believe that this follow-up appointment was never going to be an examination of my learning needs as a student. Instead, it was going to be an examination of my capacity as a person with a disability. And it's really this conflict that I had spent the past few days preparing to withstand. As I continued to think, I had an epiphany about this conflict that was I about to enter: a conflict between the institutional view of me based on medical documentation and the view I have of myself as a Black woman with a disability.

I realized I would have to withstand this conflict for the duration of the appointment. As a result, I couldn't sleep. My Accommodation Plan changed for the first time in over a decade during my intake appointment at *Accessibility Services* at this university, and up until this time I had no experience arguing for an amendment.

On the day of the appointment, I woke up at 6:00am as usual. With my blankets still on top of me I could feel the cold air consuming the space of my small bedroom with no place to go. It was a sharp reminder that it was winter. And after going through my morning routine: checking the weather on my laptop, showering, and getting dressed, I still had a lot of time left before my day was really going to begin. I had one three-hour class and my appointment right after. As the time for me to leave for school loomed closer and closer, I thought a lot about the outfit I was wearing:

1. A red hoodie with a white zipper, zipped up to the top, with a black t-shirt underneath
2. A pair of loose-fitting black jeans
3. My favourite pair of shoes, a pair of black (faux) leather Converse sneakers that go up over the ankle
4. A red beanie to go with my red hoodie, that laid my twists down flat covering part of my face, and
5. My black winter coat that looked and felt more like a sweater.

There was a moment, when I was staring at myself in my small (locker-sized) mirror I had in my room that I thought about whether I should change my outfit to something more “professional’ given the nature of the appointment. But I decided against it because it was winter, the university lecture halls were all freezing cold and because I liked to dress in a way that didn’t draw too much attention to myself despite already sitting in the back row in every one of my classes.

It seemed like the time I was sitting there in my room came and went in the blink of an eye because suddenly it was 8:00am and time for me to start making my way to class. So, I grabbed my black messenger bag, put my laptop and charger inside, and threw in a few granola bars since I was too anxious to eat a heavy meal for breakfast. I was worried that the combination of anxiety and a big meal in the morning might really upset my stomach. And although it was difficult to focus while I was in class, that three-hour lecture just came and went quickly like the rest of that morning did.

When class ended, I packed up my stuff and made my way towards the *Accessibility Services* office. I still had about ten or fifteen minutes before my appointment time, but I felt better waiting there in the waiting area as opposed to somewhere else on campus. As I sat, I started to rock back and forth to ease my anxiety. When I finally got called in for my appointment by the new *Accessibility Coordinator,* I immediately stopped rocking, quickly stood up from my chair, and walked into their office.

Breezing through the small talk I openly asked for an amendment to my Accommodation Plan, specifying that at the time of my intake appointment I was assured that I could ask for this specific amendment at any time. And after making my request, I waited as the *Accessibility Coordinator* reviewed three things:

1. My medical documentation and college Accommodation Plan
2. My feedback to questions about my exams (pertaining to whether all exam questions were answered – which they all were)
3. My final grades for my courses (all courses, regardless of there being an exam component) – having accessed my transcript on their computer

When the *Accessibility Coordinator* showed me my (official) final grades from the first semester, it not only confirmed but further reinforced that my need for my Accommodation Plan to be amended would not be approved. And my request wasn't approved. I was denied because, from the *Accessibility Coordinator's* perspective, I had proven my capacity to complete exams with only one and a half hours of extra time. The *Accessibility Coordinator* made this determination based on my medical documentation, the fact that I told them I left no exam questions unanswered, and that my final grades were 'good' [A's and B's] despite the one 'C' that I was still unhappy to see.

I was upset. I could feel my body getting hot and starting to sweat underneath my multiple layers of clothing. But before speaking, I reached for the edges of my messenger bag on my lap and took a deep breath to avoid showing any signs of frustration (I prepared for this). The cross-examination was now concluded so it was now up to me to prove that the metrics used to determine whether an amendment to my Accommodation Plan were warranted and were unfair because their measurement of my capacity was based on specific outcomes.

The invisible cost to me of defining my disability based on medical documentation, answering all exam questions on each of my exams, and my final grades being A's, B's and a 'C' does not AND cannot prove anything as my suffering cannot be measured with these metrics.

In short, the *Accessibility Service's office's* decision:

- Documentation must support the need. Therefore, if it doesn't, an accommodation modification is not needed.

Here is where the conflict begins, as it was now up to me to prove why my request being denied was a mistake. I started by highlighting that my medical documentation is focused on barriers that impact my learning and doesn't depict my performance in the classroom or under the pressure of tests and exams. I explain that those documents are written under the similar circumstance in which we (the *Accessibility Coordinator* and I) find ourselves:

- Myself in a small room (or office) with a single 'examiner' (i.e., doctor, *Accessibility Coordinator*) asking me questions about my classroom performance and listening to my answers and observing my behaviour in order to draw conclusions about me – thus, making decisions about my learning needs.

By outlining the similar circumstances of the way my medical documentation had been collected and how the *Accessibility Coordinator* had determined that my Accommodation Plan didn't need to be amended, I wanted to show that these methods don't prove my accessibility needs when under the (VERY different) stress of tests and exams.

Next, I personalized my relationship with education by disclosing to the *Accessibility Coordinator* that from a very young age I started telling myself that whatever I could not do physically, I would make up for intellectually. School is my sport and I work hard every year to succeed in the arena (final exams) and get the grades that I want (high grades, like the ones I was shown – minus the ‘C’). Finally, I emphasize to them that my final grades do not account for the psychological and emotional cost it took for me to achieve them under my Accommodation Plan as it stood. With all of that said, the last thing for me to do was to suggest that they take action to support the psychological and emotional cost to me.

I suggest this be done by:

1. Confirming my behaviour during my exams with the invigilator who monitored the room
2. Confirming my behaviour during my exams with my professors who came to the room
3. Confirming my behaviour during my exams with the other three students in the room

Each of these avenues had the potential to verify that what I was experiencing at the time of writing my exams went beyond test anxiety such as restlessness, shaking hands, and audible anger and frustration exhibited through pacing the room. However, after detailing my case and offering these areas to follow-up on, the *Accessibility Coordinator* determined my suggestions were not feasible therefore, my request to amend my Accommodation Plan was still denied.

Upset with the decision, I stood up from my chair and continued my arguments, but now under a frustrated tone, avoided eye contact and succumbed to personal mannerisms that impede my speech. All these actions now vilifying my investment in my education.

I felt like with each time that I continued to state my points (and even going so far as to rephrase them several times over), the decision of the *Accessibility Coordinator* remained the same. Even despite my outwardly stating that I have had two hours of extra time for tests and exams all my life so, having thirty-minutes taken away from that and no time to prepare for how I would utilize that reduced time prior to actually having to write my exams – was setting me up for failure. Despite completing my exams (in their entirety) and having gotten good final grades in all my courses (even with the one ‘C’ that I absolutely could not stand to see); I agreed with the *Accessibility Coordinator* that my final grades were good (minus the ‘C’). But I could have done worse than I did. I could have gotten lower grades than I had. I could have even failed.

With everything I was saying I could feel my body getting hotter and hotter and at this point my layers of clothing felt like I was on the beach dressed for a snowstorm. And now ready to give up my fight and leave, the *Accessibility Coordinator* suggests that they could give me 5 minutes of additional time for every thirty-minutes of the additional time that I already had.

- I was offered an extra 15 minutes for tests and exams.

- And this would equate to having one hour and 45 minutes of extra time for tests and exams.

This being the result of my putting my disability at the forefront of the conversation.

After being told by the *Accessibility Coordinator* that I needed to calm down, relax and to consider redirecting my feelings and emotions to the *Student Wellness Centre* where they are more suitable, I decide that the appointment is over. To be told to do those things made me release what little self-composure and personal restraint I had left because I felt that my feelings and emotions were justified. I felt like the *Accessibility Coordinator's* response suggested that their view of me was that of an "angry Black woman" and not a student with a disability who has legitimate concerns about accommodation, accessibility and learning needs. And so now, I was too far gone from the edge that I was checking to see if it was even there to begin with. I was freefalling into anger and there was no stopping me. So, I straightened up my messenger bag around my shoulder and said that I would take some time to think over the offer of 15 minutes. I didn't want to make the decision right then and there because I was way too engulfed in rage, I felt that I had listened enough, explained my case enough and just wanted to leave. And so, I did. I left.

I walked out of the Accessibility Services building angry. Angry that after receiving assurance (during my in-person intake appointment) that if, at any point, I wanted my

Accommodation Plan amended, it could be when I asked. But now that I asked – the Plan was not changed.

I felt betrayed and unsure of my identity as a student as my identity as such does not exist without Accessibility Services.

As I walk around the campus, I think back to being seven years old having just learned and understood that I had a disability. Prior to this age I had already known and understood that I was Black and that I was female. But the realization about my having a disability made me scared. Not scared with the weight of that identity individually but scared about how others would treat me having these three identities (Black, female, person with a disability) individually and simultaneously. From then on, I understood my identity as seen through the perceptions and conclusions that others had drawn of me.

I stop walking when I'm satisfied with the amount of space I see I've created between myself and the *Accessibility Services* office. Unfortunately for me however, I understand that this is only a temporary fix because for as long as I'm a student (regardless of the specific school) AND as long as schools remain inaccessible / full of barriers I will always need the additional support of an Accommodation Plan. Therefore, I will always need the support of *Accessibility Services*.

With this, I'm left with three thoughts:

1. What trust could I have with a system that's 'designed' to support me yet silences me?
2. What age, level of capacity or education will finally give me the right to choose what I want/need?
3. When will my next appointment with *Accessibility Services* be?

When I finally reach home, I decide that I'll only ever return to the *Accessibility Services* office at the start of each semester to 'verify' my Accommodation Plan.

However, two weeks later, I emailed the *Accessibility Coordinator* to schedule a follow-up appointment to let them know that I had made a decision regarding their suggestion for a minor amendment to my Accommodation Plan. And just like my previous appointment, I felt a sense of urgency to act as the days came and went. This sense of urgency to act wasn't a need or a want or a desire, rather a have. I HAVE [or rather HAD] to act fast. But unlike the last time, this new sense of urgency to act had nothing to do with the accommodation process (as more time passed, the closer exams loomed). Instead, it was because I didn't want too much time to pass before I lost my nerve to apologize to the *Accessibility Coordinator* for my behaviour and my attitude.

Now, I knew that I didn't and shouldn't ever feel the need to apologize (to anyone) for my feelings and emotions as many people in my life such as mentors and friends have told me when speaking candidly with them that apologizing wasn't necessary in the slightest. But although I believe them to be right and truthful in their feedback, I also know that it wasn't their fault for not fully understanding why my apologizing for my feelings and emotions has always been necessary to my continued existence. This is because for me, apologizing for my feelings and emotions is equivalent to my need to obsessively think and over-think AND analyze and over-analyze things (particularly institutional policies and practices) in my mind over and over AND over again.

I have to question things (particularly institutional policies and practices) because I am a product of the system (a product of specific policies and practices). So, when something happens that doesn't make sense to me, I obsessively think it over on my own because I've never been able to get what I believe to be the right answers from the source i.e., the person who is implementing such policies and practices onto me. Thus, when my feelings and emotions (and even sometimes my attitude) shifts from no longer being submissive and content with such policies and practices, I can't help but apologize for that because I believe that there is an expectation of me to just accept things for what they are and how they operate because that is just how they are and how they will always be.

And all this thinking eventually leads me to just one question:

- Why must I continue to endure the violence, oppression, racism, and ableism of such policies and practices that are (and have continued to be) hurtful to me?

During my K-12 education, teachers would often describe me to my mother (during parent-teacher conferences i.e., Parent's Night, and in the comments of my progress reports and final report cards) as being shy. This is because:

- *I didn't answer questions during class when teachers would ask everyone in the class for the answer to said questions, AND*
- *When teachers would ask the class to create our own groups or work in pairs, I would wait until everyone was matched up and the teacher asked, "who doesn't have a group or partner?" I would raise my hand to be told who I would be working with, AND*
- *Whenever I was working with a group, I wouldn't take on a leadership role. I would simply support the group decision about how to approach the task (group project) at hand, offering suggestions if I felt confident enough to do so, but not being discouraged if my suggestions were not implemented.*

With that said however, I (myself) considered this label of shy to be a misjudgement about me. I didn't see myself as a shy person, and when I would hear (or read about) this feedback on my behaviour/personality, I would be angry about that misjudgement. But despite my anger, I never expressed those feelings in any external way. Rather, I internalized questions to myself about the origins of that misjudgement and who those teachers believed me to be.

So, as I continued to move through the ranks (grade levels) of my K-12 education and continued to be described by teachers (to my mother) as being shy, I internalized my *feelings on this misjudgement because of who I was (my identity/identities). I was still trying to figure out who I was and how to behave as this being because when I looked around at my classmates none of them looked like me (a Black female who had the same disability as me – but specifically the same disability that resembled mine). So, if anyone were to ask me how I saw myself, I would've told them that I wasn't shy – I would tell them I was quiet.*

- *I didn't answer questions during class because I was scared that the other students would be able to tell that there was more to my disability, because as far as they knew, it was just physical – they could see my assistive device, AND*
- *When teachers would ask the class to create our own groups or work in pairs, I would wait until the end to be matched up because I was scared to face the rejection of my peers not wanting to work with me because I had a disability (just a physical disability as far as they knew and understood), AND*
- *Whenever I was working with a group, I wouldn't take on a leadership role because I (again) didn't want the other students to be able to tell that there was more to my disability than just my physical limitations.*

I was quiet - not shy - because my disability had always been the identifier of my existence as a student. And this is due to the fact that from K-8 my Physiotherapists (PT) would come to my school and call out for me during gym class (mispronouncing my name, of course) to work with me on some exercises in the corner of the very gym in which my able-bodied peers would look over and watch. I was quiet - not shy - because my Occupational Therapists (OT) would come to my school and call out for me during art *class (again, mispronouncing my name, of course) to take me to the teachers' lounge to work with me on some exercises to improve my fine-motor skills -- the very lounge in which other teachers would look over and watch.*

I begged my mom year after year to not let them come to the school anymore because they embarrassed me each time as they mispronounced my name. Each time they came I couldn't concentrate on what we (each of the therapists and myself) needed to do because we were never in a private place. It was hard enough with my teachers and peers mispronouncing my name day after day AND hard enough being forced to work in a separate smaller room with 4 other students with disabilities (and/or behavioural issues) on work that drew no comparison to the work of my peers who did not have disabilities.

When I asked my mother why my PT and OT needed to come to my school to do exercises, she told me that it was just how the treatment centre did things. And when I asked my K-5 Accessibility Coordinators why I couldn't do the work that the other kids were doing, they said that it was just how the school supports all the students with disabilities (including those with behavioural issues). Regarding the question about why my PT and OT needed to come to my school, I understood why that decision was not for me to make (because I was a child), but I didn't understand why my mother couldn't change it for me (being my parent). But as a student, I couldn't understand why I couldn't do the same work as my peers who did not have disabilities or behavioural issues. Sure, the work they were doing was hard(er) – but the work I was doing was child's play. I'd finish it quickly because it *was so easy (literally way too easy) and became frustrated immediately after because there would be nothing for me to do for the remainder of my time in those separate rooms. This frustration however was countered by endless rounds of Monopoly and being rewarded with candy when I stopped being frustrated and smiled (visually pretending to be unaffected by this constant and unending daily routine).*

When my appointment date finally arrived, I was relieved because I had been anxious during the last two weeks of waiting. This time, however, I didn't do any sort of mental preparation for this appointment. I just strongly believed that I had to and needed to apologize to the *Accessibility Coordinator* for my behaviour and attitude. There was no need for me to give them a deep and sincerely heartfelt apology. I just needed to be honest and remind them that I understood that they were just trying to do their job (and I knew that even before I ever met them).

The only type of preparation I felt as though I needed to do was practice leveling out the tone of my voice because I was having to concede to the *Accessibility Coordinator* (specifically for the practices they were obligated to implement and enforce upon me). I also worked on maintaining eye contact by practicing it with anyone I spoke to prior to the appointment date – just like I had done before our prior appointment. This was important for me to do before – but this time I believed it to be a sign of strength to look the *Accessibility Coordinator* in the eye and visually accept defeat (that I knew my case was lost). There would be no moving forward with any conversation regarding an amendment to my Accommodation Plan for extra time for tests and exams. As before, I also worked on suppressing my personal mannerisms that impede my speech.

I believed all these preparations to still be necessary because I wasn't going to be a sore loser. At least not in this office I wasn't.

I was still the plaintiff, but Accessibility Services as a representative of the institution [via this Accessibility Coordinator] was still the defendant, judge, and jury simultaneously. Although this time, I was returning to court having accepted their plea deal.

A feeling of relief propelled me through my morning on the day of my appointment. Once I got out of bed, I had a shower and slowly started to get dressed - carefully putting on each piece of clothing as if they were brand new. And to an extent, the clothes were new (in a way) as the outfit I selected would be a staple of any future appearance or communication with *Accessibility Services*.

The outfit in question included:

1. A black button-up shirt with a pattern of little white spiders in no clear direction
2. A pair of black skinny jeans
3. My Pokémon seatbelt belt (i.e., a belt that is a seatbelt) – my favourite accessory
4. A small black blazer that would expose the white underneath when the sleeves were rolled up (this being the only way I wear this blazer)

5. A pair of small black runners – (faux) leather Vans, and lastly
6. My twists tied up into a bun at the top of my head (no hat laying them flat to cover part of my face) because this time, I wanted to be seen

And when I'm finished getting dressed, I look at myself (again in my small locker-sized mirror) and this time question my decision to omit my assistive device as part of my outfit. Standing in the centre of my small room, examining my entire outfit in my mind, the thought about changing out of my black skinny jeans for a more loose-fitting pair (specifically around the legs) to fit my assistive device crosses my mind. And I had just the right pair: a black pair of men's skinny jeans that I bought in the men's section of a clothing store (my older sister having helped pick them out for me because I was too afraid of being the only girl in the men's section of the clothing section). But with that thought I knew that to change my pants would mean to change my button-up shirt and go so far as to discard my blazer as well because everything had to fit right. And that's what I find difficult about wearing assistive devices – it's a sacrifice of personal style for function.

Function in my case being: can I look at my clothes and walk around in them all day without seeing the outline of my assistive device? And with that: if I can see the outline of my assistive device piercing through areas of my clothing, other people would probably be able to see it too – and it was hard enough battling my own internal thoughts and struggles of my body not looking "normal" or how I want it to. I didn't want others to *take notice of how different I was (as if my race and my gender alone and the combination of them weren't enough to do that already).*

That's one of the reasons why I needed everything to fit right. But also, because I didn't want it to look like I just rolled out of bed and threw an outfit together. I wanted the *Accessibility Coordinator* to see that I was taking the meeting (appointment) seriously. AND to wear more loose-fitting clothing (similar to what I had worn during our previous meeting) wouldn't show that I was serious in what I came there to do and say. So, I omitted wearing my assistive device for this appointment.

I got to the *Accessibility Services* building fifteen minutes early because, like my outfit and the way I styled my hair, I wanted to show that by taking the time in my physical appearance I was taking this appointment seriously. I was serious about what I was there to talk about. Prior to this appointment, I never felt as though I needed to dress up like this for *Accessibility Services*. Even when attending college years before, I never felt as though I needed to dress this way when making an appointment with the *Accessibility Services* office.

As I sat in the lobby waiting for my appointment time, I started to rock back and forth to ease my anxiety in a similar fashion to waiting for my previous appointment to start. And when I finally got called in for my appointment, I (again) immediately stopped rocking, quickly stood up from my chair and walked into the office from the waiting area. This time however, I didn't breeze through the small talk – I engaged in it (to show respect to the *Accessibility Coordinator* in their simple questioning of how I had been since we last spoke). And once that ended, I softly apologized for my behaviour and my attitude during our last meeting. I explained that despite my frustrations about feeling unheard and as though my feelings and emotions were being dismissed, how I acted was inappropriate as I knew they were just trying to do their job.

The *Accessibility Coordinator* kindly thanked me for the apology, but like many other people before them, told me that my apology was not necessary. I didn't explain why I believed that it was and simply took a deep breath saying "okay." And after a short moment of silence between us I slowly and politely shifted the conversation to the offer of an additional 15 minutes of extra time on top of the one hour and 30 minutes of extra time that I already had.

And after listening to the Accessibility Coordinator explain the offer to me once more, they:

- Pulled up my Accommodation Plan on their computer,
- Updated my Accommodation Plan by entering in the new information (an hour and 45 minutes of extra time for tests/exams),
- Printed my (now updated) Accommodation Plan, and
- Showed me where the change was and let me read it,

And then I signed it (after understanding the change) and they signed it as well.

The original copy is kept in a folder in my file with the *Accessibility Services* office and a copy is made for me to keep for my own personal records.

Before leaving, I thank the *Accessibility Coordinator* for their time and patience with me, and as I leave the office and make way around the campus, I think. I think about how uncomfortable I feel walking around campus dressed up as if I'm on my way to a job interview. I also think about the looks other people on campus are giving me because even though it was a cold day, I wasn't wearing a winter coat. And I chose not to wear a coat because I didn't want to feel hotter and more uncomfortable than I already was.

Once I finally reach home, I open the door and shut it behind me quickly to keep the cold air out and lean my back up against it. I take in a deep breath. As I do, I pull the clip out of my hair – and with that I let that deep breath out, letting my twists fall where they may. With that action I tell myself that I hate that I was born with a disability because if I wasn't, I wouldn't need *Accessibility Services*.

A few months later, when I had my first of two exams (during the two-week exam period in April), I laughed when the invigilator who was monitoring the room told me how much time I had to complete the exam. I laughed because after asking for my extra time to be increased and ultimately not getting what I wanted, I hadn't thought about the experience again after that. But truthfully, I didn't want to think about it again because it took a lot out of me to first make the appointment to ask for the amendment AND then again schedule a second appointment to concede and accept what little (accommodation) I was offered.

For the next two years as I continued my pursuit of my undergraduate degree, I took every opportunity I could to speak out (to anyone I could) about the need for *Accessibility Services* to adopt policies and practices that acknowledge students as experts in their own learning needs and acknowledge our own lived experiences as a valid “measure” of our own learning needs.

The opportunities I took to do this included:

- Writing every paper (for my program – degree or minor) that asked me to reflect on a tension I’ve experienced and how it might impact my work in my future profession on the topic of *Accessibility Services.*
- Participating in a research exposition at the university in which I showcased my research on accessibility and advocacy efforts of students with disabilities at the university.
    - This research showcase allowed me to create a large posterboard of one of my research papers (septically my MRP) detailing accessibility and advocacy as experiences by service users i.e., students of *Accessibility Services* at this university.

- I also became more involved with the university's *Diversity and Equity Office by…*
    - By partnering with the *Diversity and Equity Office* to ask more of *Accessibility Services* after noticing a lack of partnership between their practices and the practices of my degree program to discern any best practices in addressing any gaps to accessibility
        - This lack of partnership limited and hurt my own accessibility (*I believed I wasn't the only one who was experiencing a lack of support and access by processes carried out by both departments/offices simultaneously*) and we had monthly meetings to address this.
    - And with this, I later became the President of a student club that advocates for accessibility for students with disabilities and chronic illnesses at the university.

Throughout my journal, there is no shortage of humiliation I felt for not existing within the framework of what it means (or looks like) to be a post-secondary student with a disability 'right' or correctly. I had been so immersed in the life-long effects of conditioning through a segregated education system and unchanging accommodations that I was unable (because I did not possess the vocabulary) to question my assimilation into the larger population when finally entering desegregated education. Therefore, reaching post-secondary education my identity as a student with a disability existed as someone silent, submissive, and ultimately thankful for what someone else in a position of power has been so gracious in giving me i.e., accommodations.

Prior to my follow-up appointment with *Accessibility Services* (to ask for an amendment to my Accommodation Plan), I had the epiphany of recognizing the conflict between the institutional view of me as based on medical documentation and the view I have of myself as a Black woman with a disability. I believe I needed to recognize this conflict within that space (*Accessibility Services*) in order to address my conformity with the accommodation system as more difficult through silencing than it had ever been before. Because for me, had my Accommodation Plan remained unchanged as it had for over a decade, I would've never been able to see the years of conditioning I endured (prior to this plan) and in turn, how I had no experience preparing for OR preparing to self-advocate for my entitlements.

Discussion

Reflecting upon my experience(s) navigating *Accessibility Services* as a Black woman with a disability, I have observed that this navigation starts and ends at periodic stages in a students' education – such as the start of each school year when accommodations are verified and modified at the recommendation of the *Accessibility Coordinator*. This relationship between students and *Accessibility Services* looks different for every student because there is a spectrum of experiences had within this space.

I had discovered that my use of my own story and experiential knowledge as a Black woman with a disability for this thesis gave me the opportunity to showcase how my medicalized identity has been used to uphold the policies and practices of *Accessibility Services* and its *Accessibility Coordinators* even at the expense of my accessibility and learning needs. Additionally, I discovered how my medicalized identity has created two conflicting views about my accommodation needs as a student with a disability: One view being that of the service provider (the institution) and the other view being that of the service user (me – the student).

Jung (2003) notes that university policies and practices take an administrative approach to disability in which the "needs" and "problems" of students with disabilities are managed by providing some type of accommodation. And it is this approach to disability that the accommodations process shifts the responsibility for change in policies and practices from the university and onto the student; I was expected to adapt to the policies and practices of *Accessibility Services* rather than *Accessibility Services* adapting their policies and practices to me as the titular service user. As echoed by Peruzzo (2020) operation of power shapes the truth onto (disabled) bodies in which they are relentlessly made and remade according to historical and normalising truths of said bodies.

Iqtadar et al. (2020) identify that it is critical to understand the experiences of students with intersecting identities and how these students construct counter-narratives to disrupt the narratives of assumptions and misconceptions placed upon them by the dominant group. This can be seen in my journal of experience as I struggle to understand the narrative of my medicalized identity by *Accessibility Services* and the service's perception of my abilities and barriers throughout my engagement with this space. My own sense of identity is in a continuous state of change within every internalized thought and external engagement that I have with this school provided service.

However, what can also be seen in my journal of experience is what author W.E.B. Du Bois (1989) as cited in (Banks & Hughes, 2013) calls as ‘double-consciousness’ which he defines as the sense of always looking at oneself through the eyes of others, of measuring one’s soul by the tape of a world that looks on in amused contempt and pity (p.368). Other authors touch on this form of consciousness as one’s way of listening to the louder narratives of the dominant group. This happens by rejecting the existence of an inner, personal, individual self (Peruzzo, 2020). This silencing of one’s “true self” or spirit can in turn describe the reality for many people discouraged from speaking by dominant culture discourses (Yoshida & Shanouda, 2015). Throughout my journal of experience, I struggle to maintain the counter-narrative I have constructed (and continue to construct) of and for myself – the counter-narrative of the problems that I face in school because of my disability being located within the policies and practices *of Accessibility Services* and the larger school environment itself because I don’t see my identity as a person with a disability as a problem. Thus, both accepting and simultaneously rejecting the narrative of my medicalized identity *Accessibility Services* has crafted of me and for me.

Studies suggest that this form of identity work has created an awareness of stereotypes associated with markers of identity (Iqtadar et al., 2020) in which racialized people with disabilities develop proactive messages to combat the larger society’s ideology (Banks & Hughes, 2013, p. 368). And based on these findings compatibility with the dominant culture is emphasized over being able to simply exist as one’s true self, thus, causing an internal struggle of understanding and self-acceptance.

The dominant group’s creation of division, designation, and self-subjectification have purposefully created a culture of silence and subordination (Yoshida & Shanouda, 2015) onto the minority group, namely students with disabilities. However, the development of personal agency or advocacy can be operationalized on a systemic level as a means to reveal and propel resistance to oppressive policies and practices (Karpicz, 2020). And so, using both Autoethnography and Critical Disability Theory has allowed me to share complex dimensions of what it is like to be a student with a very layered and complex intersectional identity as a service user of *Accessibility Services*.

What my use of Autoethnography shows is that the ‘Othering’ of people with disabilities in society has led to the development and implementation of spaces of division like *Accessibility Services* where disabled people are hidden. However, assimilation into the mainstream is still possible should a person (or in this case student) with a disability be able to participate by way of proving competency. For example, my own experience calls attention to this proof of competency in the fact that my request for an amendment to my Accommodation Plan was denied based on (1) previously submitted medical documentation, (2) the fact that I had completed all of my exams in their entirety (no exam questions were left unanswered), and (3) my final grades for my courses (all courses, regardless of there being an exam component) were A’s and B’s and the one ‘C’ that still haunts me to this day. I as a person with a disability am proving to those who do fit the “norm” (either educators, peers, the institution as a whole or all of the above) that I am capable of moving through my education with the amount of support (i.e., accommodations) as decided by someone else (i.e., the *Accessibility Services Coordinator)*. Thus, this proof of competency or functioning (i.e., any student with a disability having made it to a post-secondary level of education and performing "well" under the accommodations given to them at this level) determines the way in which students with disabilities specifically are 'Othered' and hidden within academic institutions via *Accessibility Services* offices. Any student with a disability having made it to post-secondary level of education and performing "well" under the accommodations given to them at this level is seen as close enough to "normal" that any issue of inaccessibility or accommodation is viewed as unwarranted by the *Accessibility Services Coordinator.*

This is important to my thesis as the view of the identities of people with disabilities (voices, bodies, experiences etc.) by *Accessibility Services* may contradict how individuals with disabilities view themselves. For example, by relying on medical documentation to assess student needs, *Accessibility Services* view students with disabilities through the medical model of disability. However, I for example may view my own identity as a Black woman with a disability through the social model of disability. Studies have shown that the correlation between disability services and its use of the medical model emerges from and contributes to ableism. They note that the segregation of people with disabilities from society sheds light on patterns that are tied to ableism (Withers et al., 2019) as elite spaces (like universities) justify exclusion and warehousing of bodies and minds that are not considered elite, such as disabled and otherwise marginalized groups (Dolmage, 2017) and these non-elite people often being people with disabilities as well as other marginalized groups. School leaders must acknowledge that the problems with schools are a reflection of the school system rather than problems with disabled students themselves (Graybill, 1997).

The rejection of my self-advocacy efforts (as seen within my journal of experience) transformed into activism. Viewing disability as a minority identity can support the activism efforts of people with disabilities. Some authors suggest that there is a kinship across minority experiences (Olkin, 2002) in their experiences of prejudice, stigma, discrimination, and oppression (Garland-Thomson, 2002). It is these similar experiences that can attempt to call attention to injustices and/or barriers that were otherwise hidden or masked behind majority group attitudes. For example, attitudes of disability and people with disabilities among non-disabled students can create a culture of inclusion or exclusion (Bogart, Logan, Hospodar et al., 2019). Thus, activism efforts also increase the visibility of minority groups as full members of society in which concerns are heard and potentially acted upon (Gillberg, 2020).

Studies suggest that attitudes of disability and towards people with disabilities can be altered or addressed through activism. This is done through the minority experience of students with disabilities, when disability is strengthened in spaces where there is no pressure to assimilate into the larger majority culture (Olkin, 2002). Authors assert that disability organizing (activism) can build identity (Agarwal et al., 2014), create '*safer spaces*' that combat oppression (Withers et al., 2019) outside of disability services offices (Agarwal et al., 2014), and address systemic change through programs and outreach

(Cory et al., 2010). In this way, disability organizing through activism among students addresses the silence of this group, which is a historical record of the disability community (Yoshida & Shanouda, 2015) and is tethered to the identities of other minority groups as well. Based on the findings of these studies, activism aids self-advocacy efforts by creating awareness of disability issues in the university (Agarwal et al., 2014), addressing the needs of its members (Withers et al., 2019), and contributing to communities by teaching them something (Stienstra & Ashcroft, 2010).

It is my hope that those who read this thesis adopt a '*nothing about us, without us*' attitude towards *Accessibility Services.* "*Nothing about us without us*" has its roots in disability activist movements and is an important philosophy for the meaningful involvement of people with disabilities in policy development, research, and institutional change (Goodley, 2013). On the surface, *Accessibility Services'* goal is to provide academic accommodations to students with disabilities to support their "academic success". But under the surface, stories like mine (as a Black woman with a disability and a life-long service user of this school provided service) demand to be acknowledged and be felt as the "supposed" benefactors of this service. Because without us, this service would not exist. And yet, without our voices heard this service continues to exist as it does.

It is already hard enough being a student.
It is already hard enough being a Black person.
It is already hard enough being a woman.

It is already hard enough being a person with a disability.

It is already hard enough being a Black woman with a disability.

I miss the days when I was oblivious to what now seems so obvious – that being the prominence of my medicalized identity as my overall encompassing identity as a student.

Students with disabilities should not have to advocate for their learning needs in a designated and segregated space that was designed for them.

Their voices, bodies and lived experiences should be validated as appropriate "measures" to determine accessibility, accommodation and learning needs.

Study Limitations

I am just one person, and this is one story and only one piece of MY story. Therefore, I am not speaking for all people with disabilities, let alone all Black women or Black people with disabilities. With AE, I found it to ask a lot of me as a person with a disability regardless of the intersections of my race and gender. What I mean is that it requires a lot of vulnerability through disclosure of one's medicalized identity in order to situate personal experiences of disability (or dis-ablement) alongside the political and cultural practices of a specific space being examined. Thus, it is one thing to expose one's membership to a particular group, but it is another to expose how that membership has impacted their outlook on the social world based on intimate details of their life through disclosure to authenticate the personal experience as an accurate or valid account as AE is not fully recognized as a 'valid' research methodology.

Closing

A Poem Entitled: Searching, Seeking, Reaching, Always.

I don’t swim in the deep end of the pool.

I swim out in the ocean.

And I don’t wear a lifejacket…

Because I don’t want it to stifle me from all the things I have yet to experience.

This thesis came from having deep thoughts that I had internalized for many years but eventually started to externalize through verbalized conversations. Doing this allowed me to swim farther (think more critically) and explore harder (reflect more deeply) all the stuff that I could not see before the time of advocating for an amendment to my Accommodation Plan; because before that time I was still swimming in the deep end of the pool (internalizing my thoughts privately with no one other than myself) wearing a lifejacket (consumed by the many years of conditioning I had learned to endure) because I didn’t know that I could swim – let alone that I can swim unassisted in the ocean. This thesis has allowed me to feel the ocean waves pulling my body further and further from the shore, fear what may be lurking deep beneath the water now that I can’t see the bottom anymore and feel the sun during the day and the cold air at night periodically changing the temperature in the water from hot to cold. And although the waters aren’t always smooth and there are often storms on the horizon, I keep swimming out in the *ocean – still without a lifejacket because I know what I know. I can swim. And I can swim unassisted.*

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Appendix A

The accommodation process intake [as I had experienced it] as a college student:

- **Required documentation** i.e., medical documentation must be sent to *Accessibility Services* office before an in-person intake appointment can be made.
    - [for me] this documentation included:
        - Most recent/last I.E.P. [grade 12 I.E.P.]
        - Doctor's note/letter regarding extent of disability i.e., impact of disability on daily life AND how disability will impact studies
- **In-Take Appointment:** this appointment was scheduled after an *Accessibility Coordinator* has reviewed all required documentation that was sent
    - At the college I was attending I was assigned an *Accessibility Coordinator* based on the first letter of my last name
        - This would be the person I would remain with for the duration of my program [however, should changes happen, I would be reassigned to another person]
            - Changes may include: (1) my comfort level with the person in this role changing from comfortable to uncomfortable, (2) this person leaving their position thus, being replaced AND (3) restructuring of this department/office i.e., new Accessibility Coordinators added
            - *I experienced these things in the order of 2, 1, 3 [switching Accessibility Coordinators 3 times before eventually remaining with someone that I was most comfortable with]*
- **Accommodation Plan:** During this in-person intake appointment accommodation plan will be discussed with student [i.e., me] and this discussion will cover:
    - How the accommodation plan works [is implemented]
    - What accommodations can the college provide to student [i.e., me]
        - This is based on what the college has to offer the student [i.e., me] based on previously submitted [medical] documentation
    - Who notifies professors/instructors of accommodation plan/learning needs?
    - How often should student [i.e., me] return to *Accessibility Services* office?
- **In-Take Appointment (Continued):** The meeting concluded with *Accessibility Coordinator* viewing the final draft of the accommodation plan with me
- Verbal confirmation of understanding from both *Accessibility Coordinator* and student regarding of all information that has been shared and explained regarding accommodation plan
    - Once verbal confirmation has been given from both parties, *Accessibility Coordinator* will print accommodation plan form(s).
    - Both parties [*Accessibility Coordinator* AND student] will sign accommodation form [plan]

        - One form remains in student file with the *Accessibility Services* office AND that will remain with the school for 7 years
        - One form will remain with the student [i.e., me] for my own personal records
- **In-Take Concluded (Additional Paperwork):** additional paperwork that needed to be signed included:
    - Consent of *Accessibility Services/Accessibility Coordinator* to share any accommodation information provided to them by me [as the student] with other members of the university i.e., other faculty and/or staff members
        - Accommodation forms [plan] will be given to the student [me] and it is the student's responsibility to provide/deliver accommodation plan to each professor/instructor of courses student [me] is registered in per semester
            - *This last step must be repeated at the beginning of each semester.*

Appendix B

The accommodation process intake [as I had experienced it] as an undergraduate student:

- **<u>Required documentation</u>** i.e., medical documentation must be sent to *Accessibility Services* office before an in-person intake appointment can be made.
  - [for me] this documentation included:
    - Most recent/last I.E.P. [grade 12 I.E.P.]
    - Doctor's note/letter regarding extent of disability i.e., impact of disability on daily life AND how disability will impact studies
    - College accommodation plan
    - *Psychological assessment that was completed in the last four years*
- **<u>In-Take Appointment</u>:** this appointment will be scheduled after an *Accessibility Coordinator* has reviewed all required documentation that was sent
  - At the university I was attending there was only one person is this role thus, I was assigned to them
    - This would be the person I would remain with for the duration of my program [however, should changes happen, I would be reassigned to another person]
      - Changes may include: (1) my comfort level with the person in this role changing from comfortable to uncomfortable, (2) this person leaving their position thus, being replaced AND (3) restructuring of this department/office i.e., new Accessibility Coordinators added
      - *I experienced these things in the order: 2 then 3 [during my first year of university]*
- **<u>Accommodation Plan</u>:** During this in-person intake appointment accommodation plan will be discussed with student [i.e., me] and this discussion will cover:
  - How the accommodation plan works [is implemented]
  - What accommodations can the university provide to student [i.e., me]
    - This is based what the university has to offer the student [i.e., me] based on previously submitted [medical] documentation
  - Who notifies professors/instructors of accommodation plan/needs?
  - How often should student [i.e., me] return to *Accessibility Services* office?
- **<u>In-Take Appointment (Continued):</u>** The meeting concluded with *Accessibility Coordinator* viewing the final draft of the accommodation plan with me
- Verbal confirmation of understanding from both *Accessibility Coordinator* and student regarding of all information that has been shared and explained regarding accommodation plan
  - Once verbal confirmation has been given from both parties, *Accessibility Coordinator* will print accommodation plan form(s).
  - Both parties [*Accessibility Coordinator* AND student] will sign accommodation form [plan]

        - One form remains in student file with the *Accessibility Services* office AND will remain with the school for 7 years
        - One form will remain with the student [i.e., me] for my own personal records
- **In-Take Concluded (Additional Paperwork):** additional paperwork that needed to be signed included:
    - Consent of *Accessibility Services/Accessibility Coordinator* to share any accommodation information provided to them by me [as the student] with other members of the university i.e., other faculty and/or staff members
        - Accommodation forms [plan] will be electronically sent to each professor/instructor of courses student [me] is registered in per semester
            - *This last step must be repeated at the beginning of each semester.*