

**STUDENTS WITH LEARNING DISABILITIES: A
POLICY ANALYSIS**

**THE EXPERT KNOWLEDGE OF UNIVERSITY
GRADUATE STUDENTS WITH LEARNING
DISABILITIES:
A POLICY AND SERVICE ANALYSIS**

By

Sarah Teichman, B.A, B.A.H, B.S.W

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AUTHOR: Sarah Teichman (BA and BAH Queen's University; BSW
 University of Windsor)

SUPERVISOR: Professor Rachel Zhou

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ABSTRACT

The narratives of university graduate students with learning disabilities (LDs) are for the most part absent in the development of a life course perspective and analysis of LDs, yet an in depth qualitative study of individual stories and experiences with schooling or transition from high school to post-secondary education at this age can inform what we know about employment rates, income, and other markers of adult adjustment in the context of LDs. An insider perspective of this group may help to uncover patterns of discrimination in the dispersal of resources that lead to lower educational attainment and socioeconomic status and mental health problems, as is seen in this group.

Specifically, this thesis aims to examine two research questions: a) What are the experiences of graduate students with LDs in a university setting?; and b) What are the implications of such experiences for policy and services for this group? I am interested in exploring the unique narratives amongst graduate students with learning disabilities from their own perspectives and understanding the implementations of such policies as the AODA (Accessibility for Ontarians with Disabilities Act) in light of these students' experiences.

Two female graduate students from two different universities in the south-western Ontario area were interviewed using open ended questions. Literature of empirical studies was compared to the spirit of our government legislation for analysis of its potential effectiveness at ensuring equal opportunity for this group.

The undergraduate experiences of the participants in this study are consistent with international literature on undergraduate experiences, adding to data that suggests that individuals with LDs who manage to gain admission to a postsecondary institution continue to be subjected to disparaging attitudes and interactions similar to the ones they endured as children. The attitudes of teachers and staff betrayed ignorance of facts regarding LDs, leading to judgments such as that they are intellectually inferior, lazy, and unworthy of attention or of accommodations that are their legal right.

Participants discussed their more recent graduate experiences, the context of which sometimes differed in noteworthy ways from that of their undergraduate

experiences. As graduate students they emphasized their belief that the most worrisome and discriminatory experiences were those related to unreasonable delays in the provision of accommodations, the delivery of financial aid, and the delivery of technological aids. This included problems such as vague, complicated, and excessively time consuming rules and processes, as well as rules that seem to be structured so as to disqualify individuals with LDs from receiving resources or help, rather than, as might reasonably be hoped, identifying those who should be granted help, and policies and procedures that work to create a substantially larger financial burden.

It is suggested that the AODA has not been effective as a tool for disseminating truth and knowledge and eradicating discrimination against individuals with LDs, and that interactions with individual staff members may not only evidence the discriminatory beliefs of that individual, but of the system or department that he or she represents as well. Suggested changes include: mandatory education and awareness training for post secondary instructors; the implementation of Universal Design of Instruction and needed infrastructure; and the implementation of clear procedures and penalties for non compliance that do not place the onus on the student to report incidents or secure and provide proof.

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1. INTRODUCTION

A small but growing research literature concerns what are commonly known as Learning Disabilities (LDs). Currently 10% of Canadians and Ontarians have been diagnosed with one or more of these disorders (LDAW, 2008; LDAA, 2008; PACFOLD, 2007), and I am a member of this population.

The little available information on this group is mostly statistical, yet telling. Despite their often exceptional abilities and intelligences, many never receive the opportunity to attend university. Students with LDs drop out of high school two to three times more often than the average, and enroll in college or university in far lower numbers than the general population (Gregg, 2007; Ferri, Keefe & Gregg, 2001; Mishna, 2003; Mishna & Muskat, 2004; Wilson, Armstrong, Furrie, & Walcot, 2009; Denhart, 2008); one tenth as often, according to Gregg (2007). Post secondary education is increasingly essential to the fulfillment of opportunities and the ability to successfully transition into the labour force (OHRC, 2006). Less education translates to fewer opportunities and “social and economic disadvantage” (Mishna, 2003, 338). Students with LDs are more likely to be unemployed, underemployed, and poor (Ferri et al., 2001; Denhart, 2008; PACFOLD, 2007), more likely to have substance abuse problems (Mishna, 2003; Breitchman, Wilson, Douglas, Young, & Adlaf, 2001; Cosden, 2001) and mental health problems (Ryan, 2007; Wilson, Armstrong, Furrie & Walcot, 2009; Mishna, 2003; Mishna et al., 2004), and to become young offenders (Mishna, 2003). Many researchers (Hoy, Gregg, Wisenbaker, Manglitz, King &

Moreland, 1997, 281) agree that the “evidence pertaining to post secondary outcomes for the population with LD is extremely bleak” (Gregg, 2007, 219) and characterized by “blatant injustice” (Higgins, Raskind, Goldberg & Herman, 2002, 16). Although a minority are able to overcome individual and institutional discrimination, many “fall through the cracks”. Canadian statistics show that nearly 40% of adults with learning disabilities reporting negative or no earnings, compared to 14% of the total population (PACFOLD, 2007). “Lower academic standings are one of the causes leading to higher unemployment, and lower income levels among Canadians with LDs” (PACFOLD, 2007), and are thought to be the reason Canadian adults with LDs are two to three times more likely to report poor mental and physical health than the general population (PACFOLD, 2007; Wilson et al., 2009). Lowered income and reduced productivity translate into a greater reliance on family, friends and our social and healthcare systems. According to the Canadian Mental Health Association, mental illness costs Canadian businesses \$33 billion per year in lost productivity, while related health care costs added another \$10 to \$20 billion (PACFOLD, 2007). It also accounted for 30% to 40% of disability claims reported by Canada’s major insurers and employers (PACFOLD, 2007). “Left undiagnosed, untreated and/or not accommodated, Canadians with LDs are unable to reach their potential, resulting in high costs to the Canadian economy” (PACFOLD, 2007, 5). This means that we, as a society, are not only failing to take advantage of this population's natural intellect and abilities, we are rendering them economic liabilities

As globalization becomes more apparent in our everyday lives, so too does the commodification of knowledge (Gregg, 2007; Skrtic, 2005). Countries around the world are responding by making social investments through publicly provided education (Sideridis, 2007; Gerber, 2007).

Competencies for success in this global economy require basic academic skills, critical thinking skills, and personal qualities such as individual responsibility, self esteem, self-management, and integrity. Critical to success in our current global economy is an individual's expedient access to knowledge (Gregg, 2007, 220).

Our Canadian values include that every individual should have equal opportunity to reach his or her potential (Pooran & Wilkie, 2005), yet to compete internationally we are compelled to employ those who display the most potential and the qualities most conducive to our international excellence. To establish and maintain a competitive edge in international markets Canada must put its best and brightest forward, yet individuals with LDs are systematically disadvantaged, despite scientific evidence (such as Intelligence Quotients: IQ) of their average to exceptionally above average intellect, reasoning skills, and grasp of logic (Gilger & Hynd, 2008; Kozey & Siegel, 2008; McDonald, Keys & Balcazar, 2007).

Some may argue that the value we attribute to equal opportunity is at odds with current capitalist realities; that financial and educational investments in the LD community would not yield significant returns on this group's ability to contribute to our country's ability to compete in international markets. The notion that our Canadian values and a capitalist reality are inconsistent with an ability to

embrace diversity is, however, a fallacy, since intellectual diversity, and a resulting academic diversity, are in fact, resources and advantages in a competitive global economy.

Student diversity is not only not a problem in a learning organization, it is an asset, an enduring force of uncertainty, and thus the driving force behind innovation, growth of knowledge, and progress (Skrtic, 2005, 150).

Our governments at every level have a duty to uphold our Canadian values of equal opportunity and the rights of health and education for all.

The [Canadian] government adopted the CHRA [Canadian Human Rights Act] to enforce individual equal opportunity to make life choices, without discriminatory obstacles. [...] the courts interpreted the CHRA purposively as a reflection of the fundamental values of Canadians (Pooran et al., 2005).

Educational institutions remain publicly funded as a reflection of this philosophy.

The legislation to ensure equal opportunity in Ontario's universities is called the Accessibility for Ontarians with Disabilities Act (AODA) of 2005, and is based on the principles of the Ontario Human Rights Code of 1990 (Pooran et al., 2005; OHRC, 2003).

Murray, Wren, & Keys (2008) suggest that there is a worrisome discrepancy between the numbers of individuals with LDs in American high schools and their numbers in universities. "Although approximately 6-8% of school aged children and youth in public school settings are receiving services for a learning disability, recent data suggest that less than 1%, 0.7% of students within four year colleges and universities report having a learning disability" (Murray, et

al., 2008, 95). Although no comparable statistics are available for Canada or Ontario, the Learning Disabilities Association of Canada's PACFOLD (Putting A Canadian Face On Learning Disabilities) study returned statistics that suggest a similar discrepancy between numbers of high school and post secondary LD students would be observed.

Given the apparent marginalization of individuals with LDs, how is the AODA serving students with LDs? Does this legislation adequately represent our values? And has academia, the objective of which is to uncover and share knowledge and information that will benefit society, provided adequate research on, insight into, and critique of this topic?

The Ontario Human Rights Commission (OHRC) has published numerous documents identifying the areas in need of improvement on post secondary campuses to rectify the OHRC's findings that students with disabilities are denied equal access to educational opportunities in Ontario. "The barriers include: inadequate funding, physical inaccessibility, cumbersome and time consuming accommodation processes, negative attitudes and stereotypes, and a lack of understanding of the commission policy and the rights and responsibilities of all parties under the Ontario Human Rights Code" (OHRC, 2004b, 5).

The Ontario March of Dimes, whose mission is to "create a society inclusive of people with physical disabilities" (Ontario March of Dimes, 2005, 6), has acknowledged the severity and extent of the attitude-based barriers that students with disabilities face, stating:

[...] in comparison to physical barriers, the breaking down of attitudinal barriers is quite often not seen to be essential in the promotion of accessibility in campuses [...]. Most educational institutions either completely overlooked such barriers or committed only a limited amount of time effort and planning in breaking down discriminatory attitudes (Ontario March of Dimes, 2005, 10).

The most common disability among university students is learning disabilities (OHRC, 2003; Gregg et al., 2007), yet the struggles of students with LDs for equal access to opportunities on university campuses are overlooked in favour of those physical barriers that are most visible and, therefore, already garnering the most attention (Ontario March of Dimes, 2005).

1.1. What is This Study About?

My interest in the area has been guided by my own experience of diagnosis, my triumphs, my challenges, and my failures. From elementary school to my current enrollment in graduate school I have found educational institutions to be frustrating, demeaning, and elitist. The challenges I have faced and continue to face, while relatively minor when considered individually, I believe may constitute a pattern of discrimination.

As my education progressed through undergraduate to my current graduate work, I have wondered whether my experiences are typical, and perhaps indicative of societal concepts, structures and institutions that require further investigation and critique. My research into the area has uncovered that my own childhood experiences were in many ways typical, though I escaped some of the

more serious and worrisome effects.

Driven by my own diagnosis of learning disabilities and my academic experiences, I became curious about the experiences of others with LDs. What role do our governments and universities have in ensuring equal opportunity and improving this current situation, and what barriers are there to implementing the changes necessary to improve the aforementioned statistics?

I wanted to investigate whether, just as my childhood experiences were typical, my post secondary experiences are also typical of and common to graduate students with LDs: For example, do others have similar experiences to my own; how do they maintain resilience and resistance; do they feel like valued members of the student body; and what are their opinions of their university's efforts to provide equal access? Perhaps graduate students with learning disabilities share experiences not found in other populations that could help improve provincial and university policies concerning the rights of this group. Specifically, this study will explore the following two research questions: a) What are the experiences of graduate students with LDs in a university setting?; and b) What are the implications of such experiences for policy and services for this group?

While attempting to research this topic I found that most LD research concentrates on childhood experiences and the importance of early diagnosis, neglecting the bulk of these individuals' lives after this point. (See for example Mishna, 2003; Mishna et al., 2004; Ferri, et al., 2001). This realization increased

my desire to conduct my research and my beliefs in its importance.

1.2. Why is This Study Important?

Although learning disabilities are lifelong disorders that do not subside or disappear with age, as already observed, the literature on student experiences of LDs drops off dramatically when it comes to those exiting high school. Scott and Gregg (2000) comment, “[U]nfortunately, little information is available in the literature on the perspectives of students with LD” (161). Similarly, Jones and Krumsvik (2008) note that “there is relatively little research that deals with adults with reading and writing difficulties who succeed in higher education” (60); and “there has been very little examination of how well higher education teaching and assessment practices cater for the learning needs of students with LD or how such students experience their learning environments” (Ryan, 2007, 436). “To date there have been no studies exploring the experiences of a broad range of students identified with LDs in HE (higher education)” (Griffin & Pollock, 2009, 25).

The social context in which university students with LDs find themselves is quite different from that of an elementary or secondary school, and the policies protecting their rights are also different. Although childhood experiences are very important, and in many ways set the stage for future development and perceptions, minimal conclusions can be drawn regarding the larger social environment, the effectiveness of guiding policies, and the context in which LD experiences are situated without an analysis of adult experiences as well.

As noted, LDs are the most common disability among university students (OHRC, 2003, Gregg, et al. 2007), yet the voices of students with LDs regarding their experiences of discrimination and marginalization in post secondary education are rarely heard. Much of the academic literature fails to elicit personal narratives or insider perspectives of adults with LD (Ferri et al., 2001). It continues to be the work solely of non-labelled researchers, policy makers and practitioners debating the issues and setting agendas, and there is no mechanism within educational policy for those labelled with LDs to participate in creating new LD policies or critique existing ones (Denhart, 2008, Ryan, 2007).

Ultimately, a “life course perspective” (Raphael, 2006, 657; Solvang, 2007; Jones et al., 2008) of LD experiences is what is needed, so that the most comprehensive and solid critique of the policies can be made. A life course perspective and life-course approaches can emphasize the accumulated effects of experiences across the life span. Research into the experiences of individuals with LDs must be representative of their lives in their entirety, not just those of children and adolescents. My research intends to help fill this gap by expanding research on these experiences to the post secondary level; helping to develop a more complete picture through a life course perspective approach.

Exposures to adverse economic and social conditions, also known as social determinants of health, “have important cumulative effects on health” (Raphael, 2006, 9). An analysis of the social determinants of health, as that which determines “the extent to which a person possesses the physical, social, and

personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment”, (Raphael, 2009, 2) must explore more deeply than is seen in a “materialist approach” (Raphael, 2006, 657), where an examination of education attainment or of the presence of a disability would simply produce a correlation with overall health. Although such a correlation exists, a "neo-materialist" approach (Raphael, 2006, 657) and a “life course perspective” (Raphael, 2006, 657; Solvang, 2007, 82; Jones et al., 2008) have increased potential to uncover patterns of discrimination in the dispersal of resources that lead to such results. A neo-materialist approach examines not only the material conditions of populations, (socioeconomic status, for example), but the country's, or the area's, social infrastructure, for an analysis of how the society distributes resources (such as education, healthcare, and social services) (Raphael, 2006). Since LDs are life-long conditions that do not disappear or subside at any age, a life-course approach to literature and research analysis that “emphasize(s) the accumulated effects on health of experiences across the life span” (Raphael, 2006, 659) would likely produce the most accurate review of current knowledge on the subject.

My theory of improving outcomes for those with LDs rests on the concepts that real, meaningful change cannot happen without the input of students with LDs, and that our government, as representatives of our values through legislations and policies, must do better at shaping and controlling education, because I believe education is a social determinant of health. We must hear from

post secondary students with LDs, because their narratives in particular are missing in the development of a life course perspective and analysis of LDs (Raphael, 2006, 657; Solvang, 2007, 82; Jones et al., 2008; Goldberg, Higgins, Raskind & Herman, 2003). Only when the experiences of this group have been contextualized through an analysis of their lives as a whole can we begin to comprehend and, therefore, build a better future that is more representative of their potential. In depth qualitative studies of individual stories or experiences with schooling or transition can inform what we know about employment rates, income, or other markers of adult adjustment in the context of LDs (Ferri, et al., 2001), as well as help us to understand their university experiences.

1.3. Structure of This Thesis

In this thesis I will first outline what available literature and research has uncovered thus far on the subject, as well as identify relevant legislation within which this group's rights are contextualized. A quick overview of experiences of children and adolescents with LDs will precede a literature review for the experiences of those at the post secondary level. Such an approach shows, I believe, the greatest potential to identify the factors that lead to the statistics of poverty and illness mentioned above. Literature on post secondary experiences that draws on research that includes the opinions of students with LDs, as well as the opinions and knowledge of professors and staff on issues of LDs, will be referenced. The following section focuses on the critical examination of the

theories about disabilities in general as well as LDs in particular, which will create a theoretical context in which research participants' experiences with LDs will be analysed and theorized about. Research results are situated in the context of the literature review and Ontario legislations, to note any similarities or patterns that support theories and claims in current literature, as well as any discrepancies with those theories and accounts of this group's experiences that my research may suggest. At the end of this thesis, the implications of the findings of this research project are also discussed.

2. LITERATURE REVIEW

2.1. Learning Disabilities: Key Concepts, Standards and Policies

It is important that we understand the legislations and formal definitions guiding our institutions of education and the meaning of a learning disability diagnosis. According to the Learning Disabilities Association of Canada and Statistics Canada,

Learning disabilities refer to a number of disorders which may affect the acquisition, organization, retention, understanding or use of verbal or nonverbal information. These disorders affect learning in individuals who otherwise demonstrate at least average abilities essential for thinking and/or reasoning. As such, learning disabilities are distinct from global intellectual deficiency (LDAC, 2009; Statistics Canada, 2009).

This concept of LD, defined as a discrepancy between intelligence and academic achievement, is a fundamental one, and has been recognized as such by the province of Ontario (Kozey et al., 2008). Education in Canada is provincially

directed; consequently all public and private institutions in Ontario at the elementary, secondary, and post secondary levels must comply with the Ontario Human Rights Code (the Code) (OHRC, 2003). This Code grants every person freedom from discrimination based on “race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status or disability” (Government of Ontario, 2006, 1). Section 10(1) of the Code provides a detailed definition of what constitutes a disability, listing learning disabilities in subsection 1(c) (Government of Ontario, 2006).

This constitutional protection, handed down to Ontario through the Canadian Charter of Rights and Freedoms (Pooran et al., 2005), has the force of law to protect LD students in the educational environment with the Accessibility for Ontarians with Disabilities Act (AODA) of 2005, as well as the Ontario Education Act of 1990. While all educational institutions in Ontario must meet the standards set out by the Code and by the AODA, primary and secondary schools are additionally governed by the Education Act (OHRC, 2003).

Ontario universities, as institutions that receive operating grants from the Government of Ontario, must follow the AODA (Government of Ontario, 2007). The AODA builds on the fundamental principles put forth by the OHRC that the province must provide equal rights and opportunities in education to all without discrimination (OHRC, 2003). Its purpose is

a) Developing... [and] implementing accessibility standards in order to achieve accessibility for Ontarians with disabilities with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises on or before

January 1, 2025; and

b) Providing for the involvement of persons with disabilities, of the Government of Ontario and of representatives of industries and of various sectors of the economy in the development of the accessibility standards (Government of Ontario, 2005, 2).

The purpose of the standards is to

a) Set out measures, policies, practices or other requirements for the identification and removal of barriers with respect to goods, services, facilities, accommodation, employment, buildings, structures, premises or such other things as may be prescribed, and for the prevention of the erection of such barriers; and b) require the persons or organizations named or described in the standard to implement those measures, policies, practices or other requirements within the time periods specified in the standard (Government of Ontario, 2005, 5).

The term “barrier” is defined as

Anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an information or communication barrier, an attitudinal barrier, a technological barrier, a policy or practice (Government of Ontario, 2005, 3).

Universities are required to prepare an annual accessibility plan and to consult with students, faculty and staff with disabilities in its development. The plan must include a report on the measures the university has taken in the past year to identify, remove, and prevent barriers, as well as priorities for the following year's plan (Government of Ontario, 2005).

According to these definitions, most of the barriers and discrimination that a student with LDs might face are referred to as “attitudinal barriers”. These

misconceptions and stereotypes, based on ignorance, have the potential to develop into policies, practices, and information barriers that restrict a student's ability to obtain an equal opportunity to compete for educational excellence and resulting economic and social resources.

According to the Supreme Court of Canada it is not sufficient to treat all individuals alike, because this may in practice disadvantage some groups. “When governments provide benefits to the general population, they have an obligation to take positive steps to ensure that members of disadvantaged groups, such as persons with disabilities, benefit equally from those services” (OHRC, 2003, 66). Educational accommodations are therefore an example of differential treatment necessary for the purpose of providing equal opportunity; treating students with LDs “the same” as their peers results in unequal access. Discrimination, as defined by our courts and Charter, includes educational policies, procedures, and eligibility criteria, which when implemented create a tiered accessibility system. The OHRC offers the example of a university policy that stipulates that scholarships can only be awarded to full-time students, since this policy, although seemingly neutral, “would likely have an adverse effect on students whose disabilities only permit them to attend school on a part-time basis” (OHRC, 2004b, 8).

Complaints of discrimination and dispute resolution under the terms of the AODA are handled by the Ontario Human Rights Tribunal. The burden of proof lies with the educational institution, which must prove an “undue hardship”

standard due to cost, outside sources of funding or health and safety (OHRC, 2006). Accommodation at any level of education can be seen as impossible only under these conditions.

2.2. Students' Experiences with LDs

2.2.1. Elementary and High School Experiences

Now that we know and understand this legislation, we can critically examine the experiences of individuals with LDs within the context of our province's laws of equal opportunity.

An examination of an LD student's experiences through the end of grade school is necessary to put LD post-secondary students' situations in the proper context, and within a life course perspective (Raphael, 2006, 657; Solvang, 2007, 82; Jones et al., 2008). Numerous researchers have noted that a significant number of their participants reported being bullied as children (Denhart, 2008, Mishna, 2003, Mishna et al., 2004; Ferri et al., 2001; Higgins et al., 2002; Griffin et al., 2009). Mishna's (2003) research suggests a correlation between this peer victimization and LDs, where elementary school aged students with LDs are victims of bullying more than the average. Although originally perceived as a normal or average childhood experience, bullying has continued to gain recognition as a factor in poor psychological and physical health, as well as reduced academic performance (Mishna, 2003).

The type of bullying typically experienced by children with LDs is

referred to as "relational aggression" (Mishna, Pepler, & Wiener, 2006, 270). It is not physical, but emotional, and just as damaging, and is characterized by "exclusion, threats, gossip, and rumours" (Mishna et al., 2006, 261). Most notable was that this peer victimization often goes either unnoticed or without consequences. Primary school staff displayed "ambivalence" towards those being bullied (Mishna et al., 2006, 262), blamed them for picking manipulative friends, or claimed that the child victim wanted somehow to be bullied. Mishna (2003) also noted that some school staff themselves also bullied their students directly (Mishna, et al., 2006). Since healthy social relations and ties with peers at a young age are crucial to later adult adjustment (Mishna, 2003), this correlation is important in the development of theories that account for LD experiences throughout the lifespan.

Possible causes of a higher incidence of bullying experienced by students with LDs become evident when other experiences of this group are studied. Research also suggests that throughout a student's career, children and adolescents with LDs frequently experience stigma, negative attitudes, and misconceptions regarding their LDs (Mishna, 2003; Mishna et al., 2004; McDonald et al., 2007; Ferri, et. al., 2001; Ho, 2004). The misperceptions and opinions of school administration and staff include that LD is an illegitimate diagnosis, a diagnosis of a fictitious condition, and simply proof of inferior intellect (McDonald, et al., 2007, 145), as well as that it identifies "just lazy students who watch too much television" (OHRC, 2004a, 7). Teacher and staff ignorance concerning the

realities of LDs has led this group of students to be stigmatized by their peers, other teachers, and the community as a whole (Mishna et al., 2004). They “encounter skepticism concerning the authenticity of their disability, assumptions of incompetence, and exclusion from social and community life.... [They] often are perceived as less intelligent, and are placed in segregated classrooms” (McDonald et al., 2007, 146). It is possible that the increased risk of victimization of young LD students by others is linked to their unjust treatment by the adults and staff within their daily environment, as a result of the latter's negative and inaccurate opinions: sentiments that are easily perceived and copied by peers through behaviours such as bullying. These phenomena are what Raphael (2006) refers to as “pathway effects” (657), where for example teachers develop lower educational expectations of students with LDs (Murray et al., 2008), leading to self fulfilling prophecies and educational streaming, settings in which they are given fewer opportunities to succeed academically.

Individuals of all ages, including students in elementary school and high school, with learning disabilities are significantly more likely to suffer from depression, anxiety (Ryan, 2007; Mishna, 2003; Jones et al., 2008; Hoy et al., 1997; Denhart, 2008; Wilson et al., 2009), low self esteem, and a lack of self confidence (Jones et al., 2007; Mishna et al., 2004; Hoy et al., 1997, Denhart, 2008; Wilson et al., 2009; Ho, 2004). They are also “overrepresented among those having substance abuse problems” (Mishna, 2003, 337; Breitchman et al., 2001), and include a “much higher proportion of young offenders” (Mishna, 2003, 337)

and are significantly more likely to drop out of school (Mishna, 2003; Gregg, 2007; Jones et al., 2008; Scott et al., 2000) than average.

In the course of seeking to answer questions concerning the efficacy of the AODA's purpose and mandate in ensuring equality for students with LDs in all public aspects of life, including by examining the experiences of university students with LDs, it is worth noting the obstacles these students must overcome to simply gain access to the institutions. Many sources have noted that individuals with LDs are significantly less likely to enroll in university or college (Gregg, 2007, 219; Jones et al., 2008; PACFOLD, 2007). Given the intolerance and hostile environment many students with LDs must face on a daily basis, simply fulfilling admission requirements to a post secondary education establishment, and thus to the opportunities the completion of a degree might present, is a significant feat.

2.2.2. Post Secondary Experiences: Disclosure and Accommodation

Substantive literature could not be found to account for this population's experiences at the post secondary level (Scott et al., 2000; Jones et al., 2008, Ryan, 2007). There are therefore few first hand accounts of the experiences of university students with LDs. Research on the context, environment, and interpersonal relations that allow students with LDs to succeed is scarce, as are examination and critique of the role and responsibilities of educators and their institutions.

Although many professors display attitudes supportive or tolerant of

students with LDs (Murray et al., 2008, Scott et al., 2000), the frequency of great variations in instructor perceptions and in willingness to grant accommodations in the university setting (Ryan, 2007, Murray et al., 2008, Scott et al., 2000), as well as of discriminatory behaviour and attitudes, is troublesome, and may explain why studies that polled the opinions of students with LDs showed that their “perception of lecturers and tutors was generally more negative than positive” (Griffin et al., 2009, 35). Evidence collected through surveys of and interviews with both professors and students with LDs corroborate the sentiments of both groups of participants that many attitudes, beliefs, and behaviours of teachers at the post secondary level evidence ignorance and misinformation similar to what these students experienced at an earlier stage in their lives.

2.2.2.1. Student Perceptions

Research involving students with LDs suggests that professors make their discriminatory attitudes abundantly clear; they report that they believe that their instructors are skeptical of the existence of their LDs (Griffin et al., 2009; Scott et al., 2000), or demonstrate a belief that it is representative of an intellectual impairment (Ryan, 2007; Denhart, 2008), so that any type of accommodation is thought to constitute an unfair advantage for students with LDs (Denhart, 2008). Students also reported being told, or having it insinuated, that their diagnosis was their own fault (Ryan, 2007), and that LDs are only an excuse to obtain extra time on exams and extensions on course work (Griffin et al., 2009). A distinct kind of

marginalization is experienced by LD students, as they report having to endure “negative and even hostile responses” (Ryan, 2007, 439) to their mere presence at their university (Scott et al., 2000) when professors are told of their diagnosis. Additionally, when a student inquires with or approaches his or her professor regarding the implementation of accommodations due to an LD, the student is often met with similar hostility from both professors and classmates (Ryan, 2007), not to mention overt harassment (Scott et al., 2000, Denhart, 2008). Students with LDs must endure retaliation from professors for identifying themselves as having an LD and asking for accommodations (Scott et al., 2000), and complaints from peers (Ryan, 2007), as well as a refusal to accommodate (Scott et al., 2000, Ryan 2007, Murray et al., 2008, Griffin et al. , 2009) as per their legal rights.

These students are made to feel that they need to apologize to their professors for their presence at the university and, even, for their existence (Ryan, 2007); they are made to feel embarrassed, guilty, and regretful (Ryan, 2007). They must constantly revalidate evidence of their disabilities (Ryan, 2007), and feel that they would be believed much more readily if their disability was physical. Additionally, their disabilities are seen and understood in such a limited way, and rely so heavily on concepts of physical disabilities as a point of reference, that students with LDs are told, “[A] guy in a wheelchair got through it, so why not you?” (Ryan, 2007, 439). They feel they must work significantly harder than their classmates, and bear a heavier workload to achieve the same results as their non-labelled peers (Ryan, 2007, Denhart, 2008; Ferri et al., 2001). “Abundant in the

literature are reports of students labeled with LD working themselves into a state of exhaustion even to the point of experiencing headaches and becoming physically ill from the workload” (Denhart, 2008, 485).

2.2.2.2. Faculty Perceptions

Surveys and research that explored the perceptions of faculty about LDs corroborated students' stories, with responses stating that accommodations for students with LDs are “a frustrating waste of time”, and, “[W]hy dilute a college education anymore than it already has been by accepting less than capable students?” (Scott et al., 2000,161). While Murray et al.’s (2008) study concluded that professors generally had positive attitudes to students with LDs, Scott and Gregg (2000) concluded that “in general, faculty have been found to be less comfortable with students with LD and to have lower academic expectations than with students without LD” (162).

Beyond anonymous interviews and surveys, it is rare for professors to produce concrete public evidence of their ignorance and prejudice concerning this subject, because academics confine their published works to subjects that they are well versed in and have committed a respectable amount of research to, and publish only those that have been vetted by peers in the field. These procedures ensure the high level of excellence and accountability that academia attempts to maintain in its production and proliferation of knowledge. One such rare article, entitled “Accommodating Learning Disabilities Can Bestow Unfair Advantages”,

was nevertheless uncovered. In this article, published in the Chronicle of Higher Education, two instructors from Cornell University profess that there is little distinction between LDs and slow learners because both require extra time on exams. They also state that they believe that the “mildly retarded” could attend university if given the same accommodations and support as are given to those with LDs (Williams & Ceci, 1999). Ignoring research that explicitly shows otherwise (DeDecker, 1993, McDonald, et al., 2007), they proliferate notions that “most students would do better on tests if they had extra time and private testing rooms” (Williams et al. 1999, 3). Despite their education and position within academia, they assume that there is no scientific basis for the accommodations requested, only “a wish list made up by high-school counsellors or private doctors hired by upper-middle-class parents” (Williams et al. 1999, 2). If Williams and Ceci had conducted even minimal research before publishing such an opinion piece, they would have found that

[...] recognition that an adult with LD demonstrates deficits with specific cognitive and linguistic processes that significantly contribute to functional limitations with different types of learning differentiates this group from adults with low literacy but no disabilities (Gregg, Coleman, Lindstrom & Lee, 2007, 269).

Although authors such as Ryan (2007) noted that student participants reported that they would stop asking for accommodations when confronted by a professor who made offensive inquiries such as, “[W]hy are you here (at this university at all) if you have an LD?” (Ryan, 2007, 439), Murray et al. (2008) have been able to enhance these accounts with qualitative data speaking to faculty

perspectives. Murray et al.'s (2008) survey of faculty attitudes at an anonymous university outlined two phenomena that correlated professors' knowledge of LDs with their students' ability to successfully obtain their legally mandated accommodations when diagnosed with an LD. First, a professor's willingness to grant accommodations to students diagnosed with LDs is correlated to the professor's factual knowledge of LDs, where negative attitudes and refusal to accommodate were based on ignorance of LDs, and where an increased awareness was associated with more positive attitudes and increased willingness to grant accommodations. In this way an instructor's ignorance of and misconceptions about LDs lead him or her to become a gatekeeper for accommodations, to whom students with LDs are considered unworthy of equal opportunities. Second, these negative reactions by professors towards students with LDs dissuaded these students from approaching that instructor concerning their LD again in the future, causing them to prefer instead to forgo their rights to accommodations (Murray et al., 2008). Scott & Gregg (2000) reference other studies that have made similar connections, where "research indicates that increased knowledge about LD improves faculty attitudes toward students with LD" (Scott et al., 2000, 164). It is therefore not necessary for a professor to refuse to extend accommodations and equal opportunity to impact these students' access to accommodations; simply conveying negative attitudes (based on their personal ignorance) and a sense that the student should feel unwelcome achieves the same end. There is, therefore, a cause and effect relationship between a professor's knowledge of LDs and a

student's ability to have equal access to opportunities.

In Denhart's (2008) view his most notable finding was that all LD students displayed an “overwhelming reluctance [...] to request or use accommodations” (Denhart, 2008, 493), even preferring to accept a lower grade over having to interact with faculty regarding accommodations (Denhart, 2008). Much of their reluctance may be due to a hostile environment (Scott et al., 2000) that makes them feel that they are not entitled to the same opportunities and education and that they are trespassing on the privileges of others (Ryan, 2007). Students choose not to seek accommodations in an attempt to avoid the rude and belittling questions of professors (Ryan, 2007; Scott et al., 2000; Murray et al., 2008); because classmates and peers complain that their accommodations are “annoying” (Ryan, 2007, 439); because, they say, “it made them feel uncomfortable” (Jones et al., 2008, 65); and because they fear stigma and being seen as cheating (Denhart, 2008). Declining technological aids or accommodations is due to fear and knowledge, based on experience, that doing so will lead to increased marginalization and, potentially, further denial of rights.

This gatekeeper phenomenon is not limited to the actions and attitudes of professors. Similar to Murphy's (2008) study of instructors' attitudes and behaviour towards students, Ryan's (2007) study showed that students with LDs also no longer wanted accommodations because of how they were treated at their university's Accessibility Services Department (AS), as well as by their peers. The researchers in Jones and Krumsvik's (2008) study concluded that “the majority [of

students with LDs] had negative experiences at [their] accessibility services” department (66). Griffin et al. (2009) concluded that all the students with LDs in their study were dissatisfied with what had been offered to them, and did not feel adequately supported by their institutions as a whole (23). According to Denhart (2008), students with LDs felt they gained crucial knowledge from other LD students, not from the professionals in the field employed to help them. These professionals could not, in fact, agree on the support LD students are entitled to (Griffin et al., 2009)

Students in many studies also voiced frustration with departments of technological services, where, for example, texts that were to be converted into more accessible formats for students arrived inaudible, without a facility for highlighting sections, or, indeed, too late to be helpful at all (Denhart, 2008).

2.2.3. *Resilience*

An individual's interaction with his or her environment and society is cyclical and interdependent. They influence each other. It is thus important to analyse those traits that can be cultivated in the individual to enable them to resist the negative messages proliferated by society. If we as a society know how we can better treat these individuals to make them more resilient in the face of the most damaging parts of our culture and society, perhaps positive momentum can be built.

It has been argued that long term stress results in low self confidence

(Wilson et al., 2009, 34), and that the "school years represent one of the most significant major life stressors for people with learning disabilities" (Wilson et al., 2009). Factors that can mitigate stress, protect against mental health problems, and increase the likelihood of success in educational institutions are often referred to as resilience factors. The general concept of building and maintaining resiliency in the context of a society and environment that doubts the intellectual ability and potential of individuals with LDs was a major theme in much of the literature.

This resilience can be built and maintained in several ways. According to Walsh (1998) the most significant trait necessary to building and maintaining resilience "is a high level of self-esteem, characterized by a realistic sense of hope and personal control" (Walsh, 1998, 9). Specifically mentioned in LD literature were perseverance (Goldberg, et al.; 2003; Hoy et al., 1997; Squire, 2008), self confidence and belief in one's own potential (Reed, Lewis & Lund-Lucas, 2006; Thygsen, 2007, 180; McDonald et al., 2007), self awareness and acceptance of one's LD, a proactive approach to problem solving, and coping and stress reducing strategies (Hoy et al., 1997; Squire, 2008; Goldberg, et al., 2003).

International literature and studies on children suggest that these characteristics can be developed through encouragement and the presence of advocates such as a parent or teacher (McDonald, et al., 2007; Reed et al., 2006, Mishna, 2003, Jones et al., 2008; Margalit, 2003; Squire, 2008; Goldberg, et al., 2003). Even a single friend, teacher or mentor can make a significant difference

(Margalit, 2003, 84). Taking advantage of technical aids and a structured environment (Jones et al., 2008, 61) are also mentioned. This means using all they can get their hands on, as well as developing their own strategies independently (Ferri et al., 2001). It follows that departments and institutions such as AS, that work to set up barriers to such resources, are removing more than just these tangible resources; they are removing potential resilience as well. Many authors concentrate their research on those individuals who have managed to overcome the odds and statistics previously mentioned, “demonstrating their resilience and potential to thrive in a world that doubts their aptitude (and) to do so with little connection to the Disability Rights Movement” (McDonald, et al., 2007, 158), and considering themselves as having a separate or distinct culture, community or association (Higgins, et al., 2002). The importance of supportive mentors, such as family members or teachers, is mentioned in much of the literature (Margalit 2003; McDonald et al., 2007; Jones et al., 2008; Mishna, 2003):

While the perception of lecturers and tutors was generally more negative than positive, several participants talked about being strongly encouraged and inspired by those lecturers and tutors who were supportive and understanding (Griffin et al., 2009, 35).

All informants [...] talk about their parents who have supported them in their choice of education [...] All informants felt that their parents were positive about them wanting to start a higher education (Jones et al., 2008, 66).

Ferri, Keefe, & Gregg (2001) sought to elaborate on the positive support issue by interviewing teachers who themselves had LDs, and found that support in

the form of consistently high expectations had been greatly appreciated by these teachers when they were students. Teachers who displayed lowered expectations of a student as a result of the student's diagnosis caused the student to lose confidence in their academic ability (Ferri et al., 2001, 27). Succinctly, “[t]o help students succeed, we have to expect they will succeed” (Ferri et al., 2001, 31). I would add that these attitudes of expected success apply to all students, not only those with LDs, and that any student would feel “discouraged, angry, and frustrated” (Ferri et al., 2001, 27) if treated similarly.

Family members are integral in building and maintaining a student's mental health (Wilson et al., 2009) and self esteem (Mishna, 2003), which in turn are the foundation of this needed resiliency. Lower levels of social support have been shown to be associated with greater recurrences of depression (Wilson et al., 2009). As mentioned earlier, individuals with LDs are at a higher risk of suffering from poor mental health (Ryan, 2007; Wilson et al., 2009). Margalit (2003) explains that mood can affect the content of cognition inasmuch as encountering situational demands amounting to a threat with insufficient resources to do so effectively will lead to predictable conceptualizations. In this way good mental health is the buffer needed to meet challenges and a positive self-fulfilling prophecy. This is something that is important throughout life, not only because mental health problems can develop early, with “entrenched feelings of inferiority” (Mishna et al., 2004, 457), but also because “distal events” in their entirety, such as “adverse childhood memories and parental care” (Margalit, 2003,

84), are strong indicators of later success and ability to cope with similar disparaging attitudes as they get older. It is therefore important to have “good social competence and a good social network in which the family play[s] an important role” (Jones et al., 2008, 66).

Another resiliency factor apparent in the literature is the individual's understanding of his or her disability (Margalit, 2003; McDonald et al., 2007; Merchant & Gajar, 1997), with a “high degree of meta-cognitive competence” (Jones et al., 2008, 60) being characteristic of a correspondingly high degree of resiliency. A firm grasp of one's strong and weak points and insight into one's own difficulties (Jones et al., 2008; Merchant et al., 1997) offer a type of “self awareness” (Hoy, et al., 1997) that may help the individual navigate daily life and successfully meet challenges, which supports notions of competence and avoids failures that can erode anyone's confidence. Other factors of particular value to this group include effective negotiation skills (Margalit, 2003), communication skills (Merchant et al., 1997), having a proactive approach to problem solving (Hoy, et al., 1997), creative problem-solving (Denhart, 2008), coping and stress reducing strategies (Hoy et al., 1997; Goldberg, et al., 2003), and knowledge of their rights under the law (Merchant et al., 1997)

2.3. Critique of Universities Based on the Ontario Human Rights Code and the AODA

2.3.1. *Academic Elitist Mentality*

Uninformed notions of LDs as having any parallels to a reduced intellectual capacity have led instructors and staff to believe that they are simply “concerned with maintaining academic integrity” when considering requests for accommodations or alternative teaching methods (Scott et al., 2000, 162; Ryan, 2007). This idea of “academic integrity” is seen most clearly in the behaviour and demeanour of the staff in the Accessibility Services (AS) department. University staff, teachers, and counsellors function as gatekeepers (Jones et al., 2008) to the university, restricting access to individuals with LDs, whose claims they feel are unsubstantiated. They work to minimize the number of those students able to access resources whose access they feel lowers the university's standards. This may be why Denhart's (2008) participants felt they gained crucial knowledge of available resources from other LD students, but not from the professionals in the field employed to help them (such as AS staff and counsellors). If the role of AS counsellors is, even in part, to create barriers in access to information and equal opportunity, it is, perhaps, not surprising that students did not and could not obtain needed information from these professionals. This ignorance and discrimination is so well entrenched that it transcends individual gatekeepers, and can be seen at the institutional and systemic level. A letter submitted to the OHRC by York University in Toronto reveals this mentality:

Even with efforts to accommodate, there is concern that there remain barriers that cannot be overcome without inappropriately compromising the academic integrity of the University and its programs. The curriculum is set by those who determine what knowledge is needed to have a mastery of a given subject matter or area. The standard of mastery of the curriculum for evaluation purposes is also set. Therefore, there are issues of academic integrity and academic freedom that prevent the relaxation of the curriculum or the overlooking of academic standards as a means of accommodating students with disabilities. (OHRC, 2003, 60).

A mentality of entitlement remains according to which academia cannot be guided in methods of instruction and proliferation of their knowledge. The inability or unwillingness to distinguish between the method of instruction, which should be considered nonessential due to the variety of effective options available, and the knowledge content of the course, which can fairly be considered essential to an academic course or program, is at this issue's core.

Faculty, then, must be able to distinguish content and pedagogical practices that are essential to a course or program from requirements and practices that are nonessential, and thus, may be accommodated (Scott et al., 2000, 160).

The instructors believe that students with LDs are a threat (Scott et al., 2000), and often equate guidelines on methods of instruction as attempts to control the content of their knowledge. York University suggests that altering the methods of instruction and evaluation can only result in an inability to properly convey curriculum material and assess student understanding and knowledge. The assumption that there is only one way to learn, one way to teach, and one way to test leads York University to believe that the Ontario Human Rights Code (the

Code) requires them to “water down” (Scott et al., 2000) their curriculum and research, and neglect their academic and intellectual duty to seek out and expose new knowledge. They see the accommodation of disabled students as a form of censorship and a threat to their commitment to academic freedom. Their faulty reasoning lies in the belief that altering the manner in which students prove their knowledge is endangering the faculty’s freedom from censorship. This fallacy is based on deeply rooted assumptions that “literacy through the eyes is privileged over literacy through the ears” (Denhart, 2008, 484). Also, “the purpose of academic freedom is to protect the special role of institutions of higher education in the free search for truth, and its free exposition” (OHRC, 2003, 61); this is its duty, as mentioned earlier. Yet, while LD research conducted within academia attempts to share its knowledge and information that is beneficial to individuals with LDs, as well as to society as a whole; university and academic practices ignore and contradict these studies’ findings, discriminating against and marginalizing students with LDs.

2.3.2. *University Policies and Practices*

The largest and most vocal critic of the AODA has been the Ontario Human Rights Commission (OHRC). The OHRC has been critical of policies and practices that unfairly filter out individuals with disabilities. Many of these policies discriminate against students with LDs. For example, as we have seen, students with LDs must work harder and commit more time to their studies to

prove the same level of competence (Ferri et al, 2001; Denhart, 2008; Jones et al., 2008; Ryan, 2007). This leaves less time for employment to pay tuition and bills, and can render a full course load more difficult, if not impossible. The OHRC contends that funding structures create barriers for these students, as “it is often difficult for students with disabilities to hold a job as well as go to school, so that students with disabilities are often dependent on government aid to complete their schooling.” (OHRC, 2003, 51).

The OHRC's critique of professional and graduate school admission policies speaks directly to the struggles of students with LDs. By refusing entry to students who have completed any of their academics on a part-time basis, they are discriminating against students with LDs, who are more likely to pursue such options (OHRC, 2003).

Additionally students with disabilities pursuing a university degree with a reduced course load may still be ineligible to pay part time fees (OHRC, 2003), “paying up to twice the cost of a student without a disability [...], which can substantially increase a student's debt or make it financially impossible for them to complete their program of study, and thus affect their access to a post-secondary education” (OHRC, 2003, 51).

2.3.3. University Accountability Under the AODA

In Ontario universities such experiences are clearly examples of breaches in AODA mandates, so how are the universities being reprimanded? Their

processes of accountability are important for those with LDs, since they face discrimination that produces invisible barriers (like negative attitudes of university staff and policies and procedures that eliminate eligibility) that are not as concrete or as simple as the presence or absence of a wheelchair ramp.

Additionally, accountability is particularly important to students with LDs because they may be more likely to face discrimination, since LDs are less accepted and acknowledged as valid than other disabilities.

The OHRC's data and research into the complaints of disabled students in general, not just those with LDs, have revealed several worrisome patterns. The disabled students who do file a complaint, which means a minority of them, find that despite the OHRC policy that the onus of proof of undue hardship is on the institution, in practice it is the student who is forced to show how 1). their desired accommodations are in line with their rights under The Canadian Charter of Rights and Freedoms and The Ontario Code of Human Rights, and 2). that these accommodations do not amount to undue hardship (OHRC, 2003). This system itself should clearly be seen as problematic, since this “individualistic approach places the onus on individuals to file complaints rather than on society to prevent the discriminatory practice” (Pooran et al., 2005, 27). I would add that in the case of universities, this manner of dispute resolution fails to acknowledge the power differential between a single disabled student and an instructor or his or her entire university.

For a student with an LD this means he or she not only faces problematic

and discriminatory practices from AS counselors and professors as individuals, but that universities employ advocates and systems of accountability that, in practice, are used to reinforce existing discriminatory beliefs and practices; to ensure that “troublemakers” do not upset the status quo. There is also evidence that the filing and procedures of such a complaint are so time consuming that students might also find that they have lost their right to pursue the matter (OHRC, 2003), since according to Section 34(1)(d) of the Code complaints must be filed within six months of the incident (Government of Ontario, 2006). A complaint based process that reverses the onus of responsibility and showing proof, and does not allow sufficient time for the completion of requested information, represents a substantial barrier to equal access and accountability, particularly to those who are more likely to face discrimination because of perceptions of their disability as unconventional or invalid.

Patterns can be discerned in the application of the AODA at all levels of education. Similar “power imbalance[s]” (Mishna, et al., 2006, 260) at elementary and secondary school levels can also be seen at the post secondary level. In ignoring the power differential between a single disabled student and an instructor, or an entire institution, this complaint-based system renders a valid complaint a tool by which the university can further isolate and marginalize a student’s position and rights. It thus parallels the bullying at lower levels of education. In both cases there is currently little recourse for a student whose rights are being marginalized by the individual or system meant to protect them.

2.4. Understanding Learning Disabilities: Theories, Models and Critical Reflections

2.4.1. The Disability Rights Movement and Socioecological Theory

The reasons for the AODA's lack of accountability to the learning disabled in particular may be the result of an ideology that is fundamental to the Disability Rights Movement (DRM). The DRM is critical of the medical and scientific model, and argues that such a model leads society to focus on an individual's deficits and impairments as measured against the majority. They therefore argue that a socioecological model is preferable because it redefines "disability" as the environment's inability to allow the individual to achieve his or her potential by the same means as the majority. In so doing, the environment is creating differences that would otherwise never have been exposed or at issue (McDonald et al., 2007).

Although this approach seems beneficial in reframing disabilities away from a culture of accommodation toward one of inclusion, such an argument against the scientific model risks marginalizing invisible and misunderstood learning disabilities. Current literature has shown that those with LDs are found to have "little connection to the Disability Rights Movement" (McDonald, et al., 2007, 158), and that "they do not consider themselves a separate culture, subculture, community, or [social] association" (Higgins et al., 2002, 15). This finding is consistent with McDonald et al.'s (2007) findings that an LD does not

override gender or race in the development of identity. Although the presence of a physical or visible disability can lead to exclusion in racial, ethnic, or gender communities (as “oppressive narratives appear to persist across forms of disability, [within the communities of] gender, and racial/ethnic groups” (McDonald et al., 2007, 157)), the invisible nature of LDs may allow the individual to hide or deny their disability.

The best example of society’s narrow concepts of disability, and its influence in the AODA, is that the results of a complaint being filed may include an inspection. “An inspector may carry out an inspection under this Act for the purpose of determining whether this Act and the regulations are being complied with” (Government of Ontario, 2005, 9). The inspector may therefore enter any building or structure and remove documents, records, or data storage (Government of Ontario, 2005). Doing so is, however, unlikely to be useful in a case involving a student with learning disabilities, since the available evidence would not be as tangible, but would be found in attitudes: behaviour that reveals how proper accommodations are often denied or blocked by individuals in authority and power. The discriminatory actions and beliefs of university employees are rarely represented in unambiguous written form, as this act requires. The structures of accountability in this Act suggest a strict adherence to definitions articulated by the Disability Rights Movement and an assumption of “disability” as a visually recognizable situation. “Because the needs of persons with non-mobility related disabilities are less evident to the eye, they are

sometimes less understood or accepted” (OHRC, 2004a, 6).

The label “learning disabled” is, unfortunately, misused to describe a wide variety of impairments, which has created problems in classification and legitimation. The scientific definition of this impairment can be a strong ally in combating misconceptions and establishing the credibility that other disabilities have already acquired. Medicalization is therefore not always negative. As we have seen, though, the label of “learning disability” evokes strongly negative and false characterizations from society; its association with a medical diagnosis can be empowering because it removes blame from the individual, and increases tolerance and compassion within society (Solvang, 2007). In the case of learning disabilities it removes the stigmatizing explanations of laziness or low IQ, and dramatically improves self esteem and insight into one’s own situation (Solvang, 2007). As such, LDs highlight what may not be obvious within the Disability Rights Movement: “the important division between problems caused by factors perceived as moral, and those caused by objective physical conditions” (Solvang, 2007, 85). This distinction shifts individuals with LDs from the “undeserving” category to that of “deserving” of respect, opportunities, and additional resources.

One of the most significant differences between LDs and other disabilities is a characteristic shared with mental illness: they are invisible. It is the invisibility that leads outsiders to make false assumptions based on the DRM's definition of “disability”. Additionally,

[t]he less visible nature of their disability may allow individuals with learning disabilities to more readily evade being identified

as a person with a disability. Similar to light-skinned African-Americans or closeted sexual minorities, individuals with learning disabilities can potentially pass as non-disabled and choose to not openly affiliate with individuals with disabilities. These characteristics of learning disabilities may alter the nature and/or relevance of previously-identified cultural narratives of disability for people living with learning disabilities (McDonald et al., 2007, 158).

Individuals with LDs use this invisibility to avoid other negative experiences and discrimination. As we have seen, identifying oneself as LD for the purpose of accommodation is a double edged sword. One may receive the benefits of accommodations, but also may suffer the discrimination and marginalization unique to this group (Ferri et al., 2001). Denhart's (2008) most striking and consistent finding was the participants' reluctance to request or use accommodations, as this would entail identifying oneself as a member of a group that is often treated so poorly that its members may prefer to struggle quietly and unnoticed. Similar to Freire's *Pedagogy of the Oppressed* (2000), Denhart (2008) attributes this to their fear that the "stigma of the LD label would be worse than being seen as lazy or unmotivated" (492). Another study concluded that the associated label and stigma of LD are enough without adding individual instances of harassment and discrimination.

The fact that some of our participants could, and did, choose not to be a member of the LD subgroup as adults, preferring another designation, or no designation at all, regardless of the loss of potential social services, speaks volumes to the power of the label in itself (Higgins et al., 2002, 15).

Should the individual decide to disclose their disability in the context of

academia, their “plight ... differs from that of other disabilities in important ways” (Higgins et al., 2002, 14). First, expectations with regard to areas affected by the disability are not adjusted, as they are with other disabilities (Higgins et al., 2002). A blind student would not be expected to read aloud from a textbook, not because he or she is seen as intellectually incapable of grasping its content, but because it is an unreasonable request that would serve only to call attention to the individual's difference compared to others in the class: a difference that is irrelevant to his or her value as a student or ability to prove intellectual prowess if given the opportunity to use a medium other than one requiring sight. Yet, similar requests are made of students with LDs, where their struggle or inability to perform specific tasks unrelated to their grasp of the academic content is seen as evidence of their lesser value or lesser intellectual ability. Second, individuals identified as having an LD are not compared to other, similarly diagnosed, individuals, but judged as successful or unsuccessful by comparison with their non-disabled peers (Higgins et al., 2002).

The failure to adjust expectations is fed by the notion, in many cases, that persons with LD will “out-grow” it, be “remediated” (thus normal again), “catch up”, and join the rest of the class (Higgins et al., 2002, 15).

Much of the literature correlates mental health and LDs (Mishna, 2003; Mishna et al., 2004; Maag & Reid, 2006; Hoy et al., 1997; PACFOLD, 2007; Wilson et al., 2009). That it does so may in part be due to the ongoing discrimination and disturbing attitudes of society and of authority figures, whose

opinions hold significant sway with students with LDs, and work to reproduce an environment and social attitudes that are caustic to mental health. A “self-fulfilling prophecy” situation may develop as a result of the “entrenched feelings of inferiority” (Mishna et al., 2004, 457) that have been observed in young children and adolescents with LDs. One in 10 high school students with LDs agreed with the statement “I want to kill myself”, and reported attempting suicide at a rate twice that of their non-LD peers (Wilson et al., 2009). The percentage of individuals reporting LDs as well as mental health problems increased with age, all the way to adulthood (Wilson et al., 2009). These statistics provide clear evidence of the power of social forces acting upon the individual. It is not the LD itself that causes such profound problems, but our society's reaction to and intolerance of it.

Having learning disabilities does not itself predict outcomes. Susceptibility to personal and social problems such as loneliness, substance abuse, and school failure are a function of how the learning disabilities are experienced within broader personal, familial, and societal contexts (Margalit, 2003, 85).

Although other groups and people with other types of disabilities may similarly suffer from bullying, the literature points to this being a significant problem for children with LDs (McDonald et al., 2007; Mishna et al., 2004; Ho, 2004; Griffin et al., 2009), along with depression, anxiety, low self esteem, and loneliness (Mishna, 2003; Ho, 2004; Denhart, 2008; Goldberg et al., 2003, Wilson, et al., 2009; Griffin et al., 2009; Ryan, 2007), low high school completion rates, and high young offenders rates. Clearly there are unique social implications

to having an LD (whether diagnosed or disclosed or not) that this group experiences. Becoming victims of bullying may be the social vehicle, or observable manifestation; while depression and anxiety may be the products or results, the root causes are unique and social in nature, and not a result of the disability itself. This does not mean the social model adequately describes their struggles, since there are biological realities that aid this group in conquering unique social forces, like the misperception that LDs are the result of laziness instead of a bone fide disability.

With the current medical model of diagnosis and the domination of the DRM and their socioecological model, a diagnosis can seem like a mixed blessing, empowering the individual, as well as imposing new ways to experience repression. The label of an LD is, then, both empowering and problematic (Solvang, 2007).

2.4.2. The Diagnosis and Label: Pros and Cons

The strongest arguments against the DRM are found in the positive and meaningful experiences of those who have had the opportunity to be diagnosed with an LD. With a diagnosis, an individual has established eligibility for academic accommodations and extra resources promised by Ontario and Canadian legislation, accommodations not granted to those students who are considered “slow” or “less intelligent”. “While universities are allowed to not admit or accommodate 'less intelligent' students, admission standards that discriminate

against learning disabled students are outlawed” (Ho, 2004, 87). The diagnosis also removes blame from the LD student, as well as from the parents, because the explanation or context of academic difficulty is then seen as a medical condition, not a result of poor parenting skills or the child's moral failure (Ho, 2004). The “sick-role” in this case proves a positive force, unlike what is described in the DRM. “The social power of the diagnosis is found in the sociological concept of the sick role ruling out stigmatizing explanations and lack of motivation and low intellectual capacity” (Solvang, 2007, 84). The level of tolerance and compassion and aid in the development of more optimistic outcomes (Solvang, 2007) is thus increased, with a perceived ceiling on potential that has been significantly raised. Diagnosis is seen not only as leading to a more accepting and supportive environment, but also as “providing relief from a self-consciousness of low IQ and laziness” (Solvang, 2007, 83). In cases where educational psychologists are able to provide the necessary information and support, the diagnosis has the potential to aid the individual to better understand or cope with their condition and realize their strengths and weaknesses (Ho, 2004; Merchant et al., 1997). Solvang (2007) comments that this “insight into one's problems most often leads to an attitude of responsibility for oneself and the difficulties faced” (Solvang, 2007, 84). I would add that a new found strength to persist is probably also the result of new hope, based on these newly suggested optimistic outcomes, and newly suggested increased potential.

Although a medical diagnosis of an LD provides empowerment, it also

creates new problems and barriers for such individuals, most of which are based on negative and false information and stereotypes. A teacher may suddenly not want to teach the child (Ho, 2004) or have them in the class, based solely on instantaneously lowered expectations and on discriminatory beliefs of lesser competence and inherent inferiority (Ho, 2004; McDonald et al., 2007; Denhart, 2008). This discrimination is turned into real, concrete negative outcomes for LD individuals by causing them to be put in a different classroom and/or impacting their access to later educational and employment opportunities (Ho, 2004). They may also be put into less rigorous “special ed” classes that have lower attainment probabilities (Ho, 2004). Ho (2004) highlights a disturbing case of teacher ignorance, bias, and discriminatory attitudes where:

Teachers who watched a video of a child and were told about his/her diagnosis of learning disabilities attributed more characteristics of mental retardation to the child than teachers who were not aware of the diagnostic label for the same child. In other words, being labelled as having learning disabilities can affect other people's perceptions and expectations of that child (Ho, 2004, 88).

This study illustrates quite clearly the power of labels and perceived disability. Both the federal American Disabilities Act, as well as our own AODA, regard the mere perception of a disability as enough to disable an individual (Pooran et al., 2005; OHRC, 2006).

The definition includes perceived disabilities [where an impairment may] nevertheless substantially limit that person's ability to work as a result of the negative reactions of others to the impairment (Pooran et al., 2005, 13).

The very act of labelling “disables” the individual, where they are “no longer regarded as an individual with unique abilities” (Ho, 2004, 88) but as a unidimensional “deviant” (Solvang, 2007).

A diagnosis of an LD may enable educational institutions and their professionals to hide their own failures in meeting the needs of many children, not just those with LDs, in that it can mean “a way for schools and teachers to blame the child's academic failures on neurological conditions, rather than school problems or teachers' incompetence to deal with a diverse student population” (Ho, 2004, 88). It may also allow them to place the blame on family dynamics and the at home life of the student (Solvang, 2007).

Additionally the process of being assessed for an LD appears itself to be “repressive, dehumanizing, traumatizing, and violating” (Denhart, 2008, 486), and seems to add little understanding or explanation of the LD and how it impacts daily life. A diagnosis of diabetes, for example, enables the individual to understand, appreciate, and work towards strategies that enable him or her to better manage symptoms and the implications for health. Such does not always appear to be the case with LDs. Denhart (2008) herself recalls how “education for me was oppressive, silencing, and marginalizing” (487), and she found that her research participants recounted oppressive assessment experiences, which they described as “painful, horrible, and awful” (491). Yet Squire (2008) comments that “I firmly believe that without these academic accommodations I, like many other young people who do not disclose their disabilities and receive services,

would have significantly struggled or even dropped out” (Squire, 2008, 127).

In summary, the downside of disclosing a learning disability in an educational setting is the failure of legislation to eradicate discrimination. Ho (2004) suggests that the American legislations are difficult to enforce. The same may be the key problematic element in the AODA.

2.4.3. Theoretical Framework of This Study

As we have seen, the Disability Rights Movement (DRM), which is characterized by the socioecological theoretical model of disabilities, cannot not speak to the struggles of students with learning disabilities, and would likely not capture elements that this group finds vital to the thick description of their experiences and struggles. As will be explained, the bio-psycho-social model, as described by Solvang (2007), has much more potential to describe and communicate their narratives with as little distortion as possible, as this research will strive to accomplish.

The DRM, as characterized by the socioecological theory of disabilities, displays attitudes similar to those described earlier, that “public perceptions of disability are of people who use wheelchairs or are blind, readily apparent markings of a disability; these perceptions have not yet expanded to naturally include the array of ways disabilities manifest themselves” (McDonald et al., 2007, 153). As a result the DRM and the socioecological theory contend that notions or theories that are based in biology must be replaced by ones that

concentrate only on the environment and social aspects; but as Solvang (2007) contends,

[a] biological understanding is not an earlier stage and the social model a more modern approach. They are always co-present in disability discourse. In the social model of disability, the medical model is represented by an evil strawperson. This perspective is argued to be counter productive for disabled people, and needs to be replaced by a bio-psycho-social model balancing the medical and the social (91).

An analysis of current literature makes it clear that definitions and categorizations based on science and the biological are helpful and meaningful to the discourse of students with LDs. Solvang (2007) offers a solution to the incompatibility of the DRM and LD discourses when discussing categorizations and labels, and why identification is a “double edged sword” for those with LDs. “It is not the biological part considered by medicalization that is the problem. The problem is the inherent pathological component” (Solvang, 2007, 88). Pathology is the labelling of one characteristic as “normal” and all others as “abnormal” or undesirable; the ultimate goal in the case of LDs is their eradication (Solvang, 2007). It is not the act of labelling based on a biological or medical system itself that is problematic; it is rather the creation of hierarchies based on these characteristics that is. “Labelling can bring into play social processes that are important to reflect on” (Solvang, 2007, 89).

The bio-psycho-social model contends that a characteristic can be identifiable without being pathologized, inasmuch as that a conclusion can be based on a knowledge of biology or medicine and still be within the scope of

normal human variation. A diagnosis of a learning disability is exactly that.

Scientific research into the area have clearly indicated that there are physical and chemical differences in the brains of those individuals labelled as LD (Denhart, 2008; Solvang, 2007; Elkins, 2007; Ho, 2004; Gilger et al., 2008).

The voices of students with LDs indicate that this hierarchy is present in our education systems, where these differences in neurology are erroneously associated with intellectual ability and value. These differences should not be denied in an attempt to work towards strategies that build on the concept of inclusion; rather, these differences should be used as evidence to demonstrate that students of equal intellectual ability learn in different ways, and that our educational systems rest on the false assumption that there are “normal” and “abnormal” ways of learning. That false assumption is not only “disabling” to students diagnosed with LDs, but to every student with unique abilities and ways of learning. The bio-psycho-social model ultimately identifies the same problem, however: the educational systems, not the individual students, are deficient; the biological must be included, and the diagnosis is empowering.

Unlike the diagnosis of some other disabilities, that of an LD communicates to the individual that they are not, as might be the case with other disabilities, only a problem bearer (Solvang, 2007), but additionally that their problem is one they should not only hide, but should also work to overcome and outgrow (Solvang, 2007), despite it being a life-long condition. Society does not see the presence of an LD as morally neutral (Ho, 2004, 87), or credible, but as

signaling an abnormality and inferiority, while it simultaneously provides accommodations in an environment of arbitrary and rigid rules and judgments.

3. METHODS

This study will explore the following two research questions: a) What are the experiences of graduate students with LDs in a university setting?; and b) What are the implications of such experiences for policy and services for this group?

3.1. Research Design

My research intends to take into consideration critiques of the disability-related policies that affect graduate students with LD's in as well as gaps in research and literature. Research into and study of LDs first needs to expand on research of LD experiences at the post secondary level, since very little research has been done and little data has been collected in this area, despite learning disabilities being a life-long condition. Second, such research should also be mindful to implement research designs that actively include and capture these very students' experiences with minimal distortion. My research will, therefore, be particularly mindful to not expose participants to an assumed and imposed outsider knowledge paradigm through, for example, the interviewing of "outsiders" or basing collected data on a theoretical framework that alienates and distorts the meaning of their experiences.

Although documenting instructor and university institutional ignorance and discrimination is important in formulating constructive criticisms of educational and provincial policy, critical analysis and effective future strategies and initiatives cannot be built without the expert knowledge of post secondary students with learning disabilities, since they are the group these policies are meant to serve. By focusing on the issues that directly impact them, as opposed to those areas administrators or other stakeholders believed to be important, I believe research results may offer further clues as to how university and provincial policy could be improved to more effectively provide equal opportunity and inclusion for some students with LDs, if not all students.

I believe that the experiences and opinions of graduate students are likely to be different from those of undergraduates, and an ethnographic approach would best capture these rarely documented data. "The making of meaning out of ethnographic information is the description and understanding of a culture from a native or insider's point of view" (Higgins et al., 2002, 4). Before a shared understanding is assumed, it must be verified over and over in various contexts with various insiders. Only when data has been collected from the appropriate sources, and analysed in such a manner as to yield an accurate and reliable meaning, will discussion be possible. The resulting discussion from data that measures what it was intended to measure, and has been collected in an accurate way, may offer new insight and direction for policy and legislation.

3.2. Positioning of the Researcher

As a graduate student with learning disabilities, I have an insider perspective that has allowed me to analyse and report such data with a better appreciation and a greater awareness of the importance of certain details than average researchers. This was a significant advantage, since it was not only important to record and report my participants' knowledge in their own words, but to do so in a manner that attended to their meaning, values, and language systems. Sharing their appreciation for issues and impacts of this type of discrimination also enabled me to more readily develop and direct questions towards important issues, and facilitate a comfortable and accepting environment (Kovach, 2005).

I appreciated that my insider status may also have predisposed me to generalize my experiences to that of others, leading to a bias to confirm my own personal experiences, and omit those observations that would have suggested differing opinions or experiences. As a member of this disability's community I also noted that it may be more difficult for me to comprehensively explain and account for gathered data in a manner that "outsiders" can appreciate (Kovach, 2005).

Although experiences of LDs are very personal, I believed I would be able to identify concepts and meanings beyond the ones I may have in common with the participants. My thesis supervisor was a principal grounding reference, giving me an outsider researcher perspective. Her guidance allowed for the possibility of exploring concepts that I may have missed as a result of taking certain concepts or

meanings for granted.

The inclusion of my own experiences, in addition to the literature review and experiences of the participants in this research, not only helped broaden the data set and the diversity of the experiences; it more clearly exposed where my biases may lie, thus creating space for a more objective analysis. My experiences had the potential to offer parallels to others', and an increased opportunity to decipher patterns of societal discrimination, as well as to offer a more diverse and broader representation of idiosyncratic experiences. Theories or observations based on the bio-psycho-social model were then developed for a discussion of the meaning of these differences and similarities.

3.3. Recruitment

Three female graduate students from the departments and fields of social sciences contacted me by email, and I was able to interview two of them. All students were recruited through my personal informal networks. They were given the pseudonyms "Gabrielle" and "Lisa".

I planned on gathering a convenience sample of from four to six graduate students with learning disabilities from universities in the south-western Ontario area. Recruitment through their registration and affiliation with their university's Accessibility Services department appeared to be the easiest, most efficient, and widely used method to reach this population (Griffin et al., 2009; Denhart, 2008)

Although I considered recruitment through McMaster's Centre for Student

Development (CSD), I believed that several ethical and organizational concerns could be alleviated by conducting the study through other universities. As I am myself a graduate student with LDs registered at CSD at McMaster University, my ability to guarantee confidentiality to other similar students at McMaster who might participate in this study was correspondingly reduced. I suspected that the community of graduate students registered at McMaster's CSD with LDs is small, increasing the likelihood that potential participants and I have met, or will meet, in situations outside my research. I was also likely to recognize CSD staff if and when they were described by such participants. These issues had the potential to be perceived as problematic and reduce participant interest. Conducting my study at McMaster also could have hindered my ability to remain impartial, since I have had my own experiences of CSD's services, and have formed my own opinions.

Including participants from outside the Hamilton area could allow me to reach a larger number of interested and qualified participants by broadening my search to a larger population. Conducting my research at other universities would enable me to avoid role conflicts, as well as assist me in ensuring participant confidentiality, peace of mind, and convenience -- since I have not used their disability services, am not a member of their disabilities community on campus, and do not know their staff. It would also allow students to contact me by phone without long distance charges, since I do not live in the Hamilton area, as well as without fear of my association with their university and/or Accessibility Services department.

I started by emailing the prepared information and consent form (Appendix A) to the Accessibility Services department at one university, requesting that they forward my invitation and material through their listserv to all registered students. This self-selection method would allow for confidentiality in diagnosis and registration at Accessibility Services for those not interested in participating in my study, while others would be able to contact me by email or telephone.

This recruitment email contained a short introduction in which I identified myself as an MSW student with LDs at McMaster University, as well as some example questions, and an invitation to contact me by email or phone if they were interested in participating or had any questions.

The sample size remained very small in this study for several reasons. I was ultimately able to recruit only two participants, and although by its nature ethnographic research requires a smaller sample size than other types, the original estimates were for, and the intentioned sample size was to be, approximately four to six participants.

Despite my having obtained Research Ethics Board (REB) approval to contact students at two universities in the area through their Accessibility Services offices, neither university would agree to forward an invitation to my study through their Accessibility Services listserv. The first university stated that they did not wish to “formally endorse [my] research” by forwarding an email invitation, nor allow it to be submitted to their own REB for expedited review.

The second university insisted that I needed a supervisor at their university, but that their own REB would expedite an approval. As an individual diagnosed with several LDs, I was able to call upon informal and personal networks to fulfill this requirement within hours of my initial correspondence with this university's REB. A professor at this university's psychology department emailed this REB to confirm her role as supervisor, and I dropped off all required documentation at their offices, but this university's REB then failed to ever process or respond to my application or subsequent emails and phone calls.

An expansion of these same personal networks allowed me to connect with one graduate student at each university, as professionals in the field voiced their strong approval of my attempted research, referred me to their colleagues, and expressed dismay at the university systems that very nearly ended my master's thesis before it began. The strength of these networks could have yielded a substantial sample size had it not been for time constraints. One professional offered to distribute invitations to my study to the patients in his private practice, while both participants offered to email and contact those in disability circles on campus themselves. If time had allowed for the development of these avenues, a much larger sample size would certainly have been possible. To compensate for the small data set, my own experiences have been added as anecdotal evidence.

The manner in which I planned, and ultimately was able, to contact potential participants left little room for students who had given up on their university's Accessibility Services department, opting not to be registered.

Although this group of students are arguably the most important to speak to, and represent unknown and unspoken numbers of students with LDs, they are also, unfortunately, hard to reach.

This study only represents the experiences of female graduate students with LDs. Although some sources stress that there needs to be more research and attention paid to girls and women with LDs (Wilson et al., 2009), the fact that my study included no men is a shortcoming.

3.4. Interview Process

I conducted a one-hour interview with each participant, in which I took a semi-structured, in depth approach (Kreuger & Neuman, 2006), where my questions were prepared in advance (Appendix B) but allowed for open-ended answers. Questions were directed towards the broad topics of experiences and opinions of the self, accessibility services, their instructors, and the university's administration. The goals of the questions were to uncover their personal struggles and triumphs as a learning disabled graduate student, how they graded their university's efforts to offer equal opportunity to individuals such as themselves, and whether and how they felt valued and included in the university setting.

Before beginning the interview, we reviewed the information and consent form together, and I collected a signed copy. I kept a copy of their university's campus services contact information on hand, should a participant feel that he or she required academic or psychological counselling as a result of our discussions.

To ensure the accuracy of my portrayal of my participants' sentiments, and reduce the intrusion of my own LDs, interviews were audio recorded. I used the interview guide (Appendix B) to prompt and give a similar structure to all of the interviews, but specific topics were governed by the participant's comments and elaborations.

3.5. Data Analysis

I converted the first audio interview into a written transcript before meeting for the second interview. This allowed me to undertake an initial analysis of the data, and reduce my own bias by allowing for adjustments to questions and topics in order to better maximize relevance in subsequent interviews. It also allowed for an inductive method (Kreuger et al., 2006) of data analysis, upon which a base for coding categories and theory could be developed. An inductive approach to inquiry is one "in which one begins with concrete empirical details, then works toward abstract ideas or general principles" (Kreuger et al., 2006, 558), therefore allowing me to begin with the personal experiences and opinions of participants, and to develop theories based on patterns I might find. I categorized and coded for patterns of positive and negative experiences, and with whom they occurred, as well as for broad topics concerning instructors, administrators and university, special needs advisors, and important people and strategies (Kreuger et al., 2006). As data was collected categories and coding methods that were more specific were developed.

Fictional names replaced the actual names of participants, while their universities remained anonymous. The faculty or departments were identified only as science, humanities, or social science. I believe this will provide sufficient confidentiality while retaining important data that can be compared to the results of past research, and noting correlations between faculty affiliation and level of ignorance on LD issues.

Although results from this study will not allow me to directly generalize to all graduate students with LDs in Ontario, due to sampling size the results can be used only to corroborate or question current literature and discourse on the subject, and to add (limited) thick descriptions and personal accounts to broad statistics and professional opinions.

3.6. Dissemination of Results

The letter of information and consent included an optional space in which the participant could share an email address, if they wanted me to contact them at a later date with a short summary of my research findings. Both participants opted for this. Speaking to these students directly and recording their opinions and experiences in their own words ensured accuracy and necessary context for their sentiments. Individuals who participated may have benefited from the opportunity to speak about issues that otherwise might have entailed a fear of negative repercussions (such as eroding their rights to accommodation or jeopardizing their right to an objective evaluation of their academic work.) As seen in the literature,

requesting accommodations, or simply identifying oneself as having an LD, has, at times, led to such repercussions from staff and instructors. The dissemination of research results may also offer participants validation of their experiences and opinions, as well as a sense of reduced isolation.

4. RESEARCH RESULTS

The two participants were approximately the same age, in their early to mid 30's, and were pursuing their degrees at two different universities in the south-western Ontario area. Both felt that they knew more than the average LD student about navigating the system, and obtaining needed resources to succeed, but reported that they have encountered, and continue to encounter, a great number of problems, above that which they believe is typical of the average post secondary student experience. They also believe that "it's important that students' voices are heard, especially [those with] invisible disabilities" (Gabrielle).

Like me both participants struggled before entering post secondary education. Gabrielle dropped out of high school, wondering "what was wrong with" her. Lisa also did not enter university immediately after high school, having been informed by her school that it was not an option for her. Interestingly, Lisa readily accepted her school's conclusions and judgment, applying only to colleges.

Unlike my participants, I not only attended university directly after high school, but was diagnosed significantly earlier. While I was diagnosed at the age of 14 years, both participants were not diagnosed until their admission to

undergraduate studies. Gabrielle was diagnosed with an “auditory problem”, Lisa was diagnosed with Attention Deficit Disorder (ADD), while I was diagnosed with ADD, auditory dyslexia, and visual dyslexia.

When participants were asked to recount examples of individualized discrimination, they were able to do so readily, but they were almost exclusively encounters from their undergraduate years, not more recent graduate experiences.

Participants also included experiences with professors and staff that they believed were helpful, suggesting that cooperation and understanding of their LDs varied quite widely. Gabrielle stated that while some agreed to “work with” her as requested, others “would say it was okay and then harass you for other reasons”. Although Lisa recounted numerous troubling encounters suggestive of discrimination, she also identified those who were able to suggest solutions or accommodations.

4.1. Undergraduate Experiences

The participants’ stories of individualized discrimination were specifically of undergraduate experiences. These stories echoed much of the literature, adding to data that suggests that those individuals with LDs who manage to gain admission to a post secondary institution continue to be subjected to disparaging attitudes and interactions similar to the ones they encountered as children.

Gabrielle recalled her experience with a professor in her undergraduate program:

If he couldn't see it [the disability], he wasn't buying [it] kind of thing [....] He really went out of his way to downgrade me”

(reduce my grade) “[...] I really felt like from the day I mentioned Accessibility Services there was problems with him. And it was from that day forward, so there was no doubt in my mind that he was being problematic because of that.

She explained that although she fought this mistreatment tenaciously, raising the issue with the professor's department, and involving Accessibility Services, the department refused to look at her evidence, and supported the professor's discriminatory behaviour and his ability to dock her up to 20% for no reason other than her registration at Accessibility Services (AS).

He changed it to a 69% and then tried to say that “that's what the TA gave you”, it was like they accidentally wrote an 8 instead of a 6, and it was just ridiculous (Gabrielle).

Additionally, Accessibility Services made no efforts to advocate for her rights when she contacted them about her difficulties in securing accommodations and this professor's behaviour.

Reflecting on this event, Gabrielle believed that she would have been less disadvantaged if she had not approached this professor and pursued her right to accommodations in the first place, since the result was having to endure a significantly more hostile environment, as well as a lowered mark as retribution. She commented: “I probably would have done better if I had just lost the two days' marks”. Gabrielle felt similarly about another professor, whose behaviour she believed qualified as outright harassment, as she described:

I just felt that it was harassment, [as a result of] her giving me an extension on the first assignment. It just seemed like every assignment after that that there was some kind of issue with [...]

I felt like it was partially part of receiving an extension.

Lisa described fighting “tooth and nail” with her undergraduate professors, recounting how she once received an emailed response from a professor regarding her accommodations through AS, insisting that she work on her “time management skills” instead of asking for accommodations.

When Lisa broached the subject of accommodations with another professor, he refused, with the reasoning that Lisa had already been granted admission to a graduate program for the following year. It is impossible to know the professor’s reasoning, but I would suggest that his behaviour evidenced a failure to comprehend the intended function of accommodations: to ensure the equal opportunity of every student in proving his or her potential and intellectual excellence. Following this hypothesis, perhaps he thought Lisa’s purpose was a form of “cheating the system” to gain admission to graduate school. He therefore might have seen it as disrespectful to other students, or skewing the bell curve, since Lisa had achieved her goal. If this was the professor’s line of reasoning, I would argue that it fails to account for the fact that for any student, whether diagnosed with an LD or not, acceptance into graduate school does not mean he or she has reached full academic potential. By his logic no undergraduate student should continue applying themselves once they have received acceptance letters to graduate school. A student's potential has been reached when his or her work matches their intellect and drive to succeed. That is the true intent of accommodations for students with LDs, as outlined by the AODA.

I, too, felt that my professors in my undergraduate years showed little understanding of LDs and the purpose of accommodations. Sometimes it seemed that they expected my work to exceed that of my peers, as if it should have been what other, non-LD, students' work might approximate had they been granted the same accommodations. It should, they thought, have been one of the best papers in the class, because, after all, I had received "special treatment". I remember going up to a professor's office one day after class, along with another LD student, to explain why we felt that what he said in class was inappropriate. He had said that he would allow anyone to have their exam in a separate room, and/ or with extra time, not just those with LDs. This, to me and the other student, seemed to nullify our university's attempts to level the playing field. His response was that studies show that everyone does better with extra time and a quiet environment, suggesting that he thought that we would have an unfair advantage if we were allowed to have these accommodations while non-LD students were not. We found the assertion that non-LD students would benefit equally from these accommodations to be questionable, and politely disagreed that even if such an assertion were correct it did not follow that they should therefore be extended such a right, since the purpose of our accommodations was to grant us equal opportunity, and that his logic was actually disrupting the concept of equal opportunity, not reinstating it.

Both Gabrielle and Lisa suggested that such negative attitudes are widespread through all levels and departments, most disturbingly amongst those

individuals who are employed to ensure their rights: Accessibility Service Counsellors. Participants described numerous barriers and tactics that slowed their ability to acquire services they needed and that they were entitled to. Accommodations that were most easily secured were those considered by participants to be basic. Gabrielle stated that although she had little difficulty securing accommodations, she has only ever received what are considered basic accommodations, and that this might be why:

I don't really think that there's been anything that is kind of out of the ordinary and I haven't made too many unusual requests to my professors, except for extensions or writing tests outside of the classroom.

Lisa also explains:

... but from my understanding those are just basic accommodations, like extra time, just basic. Being in a separate room is basic.

Lisa felt that staff would simply not make themselves, their resources, and their professional knowledge available or obtainable beyond what is considered the bare minimum. As Lisa explains:

One of the problems I had in my undergrad [undergraduate years] was my counsellors never really told me what was available[....] A lot of it has been me going up to her pulling teeth and saying, "OK what the hell is available?", and, "Why aren't you telling me?"

Lisa finds that many LD students are not even aware that these basic accommodations are available, saying that she tries her best to share this

“unwritten information” with other LD students. Gabrielle agreed, saying, “Most people do not know even that they can ask for an extension”. This lack of information might be why Gabrielle could not think of examples where she had problems securing accommodations while Lisa could list many more. Lisa, indeed, used a wider variety of accommodations, such as changes in testing format, seemingly because she was able to advocate and insist for them in the AS offices.

At the time of these interviews I was not aware of options available to me besides getting extensions on assignments and extra time on exams, and the right to take exams in a separate or semi private room. I was shocked to learn about technological aids and other accommodations (such as submitting work in alternative formats, and receiving tests in alternative formats) from these participants. No one at my current university, or at universities where I completed my undergraduate degrees, had ever told me of such options. Although this may be partly explained by my undergraduate years being over 10 years ago, when less computer technology was available, I agree that AS counsellors offer little communication or help.

When Lisa was able to find information or ideas for other types of accommodations, the AS department and counsellor simply refused to consider or suggest the arrangement to her professors. Lisa described her struggles in having the AS department acknowledge the accommodations her educational psychologist had suggested as a result of an evaluation completed and the

diagnosis she had been given. The AS counsellor's argument seemed to be that even suggesting accommodations to a professor would constitute disrespect for his or her position of authority in the development of knowledge within academia.

Apparently you're not allowed to tell the professor what types of accommodations and how they should be grading a student [....] The psychologist is only making suggestions. It is still up to the professor is my understanding.

It became clear that the AS department's reaction was not a result of unusual or questionable accommodations, or even having approached or made the professor aware of the educational psychologist's recommendations. When Lisa approached her professors directly, she found they had few or no problems with such arrangements.

Most of my accommodations and the reason for my success at the undergrad [undergraduate] level, is negotiating with my professors one on one. It's not been through my counsellor.

Professors are thus not the only problem within the university setting for LD students, and the AS department and its staff also set up barriers to access, blocking access to equal opportunity in situations where professors may allow it. In this situation, the AS counsellor appeared to be acting as an insulator or barrier to communication between the professionals who have the most knowledge and the largest stake in the process – those trained to diagnose LDs -- and those teaching students with LDs. Perhaps AS counsellors are not meant to be advocates, but to be protectors of a status quo or institutional mentality. Gabrielle described a similar situation when she came to her AS counsellor with a problem:

I would find for 20-30 minutes I could give no input because I had no idea what was being said, because you have all this background noise, so I had talked to my counsellor and said "I'm really struggling with this".

Although she was hoping that her AS counsellor would find solutions, she was told to discuss the matter with her TA. Gabrielle felt she was advised to do so because the AS counsellor "didn't have any good suggestions". In describing the aforementioned situation in which she felt a professor was overtly harassing her for having asked for accommodations, she found that AS was not interested in discussing the issue. When asked why she thought AS would choose to behave this way, she surmised that such issues are seen as too time consuming and complicated for something seen as mostly irrelevant.

Those types of issues, yeah Accessibility Services would not get involved with that, at all [.....] I think once it goes up to the department level they know that it gets messy.

At other times the behaviours and reactions of counsellors at Accessibility Services seemed to have fostered a sense of shame in the LD student, or made them feel they are less deserving than students with others disabilities. The result of Lisa's proactive approach, of discussing accommodations directly with professors, seemed to have elicited contempt from her AS counsellor, who told her she was lucky to have received what she did. When she told her counsellor that she had gone ahead and obtained the accommodations that the educational psychologist had suggested by speaking directly to her professors, rather going through the AS department, as is more routine (and despite the counsellor's

voicing to Lisa that professors should not be approached about such matters), she was told by her AS counsellor that she was “privileged” to have accommodations.

So basically I felt like a piece of shit, thinking that here I am, like this privileged little girl...

Lisa also felt that AS Services made her feel she “needed to justify my disability”, and that there was a hierarchy of disabilities, within which students with LDs are the least deserving. She described:

When I approached my counsellor about having the note-taking service, ... she basically looked at me and said, “Well you know, note-taking services are pretty much for people with physical disabilities, who can't write... so you might want to reconsider that”[....] Oh you know what, so physical disabilities... is there a hierarchy of what you can and cannot have?

I experienced similar problems with the AS department during my undergraduate years, as well as during my one year BSW degree years later. During my studies for my first undergraduate degree my AS counsellor cancelled a meeting with me with no notice, when I was in emotional distress due to my course load, and stated that she would not reschedule with me as she believed my problems were not important. During my one year BSW degree studies my AS counsellor broke confidentiality, emailing my professors regarding my LDs and arrangements. When I was in this same AS counsellor's office she also found it appropriate and relevant to explain the ongoing debate about admitting students of low intellectual ability to the university, in which one of the questions was whether it would lower academic standards, as they are not able to keep up. She

seemed to be under the impression that I had an intellectual impairment and low Intelligence Quotient (IQ), although she had never met me before. She had me in tears. The one person who should have understood my struggles had less knowledge of and education about the subject of LDs than the average individual. These experiences told me that professional staff at AS have little respect for or knowledge of the struggles of students with LDs.

4.2. Graduate Experiences

Although I did not ask any questions about their undergraduate experiences, the participants' instinct to include them in our discussions proved useful as I moved forward to discussing their experiences at the graduate level. Participants discussed their more recent graduate experiences with noteworthy differences in context. Each participant independently concluded that the biggest discriminatory issues, as far as they were concerned, are at the macro and institutional level, and expressed that this is where they continue to experience problems and marginalization.

Two immediate differences between undergraduate and graduate students emerged from my research. First, that they rely on Accessibility Services much less now as graduate students; and, second, that professors are much more likely than AS counsellors to give their LDs the benefit of the doubt as graduate students.

4.2.1. Accessibility Services and Professors

Both participants said they no longer relied on Accessibility Services the way they did in their undergraduate years. Lisa explained: “Now, with the grad [now that I am in graduate school], I just go straight to the profs [professors], I don't even check with the counsellors”. Participants in the study found that professors no longer insisted on formal documentation and guidelines. With this requirement removed, these graduate students seemed to find little other use for the counsellors. They described the ongoing experiences to me as necessary only for contact information to other departments like psychiatric services, and tutors, as well as validating the presence of an invisible disability by receiving medical and professional documentation.

I agreed with these sentiments, as my own experiences with my current as well as past AS departments have been sufficiently negative to dissuade me from consulting them further. When I was granted enrolment in my current program, no information on the AS department was included in the mailing, but their website suggested that the same procedures were necessary for graduate and undergraduate students: the same as those I had encountered before. Typical procedures have involved: the mailing of official test results and diagnoses directly to the Accessibility Department; their obligatory involvement in all matters of accommodations; a meeting between the AS counsellor and the student to discuss possible and needed accommodations as suggested by diagnosing

professionals; and an email or written notification from the AS department to all professors concerning the student's registration at AS and accommodations that will be necessary.

Although I attempted to consult and consult the AS department at my current university during the process of receiving accommodations, I found that they tended to complicate, slow and deny accommodations, information, and communication. At the beginning of the school year, I met with my assigned counsellor as quickly as possible, and she emailed my professors as I requested. Unfortunately, when I attempted to contact her after the Christmas break regarding my upcoming courses and professors, she failed to return all emails and telephone calls. As my courses progressed and deadlines loomed, I pleaded with her to contact me, and further explained that her unresponsiveness was causing incredible stress and exacerbating the mental health issues that were part of my diagnosis. It seemed that this individual, as a representative of the department responsible for ensuring equal access for students with disabilities, and for advocating on a student's behalf to professors, was not only ensuring I would be denied equal opportunity to prove my academic potential, but was intensifying my struggles and marginalization beyond what I would have endured had I never contacted them in the first place. Such behaviour and attitudes towards students with LDs may serve not only to dissuade them from contacting their AS department in the future, as it did with me; they could also encourage and promote the notions that students with LDs are undeserving, or of lesser value than

individuals with other types of disabilities.

It appeared that what was at issue was not a policy or rule that prevented this employee from communicating with me, because her eventual explanation, when she did finally acknowledge me, was simply that she did not “like” communicating by email, and that she had been doing me a favour when she had done so during the previous term. If any conclusions can be drawn or impressions formed of this department's policies and procedures, they would be that they have little or no regard for mental illness as a disability and a contributing factor to academic underachievement and unequal opportunities at their university.

Although I was eventually able to reach her, then, she insisted that I was not entitled to the rights I had received the previous term, and must submit to a lengthy process of a “contract”, despite my professors' insistence that such measures have never been required by the AS department for their current or past graduate students. Additionally, she insisted that I must make a five hour journey on public transit, at a cost of \$25, simply to confirm that I would like the same accommodations that I had received the previous term. No explanation could be offered when I enquired why it could not be confirmed over the phone, or for why it was necessary to tax my personal time and finances to such a degree, beyond -- again -- her personal preferences. Her adding that it would only “take a minute” and that “it wasn't a big deal” left me with the impression that she represented a department that cared neither to counsel, nor to advocate, nor to aid students with disabilities, and that my time, financial situation and mental health were far less

important than her personal preferences.

My experiences with the AS department did not extend much beyond my interactions with this one counsellor, but her behaviour seemed typical of most AS counsellors, as I had similarly negative encounters during my undergraduate degree studies at two other universities in Ontario. Most interestingly, it was my own tenacity, as well as the help of professors and my department's dean, that allowed me to retain my rights in the face of regulations and barriers by which, according to the professors, no other graduate student has had to be confined. The professors reported that standard procedure is, in fact, to receive an email from the AS department, as was done in my first term. Interestingly, these professors not only emailed me back within the hour, informing me that a contract is not standard procedure, as well as exhibiting the concern for my mental health that the AS employee lacked; they also instructed me to sever ties with the AS department and this employee, as my accommodation requests were more than reasonable, and this department appeared to be needlessly complicating matters and taxing my health.

It seems that for graduate students with LDs, professors are not as problematic as they were when these same individuals were undergraduate students, which is especially noteworthy considering how both participants have pursued graduate work at the same university where they completed their undergraduate degrees. Accessibility Services, conversely, continued to be problematic. Since the students are now given the opportunity to choose whether

or not to communicate with AS, they choose not to. My own experiences and conclusions have been similar.

It is unclear why any university would have different policies and procedures concerning LDs for undergraduate, rather than graduate, students, whether they be written or unwritten. It is also unclear why the participants and I have found professors much more reasonable, respectful, and accommodating now that we are graduate students. Perhaps graduate students are seen by professors as having “proved themselves” in academia, or perhaps increased professorial resistance at the undergraduate level is a result of the AS department stipulating that they must include the AS department in all matters concerning all undergraduate LD students.

4.2.2. Major Concerns and Problems

Beating the odds and becoming graduate students unfortunately does not make individuals with LDs free from discrimination or barriers to equal access. Both participants said that the biggest problem for them as graduate students with LDs were institutional and systemic ones. At the graduate level the biggest problems and concerns are therefore not individual patterns and instances of discrimination, as described in many accounts of undergraduate student experiences, but systemic discrimination.

Although they are able to minimize their interaction with AS, some communication remains necessary, and other, similar, departments prove equally

troublesome. Several, such as AS, Admissions and Awards, and Financial Aid (OSAP), must communicate with each other, as well as with the student, to ensure that appropriate resources are obtained.

4.2.2.1. Basic Information and Services

Even before being introduced to an Accessibility counsellor, problems and barriers are aggravated by the ineffective distribution of basic information relevant to students with LDs. “Nobody informed me of the disability and counselling services at [my university], nobody told me about an OSAP bursary” (Lisa). Similarly, I have never been made aware of such technological services as described by Gabrielle. Although in 1997, when I started my first undergraduate degree, there may not have been much available in terms of helpful technology, my BSW was completed from 2004 to 2005. The AS department where I completed this second degree never made reference to options such as computer software, while McMaster University similarly did not share such information during my master’s degree studies.

Both participants felt they gained crucial knowledge from other LD students, not from professionals in the field employed to help them. “There's a lot of unwritten information” (Gabrielle), and both participants have tried to ensure that others do not have to struggle and flounder for this information, so they share what they know. As described by Gabrielle: “I find I'm often giving people a lot of information and background of how to maneuver through the system with

Accessibility Services, with professors”.

4.2.2.2. Extra Time and Extra Work

Even when basic information has been obtained, the system remains difficult to navigate. Students often feel that they must remain better organized than their university's financial departments, double checking their work, despite not having as much information as the department and carrying the extra organizational tasks and burdens of an LD. Both participants spoke of issues of receipts in particular. Lisa explains:

Having the financial aid office calling you at the end of the year saying that your receipts aren't in, meanwhile you know that your receipts have gone in, were in, submitted on time, and you know, you're being asked to come in and show receipts at the end, and it's just like, can you guys get your act together?

Both participants mentioned that the extra time and effort necessary to ensure a level playing field is extremely time consuming, so much so that it is disabling in itself.

I think a barrier to learning too is the amount of time I'm spending trying to figure everything out. So that becomes a barrier to my learning because instead of concentrating on reading I have to go out and (inaudible) these people (Lisa).

Lisa was particularly frustrated with Accessibility counsellors, suggesting that they are not doing what they are employed to do, since she is having to fulfill those duties herself. “So I basically have a part time job trying to figure out what my accommodations and rights are”. During Lisa's struggles to secure OSAP, she

noted that her university's website directed students with disabilities to their AS counsellors for help. When Lisa did so, her AS counsellor offered only to confirm Lisa's suspicions that this meant she would not qualify for a specific bursary, and resisted offering further information or any help on the matter.

Both participants suggested that departments responsible for financial matters (Admission and Awards) are also problematic, requiring great effort and exorbitant amounts of time to ensure a normal process.

That department is like taking another course throughout the school year, because of the amount of things they demand from you and what they want and it's just horrible, like an absolutely horrible department to work with. (Gabrielle).

It's another job, right, it's another job! Like I'm doing your work! (Lisa).

Lisa clarifies that this has been her experience with the AS department and staff in her undergraduate as well as her graduate years.

4.2.2.3. Delay and Demean

Certain systemic problems and complaints were shared by the two participants. First, all processes relating to accommodations and disability funding took much too long. Graduate students in the study reported unreasonable delays in the provision of accommodations, the delivery of financial aid, and the delivery of technological aids. Gabrielle explains:

If I go talk to them in September, I'll probably be approved for something by November, probably get the money by December. Which means I've gone through a full term without that, and

that's normal.

This meant that Gabrielle's funds for a laptop did not come in until January, so she went a full term without any kind of computer. Similarly, Lisa had to wait nine months while the university deliberated whether she could be exempted from a particular format of testing. Additionally, Lisa lamented: "It's very frustrating, especially when you're in, like, mid October, [and] you still don't even know if you're approved for this bursary [as well as OSAP, while they are collecting interest on tuition that's past due]." Lisa is made to feel that she must, quite literally, pay the price for the system's mismanagement and inability to distribute funds in a timely manner, by forcing her and students like her to pay tuition late and, therefore, with additional penalties.

Gabrielle's ongoing ties with AS, which are closer than Lisa's, may be linked to her use of technological aids. The AS department may refer a student to the Technological Services department, whose operations she has also found problematic. She described the procurement of one such technological aid as follows:

That's a little bit complicated, if you have a textbook you have to give it to the Accessibility Services. It takes two weeks. They tear it up, so you get it back, like, with this binding, and then you kind of feel like an idiot, sorry to say, but you're walking around with this big textbook, that's the same as everybody else's but it's got this special binding on it. So I tend not to do that, and you lose your book for two weeks and I can't.

This raises questions, not only about the amount of time such a resource

takes to come into effect and become obtainable, but also about how students with LDs are singled out and made to feel different. For Gabrielle these factors are significant enough to dissuade her from using a tool that would render her studies easier, and she prefers instead to retain the needed academic course material along with her dignity.

4.2.2.4. Confidentiality

Gabrielle described ongoing problems with AS at the graduate level. Although she stated that she often negotiates her accommodations directly with her professors, AS remains problematic, breaching confidentiality, as well as interfering in and complicating accommodations agreed upon by student and teacher.

Gabrielle described how she had arranged for extensions on her assignments directly with her professors, only to have her AS counsellor email each professor, stating that different due dates should be assigned. This AS counsellor not only did so without seeking permission to share confidential diagnoses, but failed to consult Gabrielle regarding the changes the counsellor was demanding. Doing so aggravated Gabrielle's diagnosed condition of anxiety, as well as working against any concept of accommodation, since the suggested arrangements disregarded her LDs. She commented:

They tend to be more problematic, and stress me out more than I need to be [...] When she sent out that email and asked them to do that I was really upset ... It is not a good thing for me at all.

Luckily for both professors and Gabrielle, the AS counsellor also failed to follow up on her forced agenda, allowing the professors and Gabrielle to use their original, agreed upon, dates.

Although Lisa has decided not to communicate with or rely on her AS counsellor any more than absolutely necessary, she described a situation in which there was a similar breach of confidentiality. For her it was while attempting to secure OSAP: “But my emails are being forwarded to other people without asking for my consent first, which is a common issue”.

I remember a similar confidentiality issue during my BSW year, where my AS counsellor emailed my professors detailing my LDs. She did so without consulting me, and without my permission. Although I considered raising this issue with her and her superiors, initial attempts to do so were rebuffed and minimized as the actions of a “fussy and particular” student given to raising non-issues.

4.2.2.5. Mental Health

Gabrielle's ongoing mental health concerns continue to be outside the interests of the AS department:

I don't know if I've conveyed that enough, but definitely when there has been problems I definitely find that they are not supportive in backing me up in all the ways that I would like them to.

Although Gabrielle has a doctor's note and a standing prescription to help

her with her anxiety, the university has held firm that only their psychiatrists can determine whether her anxiety is real and, until she sees one of their people, AS will not discuss such issues. (It is doubtful whether the same requests are made of people with other disabilities, such as, perhaps, blindness, or a broken leg, where accommodations are also extended.) I encountered a similar complete disregard for my documented mental health needs during my master's work, as my AS counsellor, in fact, triggered and sustained a significant episode of illness.

There seems to be a widely held assumption that individuals with LDs should be on medication. Much of the literature suggests that appropriate medications help in the maintenance of factors that contribute to successful living: specifically, the completion of academic tasks (Goldberg et al., 2003; Denhart, 2008).

They told me to not even bother with my master's, unless I was willing to take medication. (Lisa)

[My counsellor's] view is that if I don't see a regular ongoing psychiatrist or take the medication, then I truly don't want to help myself. (Gabrielle)

Both participants resisted these professional assumptions. Gabrielle attempted to use the psychiatric services at her university, but found them unhelpful and demeaning. She uses medication not on a regular basis, but only to control occasional acute symptoms. Lisa has only recently started on a daily medication for her ADD.

Although I am on a daily medication for my ADD, and have a history of

depression and anxiety (and of being given prescriptions for medications for those conditions), I am unable to receive guidance and cognitive therapy. I am therefore considering the removal of these expensive medications, as I know little about their effectiveness and their side effects.

4.2.2.6. Finances

Students with disabilities have to spend more money than the average student because of their disability-related needs, such as the purchase of equipment, computer software and hardware, tutors, and so on. Knowing how to access needed accommodations, as well as financial aid, is of the utmost importance if they are to have an equal chance to study and succeed at university. Adding the need for financial help means that LD students must navigate a more complex bureaucracy than the average student. Students can apply for financial assistance to help with the cost of learning aids (such as special computer software), a financial burden an average, non-LD, student does not bear. Indeed, the participants felt that their burden in navigating the systems necessary to obtain needed financial resources was more than that experienced by their non-disabled peers.

There's so much ("there are so many") policies and regulations that have to be followed for someone with a learning disability.
(Lisa)

I just feel that for people with learning disabilities it's 100 times worse. (Gabrielle)

Although problems associated with OSAP are not exclusive to individuals with LDs, they are, perhaps, worth noting, since, as has already been pointed out, they impose extra burdens of time and effort on a group of students who are already attempting to manage more than the average student. Despite qualifying and being assured that they would receive funds, the participants reported similar problems.

Every year OSAP's telling me that they overpaid me because I didn't do this and just ("and there have just been problems") problems every single year I've dealt with OSAP and admissions and awards problems [...]. I've never met a department that,... It's almost like they think they're giving the money to you for free... They really fight you on everything. They make it extremely difficult. (Gabrielle)

4.2.2.6.1. The Bursary for Students with Disabilities

Participants spoke of problems related to securing OSAP and the Bursary for Students with Disabilities (BSWD). Once approved for the BSWD, both participants reported that moneys to be spent on technological aids and other particulars are not written about or formalized. Gabrielle was told that she did not get the "right" computer, despite having not been told how much memory, programs, or software is acceptable.

It would be nice to have those kind of guidelines as to how much memory is allowed, what kind of program or software is acceptable, and not acceptable, then they should really put that in writing. (Gabrielle)

Lisa was told that she had become ineligible for a computer related bursary because of her year of study.

And it's also frustrating because if I'm a student with a disability, and I am approved for the bursary, I have no idea what money goes to what services. So I can get an \$8000 cheque in the mail, but they're not telling me, "OK, \$3000 is designated for this, \$3000 for this, \$100 for software here", so it's basically, nothing's itemized. So I have to figure it out. Or, if I go over what I'm allowed to buy for each thing, then I get dinged at the end of the year. (Lisa)

Lisa expressed similar problems in securing a disability bursary, being “told that over the summer the bursary rules had changed and the number on [her] approved application will be reduced by” approximately 25% of what she had already been approved for and was stated in writing. Changing the rules without notice and/or to fit the system's new priorities without regard for previous contracts, agreements, or responsibilities suggests little regard for the students this program and system is meant to benefit.

Testing necessary for the diagnosis of an LD was very expensive, according to participants. This was also my experience. Although both participants were able to eventually secure OSAP and the Bursary for Students With Disabilities, they both voiced concern for individuals who have not qualified for OSAP and wish to pursue testing for LDs as they did once in university. When I had my assessment redone in 2004 for my enrolment in the BSW program, it cost me \$2000. According to both participants, if I had qualified for OSAP, this cost would have been covered by the Bursary for Students with Disabilities, but only those who qualify for OSAP can be granted financial help to cover its costs through this bursary. Gabrielle said:

I know people not on OSAP that struggle with that... There's an

OSAP barrier because a lot of them don't want their parents to know that they're being tested for that; if their parents are funding them.

4.2.2.6.2. Tuition

Common to both participants, as well as to me, is the problem of course load. Because of difficulties in acquiring needed accommodations, graduate students with LDs may end up having to take longer to complete their degrees, which means being re-categorized as part time students. This differentiates these students from undergraduate students with LDs because of the increased level and intensity of work that may come with graduate studies, rendering the amount of extra effort that was sufficient in their undergraduate years insufficient to compensate for gaps in services. Although we may work the same number of hours as our full-time non-LD peers, we must pay tuition costs far above those for full-time studies, in addition to medical and accommodation related costs.

Both Lisa and Gabrielle described the tuition systems at their universities' programs as a "flat fee" system, which is similar to what I experience. We must pay full-time fees, despite not enrolling in all our courses as full-time students do. At McMaster, "part-time" means a student can only take three courses per 12 month period. I have paid a total of \$14,490.27 to complete my degree, while full-time MSW students paid \$5154.00, and received medical and dental benefits to which I was not entitled. Both I and one of the participants believed that two courses per semester was best, but our universities insist that we pay full-time tuition for this number of courses. Additionally, Lisa explains that her department

has told her that she must complete all of her courses before she can start her major research. Her options are to accept a course load she believes is too heavy and stressful or wait a full extra year to complete her degree because of the stipulation that the course must be taken before the research is commenced and the course schedule. Waiting and paying for the full extra year is not financially possible, as she will no longer qualify for financial aid. Gabrielle similarly expressed herself thus: “I definitely feel that the flat fee program doesn’t work for people with learning disabilities”. She also decided to pay her university's full-time tuition for one and a half to two years for her one-year graduate program, and explained that the course load and extra work involved in being an LD graduate student had driven her to the point

...where I wasn't even sure I was going to continue, because of the amount of stress that it placed on me. The crown of my hair went completely grey last year, I swear to god, yea. Completely, like I'm all grey in here. And I'm convinced that that's from school. (Gabrielle)

Despite being on OSAP, and therefore not having her costs covered next year, she felt this was the only option, as it was aggravating her preexisting condition of anxiety.

Both participants felt that discrimination against students with LDs was not only alive and well, but firmly entrenched in most systems of their universities. Although their universities claim to be “equal opportunity” systems, offering required or needed resources, the process by which to successfully obtain these is so complex and restrictive that the certainty of achieving anything close to

such a result is questionable. Problems such as vague, complicated, and excessively time consuming rules and processes are typical, as well as rules that seem to be structured so as to disqualify individuals from receiving resources or help, and policies and procedures that work to create a substantially larger financial burden; all of this instead of what one might reasonably assume would be the case, identifying those who should be granted help.

4.2.3. Identity and Labelling

4.2.3.1. Experiences and Knowledge of Their LDs

Although I did not ask participants about their LD testing experiences, Gabrielle's sentiments on the matter are similar to my own. I remember being physically and mentally exhausted, and wondering how the results of the last few tests could reflect anything valid under the circumstances.

I felt like a complete moron by the time I was done. I was like, "What am I doing here, I don't belong at university". "I need to go back to school, like elementary school!"

Interestingly, Gabrielle reports that she was never told the name of her LD or what her diagnosis meant. She has only been able to deduce what the diagnoses could possibly be from her ongoing struggles.

I've never really been told what exactly the name of it is. I know I have memory issues and it just takes me longer to process my readings. I struggle writing essays.

Although I was told the names of my LDs, I was never told how they might or, in fact, do impact my learning. My strengths and weaknesses were never

communicated to me so that I could advocate for myself and work to my strengths. For Gabrielle this meant that she assumed, like her professors and peers, that it indicated something “wrong” with her, an intellectual deficit, that was internal to her and a fixed trait that could not be improved upon. This clearly impacted her self concept when she was diagnosed.

4.2.3.2. Identity

The participants expressed similar sentiments regarding their initial diagnosis and labelling, although in different ways. When Gabrielle was diagnosed she explained that at first

[w]hat I associated it with was being stupid, and I didn't want people to think I was stupid.

Gabrielle did not find the diagnosis a relief, as she had been able to reach her own conclusions in the past to explain her poor marks and abilities at school. She thought that because her family moved around quite a bit she was fairly consistently forced to play “catch-up”, filling the gaps in knowledge between school curricula. As a result of her diagnosis, her confidence and self esteem suffered. She felt ashamed of this new label:

I was still hiding, like I was kind of the person that would go into Accessibility Services thinking like, “Oh I hope nobody sees me coming in here” [...] I struggled my first couple years being able to articulate myself or being able to speak up for myself. I was so afraid to speak that a lot of the time I would mumble and then think that I was stupid.

Before Lisa was diagnosed, she said she did not think ADD was real. This

mentality appears to be common -- as Gabrielle pointed out, most of her fellow students “assume that [a university disability club or advocate group] is for people in wheelchairs, and they forget that there are non-visible disabilities”.

Additionally, in her undergraduate years professors would look at her, and ask, “Well, what’s wrong with you?”, assuming that any legitimate disability is visually verifiable.

Lisa described interactions and discussions with students with different disabilities that made her feel alienated from the rest of the disability community on campus. She described how she struggled to identify with students with other disabilities when they spoke about them.

When people [with other types of disabilities] talk, the first thing [...] out of their mouth[s][is] “well I have a disability and my condition is this”, and then they make their point. But their point has nothing to do with the reasons why they have for disclosing [that] they have a disability.

Both participants also, without prompting, mentioned their ethnicity. These narratives may indicate that individuals with LDs do not consider their disability central to their self-schema. Just as the larger campus community's perception of “disability” is based on visually recognizable characteristics, perhaps students with physical disabilities consider only those who are like-bodied to themselves to have disabilities. A combination of significantly different personal experiences, interpersonal and societal assumptions about them, and a feeling of exclusion, from “outsiders” as well as “insiders”, possibly leads individuals with LDs to feel alienated from the rest of the disabled community,

and without their own community or voice.

4.2.3.3. Managing Stigma

Gabrielle displayed an acute awareness of negative consequences when struggling with the reality that to be granted accommodations that would greatly help her, she would need to identify herself as having an LD, something that can greatly disadvantage her.

No, I can't say I thought of it as a relief, I guess there was still a stigma attached to it that I was like almost happier maybe before not having it labelled [...] I struggled with that because I was like immediately then I'm labelled as the person that has a problem, like you know I didn't want to bring attention to myself. So I wasn't comfortable with it, and I just didn't take her up on it [...] I never wanted to be labelled. For my entire first year I didn't go [to Accessibility Services]. I was advised to do it at the beginning of the year, but I didn't because I thought "I don't want to be labelled as having a learning disability, like no way". And it wasn't until the end of the year that I was like "that was really hard" and I knew that ... So I realized at that point that there might be a benefit for me to have this label that I didn't want.

My own reaction to being diagnosed with my LDs was different than Gabrielle's. When I was diagnosed I felt a little relief, because it proved that I was not lazy or stupid, as teachers and my parents had been suggesting up to then. Unfortunately, many teachers believed that the diagnoses were simply confirmation of an intellectual disability. They soon began to separate me from my peers, and speak slowly and deliberately to me. Although I now knew that my intelligence was likely the highest in the class, the teachers' degrading me resulted

in more difficult peer relations, and lowered my confidence and self esteem throughout my adolescent years. Although the diagnosis exposed me to increased marginalization, it served to validate my intelligence in my own mind.

4.2.4. *Resiliency*

4.2.4.1. Self Perception, Understanding and Strategies

Both participants and I believe ourselves to be “visual learners”. Gabrielle adds that she feels she is also “extremely descriptive”, and “excelled at the visual arts and being creative”. Lisa points out that she also benefits from “speaking to peers and discussing things..... Just listening to their interpretation of the article, I could understand a lot better”; she is, she says, a “visual-auditory learner”. I believe I benefit from both auditory and visual representation of material, as well as discussion, like Lisa. I have found that I can overcome some aspects of my three disabilities by combining as many different media as possible. Although I am dyslexic, both visually and auditorily, I have found that I can absorb and subsequently understand more content if I take notes. The process of absorbing material through one sense that is affected by an LD, processing it cognitively, and then physically producing something visual that I might be able to use later, another area where I am affected by an LD, is by no means easy. But to overcome academia's obsession with lecture style teaching, which does not account for my auditory dyslexia, I must translate the material to another medium. In doing so I fill in missing gaps as immediately as possible by asking questions incessantly.

This also serves to infuse discussion into situations where a professor wishes only to lecture, and enables me to better manage symptoms of my ADD in an environment that may otherwise seem monotonous. A learning environment where I am able to engage with my professors and fellow students enables me to concentrate more easily than one in which we are expected to sit and listen for hours upon end. My preferred method of proving my knowledge is orally, as translating my thoughts into the written word is significantly more difficult for me than presentations, performances, and discussions.

4.2.4.2. Support of Mentors

Both participants mentioned the importance of family and of university staff, as well those teachers or professors who offered hope, support, or aid in navigating the system in attempts to gain equal access. Gabrielle talked about finding what is referred to in social work as a “family of choice” (Walsh, 1998) in a specific program meant for individuals attempting to catch up to the university level:

No one else has been that supportive. People who come out of that program are so lucky because they have a family that supports them.

Lisa talked about a professor who had ties to the AS department, who suggested several accommodations that should have been offered and made known to her through the AS department from the beginning. Not only had Lisa never heard of this type of accommodation; neither had I, and the AS department resisted

allowing it.

Throughout my post-secondary education, including (with a single exception) this Master's of Social Work degree, it has never been suggested to me that I could submit a research paper or other assignment in a format other than that which is dictated by the professor. I do not remember exactly what my educational psychologist recommended beyond extra time on tests and assignments, although given my diagnosis of three separate LDs I am certain this professional would have suggested alternative formats or agreed with such a suggestion. It was not until my very last course that I encountered a professor who identified himself as dyslexic and who suggested to me that I submit a recording of myself speaking on the issue I had chosen for my final paper. I had wished to be able to do this for a long time, and cannot remember if I spoke to an AS counsellor about the issue, although I was always given the impression that this would somehow be “inappropriate”. I believe this assignment was not only easier for me to complete and more readily proved my knowledge, but I suspect it was easier for the professor to absorb and grade, as he did not have to read it.

According to Lisa, when she went directly to another one of her professors to attempt to make grounds for her accommodations, he exclaimed, “OK, you know what, it's clear that something's wrong. I don't understand why your [AS] counsellor isn't helping you out with this”. This professor made suggestions for accommodations, and said he would not mark her first exam where she had not received any. Lisa also said she has worked with friends to help her study, and

borrowed lecture notes from classmates.

Gabrielle talked about her ongoing efforts to network and engage people in discussions about these issues, to create more awareness, and how being able to talk to and connect with other students with LDs has had a positive impact on her confidence and self esteem.

I've met people that are so well spoken that I honestly think that they're geniuses, and then find out that they're registered... I'm just like, "Wow, they're so intelligent and so bright".

Meeting other students with LDs has helped her see the positive characteristics in others that she not always believed she possessed herself.

4.2.4.3. Students Showing Resiliency

Both participants talked of how they fought with professors and staff, appealed decisions up to the department level, and followed up to a point where they felt they were doing staff's jobs for them. Gabrielle talked about "the point where I had to fight it all the way up to the department", advocating for herself, having a paper completely remarked, and fighting a professor for an extension. Lisa similarly went straight to her professors, instead of through AS; fought and argued with her professors; begged and pleaded; asked professors to have exams regraded; asked professors to write letters to other professors explaining her needs; and kept going back to AS. I believe I too exhibited resiliency when dealing with my AS department, continuing to seek information and explanations, voicing my belief in my rights and entitlements to be treated with dignity. My

persistence paid off as I received support from my professors.

A similar approach may have been what helped Gabrielle improve her self-confidence and to transition to rejecting mainstream discriminatory attitudes.

I'm not stupid, you know. Now I've been able to accept it more [...]. I think for so long for myself I felt like I wasn't worthy, I didn't belong, I didn't fit in, you know because I wasn't as smart as everyone else and in the last few years I've really come to understand that I am just as smart as all these other people in these classes.

Both participants maintained and built resiliency by avoiding situations or individuals with negative perceptions or repressive environments. Lisa negotiated her accommodations through the least repressive avenues – which meant without the AS department or a counsellor. Gabrielle also reduced her interactions with AS, as well as refusing technological services that singled her out and made her “feel like an idiot”.

In being able to build and maintain resilience in the face of negative outside sources both participants were able to attribute the causes of their academic struggles and interpersonal conflicts to forces outside of themselves and not to their own flaws. As Lisa said:

I just have a different way of learning [so] that the normal mainstream curriculum doesn't work for me.

Miscommunications and differences in learning styles should therefore not be seen as a result of something defective within the self, but the result of diversity (similar to ethnic, racial, or gender differences, where our society also strives to remove suggestions of hierarchies). Gabrielle believes that she often is coming

from a different perspective, culturally; one that is just as valid, but not familiar to many instructors.

I felt that she was a little bit more conservative, and probably coming from a different perspective than I was with my ... [different cultural] background[....] We all have different ways of learning.

For example, Gabrielle describes her culture as more visual. Here we see how an individual with an LD attributed misunderstandings or frictions to several factors, not only her disability. Perhaps disability is not as central an identifying characteristic to those with LDs as it is to adherents of the Disability Rights Movement or the socioecological theory of disabilities. Perhaps this is why Lisa was confused when other disabled students seemed to attribute a link to their disability with the topic at hand where she could see none.

When people [with other types of disabilities] talk the first thing [...] out of their mouth[s] ...[is] “well I have a disability and my condition is this”, and then they make their point. But their point has nothing to do with the reasons why they have for disclosing [that] they have a disability.

Participants also reframe their LD as not only part of diversity, but also indicative of certain positive traits, rather than negative ones -- deficits, in other words. Lisa reframes her ADHD as:

[...] a good thing because I can work on three projects at the same time, because I'm able to relate them all [relate all three projects to each other]. And that's how I learn best. [...] I think the multitasking is a big strength, although it's looked upon as a weakness. [...] I think I have more empathy, [and] understanding. If someone's showing up late to work, I don't automatically assume that they're just lazy. [...] I'm very

considerate of other people.... [I have a] very strong intuition of people ... so I think I would be really good in, let's say, a management position.

The importance Lisa attributes to characteristics such as empathy, understanding, and a resistance to attributing negative core personality traits (such as laziness) to others may be indicative of her own past feelings and experiences of being misunderstood. I too, feel it is important to “give people the benefit of the doubt”, as I am often appreciative of individuals who offer this to me.

Perhaps because I have three LDs, I am unsure which characteristics or strengths are a result of any one LD, and which are irrelevant to my strengths and weaknesses in this regard, and which are, simply, general traits. I am most definitely a “big picture” thinker, and I believe this trait is a strength. The details of anything are irrelevant until I am informed of their greater and the larger context. I not only ask, “Where are you going with this?”; I ask, “Where are you coming from with this?” Although I default to the latter question when able to do so, I am able to follow the former line of reasoning much more readily than my peers are able to follow the latter.

4.2.4.4. Mental Health

Although I did not ask any questions of either participant regarding mental health issues, Gabrielle openly and repeatedly spoke about how her anxiety interacts with her LD struggles and academic studies. Despite enduring anxiety attacks in situations where she must perform academically in an environment with

time constraints and/or an audience (such as presentations), and large exam halls, she does so successfully. Despite her university's insistence that she stands a better chance of success by registering at her university's psychiatric services, she contends that she has tried and found psychiatric services at her university to be extremely problematic, leading to increased mental health concerns. She feels she has learned to manage her illness, and to recognize situations that are manageable or contributive to ill health, as she commented:

By me going to class and pushing through my biggest fears, that is dealing with my anxiety.

The number one issue in her mind that contributes to her poor mental health and concern over the risk of dropping out of school a second time has been her university's rigid financial policies and practices regarding tuition.

I believe that the onset of my depression as a teenager was a direct result of my daily scholastic and familial environment, which imposed significant pressures and unrealistic goals (given my lack of resources) on me, and resulted in a caustic environment every time I failed. My first anxiety attack was most definitely the result of experiences with the university's administration, which, while not unique to students with LDs, represent a university department's mismanagement, disorganization, and disrespect for its students. Since that moment in my final year of my undergraduate degree program, I have struggled not only with depression, but anxiety as well.

5. DISCUSSION

Although differences between the participants are found (the type of LD, accommodations sought, the university where they are enrolled, the degree to which their LD has impacted their confidence and self esteem, and the degree to which they are willing to speak to such personal issues without direct questions regarding the matter), their experiences, as well as my own, corroborate much of the research and many of the developing theories found in the literature that attempt to account for the patterns of discrimination and marginalization of students with learning disabilities.

As suggested by the PACFOLD's (2007) statistics on university enrolment, high school experiences discouraged both participants from attending or, even, applying to university. Since neither participant had been identified or diagnosed as having an LD, it is perhaps understandable why they would be vulnerable to suggestions that they were incapable or unworthy in educational institutions. It is also evidence of a failure by elementary and high school education systems to recognize and accommodate their LDs, since an unidentified LD most certainly hinders a student's ability to perform and to reach his or her full potential. Reasons for their teachers' and institutions' failure to identify the need for a referral to an educational psychologist may be related to a mentality, or dominant discourse, that is unconcerned with the reasons for academic under-performance; or perhaps it is the result of a straightforward ignorance of the subject and of the realities of

LDs. Both reasons seem unacceptable, and have led to conclusions and suggestions that professionals in the field need to be more proactive in early LD identification (Wilson et al., 2009). Possible reasons for my own difference in this area, entering university immediately after high school, is perhaps attributable to factors such as a particularly rigorous and structured elementary and high school environment; an earlier diagnosis; differences in socioeconomic status and/or available resources; the level of education completed by my parents; and the value my family placed on post secondary education.

The participants and the literature both brought to light the beneficial results of a diagnosis of an LD, as well as providing evidence of its drawbacks. There also appears to be agreement that a wide range and variation of perceptions of students with LDs exists, and also of willingness to create a welcoming environment for them. This variation should not be confused with a conclusion that there is little or no problem with the actions or attitudes of instructors and staff, or that negative attitudes are perhaps in the minority. The data of this study, as well as that in the literature, suggests that these discriminatory attitudes and behaviours are common enough that few, if any, students with LDs escape unscathed. Even if such qualitative data could be synthesized and analysed to prove that only a minority of staff and faculty are problematic, this evidence of a variation in attitudes and beliefs is still proof of a system that, in part, tolerates a wide range of discriminatory behaviour. Just as a single racist instructor would not be tolerated at a university, neither should a single anti-learning disabled

instructor. Our goal should be to eliminate such variations in levels of personal displays of prejudice, since they significantly impede equal access to opportunities.

It seems that the normal or average educational experience of those with LDs is negative, and that they are “hounded to a degree far exceeding the severity of their challenges” (Denhart, 2008, 485). “The stigmatization and abuse received by this group far exceeds the severity of their difficulties” (Higgins et al., 2002, 15) throughout the duration of their educational years. Literature and participant accounts showed how a diagnosis imposed disadvantages above those related directly to their LDs and their abilities to complete tasks in a specific medium, and were a matter of the poor attitudes of educational employees, and reduced the opportunities offered to them. The OHRC has acknowledged the power of poor attitudes, stating: “[S]tereotypes, myths and prejudices about certain types of disabilities may themselves create formidable barriers to access” (OHRC, 2004a, 6). Gabrielle clearly highlights the tension between these pros and cons, showing how disabling the attitudes of authority figures can be.

As we see from the experiences of the participants, the very system that they struggled and fought to gain access to judged them to be lacking the one characteristic -- intellect -- that this institution holds in highest regard. These participants, like those in the literature, reported overtly discriminatory and hostile behaviour from university faculty and staff, leading to situations of reduced ability to complete tasks successfully that were unrelated to their LDs, but a result of

differences in access to resources. Not only do individuals with LDs complete rigorous testing that proves their IQ; their daily exposure to such negative and discriminatory environments surely proves their love and dedication to learning and their personal knowledge development above that of the average student.

The stories of these participants highlight the cumulative effects of a negative environment combined with inadequate collective voice or identity to help maintain resilience and to defend against the larger, discriminatory, society.

While members of the Disability Rights Movement have used the sociocological model to foster a sense of pride and collective identity, students with LDs have not been included in this discourse. As a result, they may alternatively incorporate disability shame into the self, instead of pride (McDonald et al., 2007). This sense of shame was felt by both participants at specific instances or times in their lives when they were unable to fight society's negative beliefs, succumbing to society's dominant discourse that they are less deserving and less capable. Lisa, for example, was “made to feel like a little piece of shit”, and that she was “a privileged little girl”. Interestingly, she also did not believe that ADD and ADHD were “real” before her own diagnosis. Gabrielle similarly fought the label of “learning disabled” when first diagnosed, because she was ashamed, and felt like much of society “associated it with being stupid”. This shame stopped her from seeking help and getting the accommodations that she now finds quite helpful. It can quickly lead to low self esteem and diminished confidence as the individual is forced to accept society's ignorance of and

discrimination against them.

5.1. Resilience

The literature outlined how the support of an individual mentor or family member greatly aids LD students to exhibit the tenacity seen in these participants. They will be more likely to “not give up” (Jones et al., 2008, 66), and succeed even when faced with considerable odds. This can help in situations or at times in their lives when the individual LD student lacks a support system, or to have that positive support system work concurrently with the support of a mentor to produce maximum resiliency and defiance against such a large and powerful system as that of discriminatory educational institutions.

The participants' experiences and stories add weight to the assertion in current literature that supportive mentors are important in building and maintaining resiliency against a discriminatory educational system. Both participants demonstrated some of the qualities described in the literature as important in overcoming many of the pitfalls and statistics associated with those with LDs. Both participants spoke of family, friends and, most notably, those few professors and university staff who displayed positive attitudes, constructive suggestions for accommodations, and general belief in their abilities.

The fact that both participants avoided Accessibility Services as graduate students is evidence of a tactic similar to what McDonald et al. (2007) noted some of their participants reported: simply walking away, or physically removing

themselves from situations where they were not being treated respectfully - in a sense, knowing they deserved better, and knowing they had control of their environment. A small amount of support has therefore enabled the participants to persevere and gain strength by avoiding or rejecting further abuse that might otherwise wear them down. This confidence and sense of control over their environment allowed the participants to also create further empowerment and control by following up immediately with staff to ensure clear communication, and that plans were being instituted as agreed upon, reducing the chances of future problems. The belief and confidence that they can control and manage their environment enables them to act and react where otherwise a cycle of victimization and disempowerment is likely.

Participants also identified and worked to their strengths, as opposed to identifying and attempting to work around weaknesses. Denhart (2008) criticizes high schools for suggesting career paths to students with LDs based on their weaknesses, and Merchant & Gajar (1997) found that students with LDs had difficulty recognizing their strengths because their schools had taught them to only focus on their weaknesses. In doing so, participants approach the DRM and the socioecological model, and reject the “deficit model”, which sees disabled individuals as maladjusted and needing intervention.

The voices of students with LDs, as shown in the literature and by the participants in this study, differ from that of the DRM and the socioecological model when analysed further. Although they reject any assertion or conclusion

that they are “lesser than” and dysfunctional, they do not deny that they are different, or that medical or scientific evidence proves their difference. They state that they simply learn differently, and point to their universities as bearers of the dysfunction, as it is their institutions that are unable to teach appropriately. This idea is, according to Griffin and Pollack (2009), referred to as neurodiversity, according to which theory Gabrielle and Lisa see themselves as intellectually healthy but different. Their success and resilience are, in part, a result of a mentality that recognizes that their brains work differently, but within normal human variation, and that that is acceptable. The acknowledgement and acceptance of a real, physical condition is meaningful to those with LDs in a manner that the Disability Rights Model and socioecological theory chose not to attend to in their efforts to politicize disability. The unique stigma associated with the label of an LD emphasizes “the important division between problems caused by factors perceived as moral, and those caused by objective physical conditions” (Solvang, 2007, 85). Denhart (2008) asserts that this reframing of their disability as a difference instead of a shortcoming is important to resiliency, since it allows them to attribute their difficulties with professors and assignments not to their LD, but to differences in characteristics such as culture or learning style, shifting blame and fault to outside the individual.

Denhart (2008), as well as Ferri et al. (2001), note that many LD individuals previously thought themselves to be lazy or stupid before diagnosis, but used their LD identification and IQ testing as validation of their intellect, and

as the vehicle by which to acquire extra resources and accommodations. Although both participants and I have used accommodations gained as a result of our diagnoses, participants did not mention an increase in confidence such as I believe I acquired from receiving the diagnosis. Denhart (2008) noted that her participants felt pride in having their intellects measured, and often reminded themselves of this when in negative or discriminatory situations. Although I did not feel I had a mentor or strong family ties, I have always reminded myself of my IQ scores, and my educational psychologist's comments at the time that these numbers reflected the several standard deviations above average necessary to be categorized as a “genius” in her professional field. The differences, again, between myself and the two participants in this regard may relate to age of diagnosis, presence and type of mentors, type and severity of LD diagnosis, or particular ranking on these diagnostic tests.

5.2. Contributions to Knowledge

Although the experiences of the students in the literature may be tempered by cultural, political, and legislative factors unique to their regions and different from those in Ontario, and the literature review was collected from international sources on experiences of university students with LDs, all were seen as relevant because there was so little literature available and the experiences of these students, and the conclusions and recommendations of the researchers and writers, remained surprisingly consistent. It is notable that most, if not all, current

literature concentrates on undergraduate experiences.

While these participants reported stories similar to those in the literature during their own undergraduate years, their more current graduate experiences identified the important differences that little, if any, of the literature has documented or analysed. While overt or individualized forms of discrimination are clearly seen in the literature, and corroborated by these participants' accounts, their graduate experiences and opinions shift the focus away from overt or individualized discrimination and towards the identification of systemic and entrenched institutional discrimination. This is not to say that they no longer experience individualized forms of discrimination on campus. The participants stressed that although they found the individual instances of discrimination from their undergraduate years to be very problematic, their biggest concerns, worries, and critiques as university students with LDs related to the policies, procedures, rules, and preconditions of their universities, as directed and handed down by the Ontario provincial government.

Similar literature on the opinions and experiences of graduate students, or on students' opinions of systemic issues, was not only sparse, but must be analysed in a manner that attends to variables such as the country and region where the research took place, since the applicable laws, policies, practices, and diagnostic criteria are likely to be different than in Ontario. Literature comparable to the present study would have to focus on the experiences and opinions of university students within Ontario, specifically with regard to policies and

procedures; or, alternatively, it would have to focus on interviews with graduate students at universities in Ontario. Doing so may produce additional data upon which an analysis of graduate students' opinions and experiences can be compared to undergraduate experiences and opinions. Since the present study found that it was graduate students who were concerned with policies and practices, an analysis of how often, if ever, undergraduate students mention this subject, and what their opinions and knowledge are on the issue, may prove beneficial. No such data can be found in the existing literature. Only one study, regarding the experiences of Ontario university students with LDs, was found (Reed et al., 2006), and it, unfortunately, concentrated on, first, the transition from high school to undergraduate studies, and second, the views of parents, alumni, and staff more than on the experiences and views of newly admitted undergraduate students with LDs.

5.2.1. *The AODA*

With the wide variety of problems faced by students with LDs, one might be inclined to consider the legislation in charge of enforcing their rights to be of utmost importance, with a significant literature available detailing the strengths and weaknesses of institutions' strides in observing the law. Unfortunately, as with research and literature on the experiences of post secondary students with LDs, there is little. The Ontario Human Rights Commission itself is the largest and most vocal critic of the AODA, outlining how this legislation fails to curb even

the most overt cases of discrimination involving faculty and staff in the educational system.

As seen in the literature, and from reading the words of the participants in this study, harassment and retaliation from professors is surprisingly common. Gabrielle describes this behaviour as resulting from the professor's perception that accommodations afford the LD student an unfair advantage, or increase the professor's workload and the difficulties he or she has to put up with for little or no reason. Harassment and retaliation in the form of assigning additional work, or assigning a lower grade for work of the same quality as others', which were reported in this study, constitute unacceptable behaviour at any level of education, and characterize an educational environment that is as unwelcoming and as exclusionary as one without a wheelchair ramp.

Part of an educational institution's duty to maintain a safe learning environment for students includes addressing bullying and harassing behaviour (OHRC, 2004b, 14).

This maxim applies to faculty and staff who themselves harass students, to others who know of or have witnessed a student being harassed, to those who reasonably should know, as well as to the institutional provider of education who is responsible to remedy the situation. (OHRC, 2004b).

Every person has the right to be free from humiliating or annoying behaviour that is based on one or more grounds in the Code (OHRC, 2004b, 15).

An inability to identify bullying or harassing behaviour in coworkers or

ignorance of the problem is not a valid excuse, and implicates the department and the AS office involved in Gabrielle's case of harassment, as well as the individual professor. Yet my experiences, as well as those of the people discussed in the literature and those of the participants, suggest that the average experience throughout the educational career of an LD student includes both clear harassment from multiple sources in their daily environment and others who tolerate or excuse such behaviour in others.

York University's letter to the OHRC (2004) concerning academic freedom and rigorous standards of intellectual excellence show how this problem extends beyond the attitudes and behaviours of a individual professors, but also, and more meaningfully, to the behaviour of AS counsellors as gatekeepers, as well as the university's policies, practices, and procedures that characterize an academic elitist mentality that violates the AODA. The OHRC is clear that

[a]n appropriate accommodation at the post secondary level would enable a student to successfully meet the essential requirements of the programme, with no alteration in standards or outcomes, although the manner in which the student demonstrated mastery, knowledge and skills may be altered (OHRC, 2004b, 29).

While the literature only makes reference to the denial of accommodations that are considered standard or “basic”, Lisa added that the accommodations she now has are considered beyond basic, and were withheld from her for nine months while she fought, struggled and argued against the very department meant to help her: Accessibility Services. These accommodations would in no way reduce a professor's ability to assess her knowledge of the material or grasp of

concepts, since it merely alters the written format by which the professor asks questions. While mastering aspects of the core curriculum is essential, it is unlikely that a student's mastery of such must be demonstrated in a particular format, unless it is that particular format itself that is being tested and is vital to the program.

Refusing to consider or implement a specific accommodation because it is not a "basic" or popular accommodation is also unacceptable, since

[t]here is no set formula for accommodation. Each student's needs are unique and must be considered afresh when an accommodation request is made. At all times, the emphasis must be on the individual student and not on the category of disability (OHRC, 2004b, 9).

Lisa, however, encountered resistance when requesting note-taking accommodations because, in the opinion of the Accessibility Services counsellor, those accommodations were intended exclusively for those with physical disabilities.

Many of the problems these participants and I have encountered should not be tolerated, according to the Ontario Human Rights Commission. Not only is "academic freedom" not an acceptable excuse to deny accommodations, but appropriate accommodations should be extended, and be fully functional, with little or no delay. Universities have a procedural duty to accommodate, and unreasonable delays impair a student's ability to access resources and participate as fully as their classmates (OHRC, 2004a). A clear example of this is Gabrielle's experiences with technological services, who take weeks to return textbooks,

leaving her further behind than if she had not used the accommodations in the first place. Having to wait a full semester or longer without needed technological aids (such as computer software or an exemption from certain testing methods), as reported by the participants, are certainly examples of a university's breach of the Code and the AODA.

It is troubling that the OHRC should need to clarify that basic information relating to accommodations should be available and communicated to all university students, including processes and guidelines based on clarity and reason (OHRC, 2003). Yet student experiences suggest that little priority is given to the dissemination of information or to permission for student involvement in their own accommodation process, as well as department and policy transparency. Lisa and I experienced problems related to the divulging of the AS department's contact information and their failure to offer specific information on all possible options, as well as any proactive support on issues related to our disabilities. Gabrielle stated that although she believes she has been kept abreast of all information, she knows many LD students who have not been, and she has had to relay this information to other LD students herself. This study itself is an example of the vital importance of informal networks to students with LD, since it was my insider status that allowed any data to be collected while these Ontario universities acted as gatekeepers to my research.

5.2.2. *The Bursary for Students with Disabilities (BSWD)*

Both participants spoke of the Bursary for Students With Disabilities (BSWD), which I had never heard of. This bursary is intended to help with costs associated with a student's disability within the context of post-secondary studies that non-disabled students do not have to bear.

The BSWD is:

[T]he only student financing program whose purpose is to facilitate equal access to the service of education for students with disabilities by covering costs which are not borne by students without disabilities. (OHRC, 2003, 51).

Participants' accounts suggest that BSWD funds are allocated and approved based on a narrow definition of financial need. To qualify for the BSWD a student must not only have a pre-diagnosed disability, but must also be on OSAP in good standing (OHRC, 2003). These participants, as well as the OHRC, believe that these requirements represent a major barrier to students with LDs in financial need, such as those from out of province, or those able to live with a family member to help with living and tuition costs, but nothing more. Both participants, although able to eventually secure this bursary themselves, point out that these stipulations are worrying, and that they are both aware of individuals who are in great need but do not qualify. I might have benefited from such as bursary, as it would have made the computer software and tutoring that I went without affordable, but like Lisa I may not have qualified for OSAP, and therefore would

not be seen as entitled to financial help with computer software.

As both participants point out, and as verified by the OHRC, this bursary is particularly inconsiderate of the learning disabled, since qualification for the bursary is the only way to render the expensive diagnostic tests affordable. This means that a student must qualify for the bursary based on another disability, the diagnosis of which was likely covered by OHIP or a student or family health insurance plan. Whether it be a mental illness, diabetes, limited mobility, or a sight or hearing impairment, these diagnoses are paid for by the government or a personal or family health plan. Currently there is no means other than to cover all financial costs oneself to investigate a possible LD (OHRC, 2003, 52). This is a significant barrier to the diagnosis of LDs specifically, since “psychological assessments are quite costly” (Gregg, 2007, 221) (Denhart, 2008), and other, more visually evident, disabilities receive financial help in the pursuit of a diagnosis (OHRC, 2003). As this diagnosis must be repeated every three or four years, my parents not only had to pay for my full diagnosis at the age of 14, but I had to pay approximately \$2000 when entering my BSW, because universities insist on retesting every three or four years. Lisa reported being quoted “\$1500 to \$2000”.

Both Lisa and I take daily medication to aid with our LDs, while Gabrielle takes medication as needed to help with her anxiety. Despite this, the BSWD does not cover the cost of medications (OHRC, 2003, 52). These medications, specifically ones for ADD, help affected students concentrate in the academic environment. As such, they are as critical to educational success as a computer,

software, or any of the other supports the BSWD covers (OHRC, 2003, 52). It is understandable that the bursary should not cover all medications related to an individual's disability, but it should at least cover those that relate specifically to the individual's ability to perform academic tasks, which they would not need to undertake outside of an academic environment. Every 50 days I pay \$350 for my ADD medication. If I were not in school, I would not only be employed, but I would also not have to bear this expense.

Additional financial burdens associated specifically with LDs include higher tuition costs, something both participants and I have struggled with. Opting for a lighter course load, which approximates the workload of our peers, may result in higher tuition costs compared to full-time students. Doing so may additionally render us ineligible for student health plans (OHRC, 2003) and further graduate work, since although we pay full time fees we are registered as part-time students. If eligibility for graduate school requires past academics to have been full-time, does this mean we have become ineligible for PhD work?

5.3. Suggested Changes

A learning disabilities discourse must push for change at the policy level. In the Canadian context, we are chiefly guided by our provincial disability acts and definitions of LDs (Wilson et al., 2009). Definitions of LDs are different amongst provinces, with differing methods and diagnostic criteria (Kozey et al., 2008). While this means we are in some ways less protected, it also means that

ideology surrounding notions of learning disabilities can remain more flexible, with new developments in research and thought (Klassen, 2002).

The AODA and post secondary institutions have a duty to ensure that all disabled students, including students with learning disabilities, have equal access in their quest to reach their intellectual potential. To fulfill this requirement I believe a number of changes are needed. The three most notable initiatives should include mandatory education and awareness training for post secondary instructors; the implementation of Universal Design of Instruction and needed infrastructure; and the implementation of clear procedures and penalties for non compliance that do not place onus on the student to report incidents or establish burden of proof.

5.3.1. Awareness, Education, and Knowledge Promotion

There must be changes at the systemic level, as well as at the level of societal and professional knowledge and awareness. The best policies and harshest penalties will not be successful if teachers, professors, and staff at every level of education are not aware of the policies, their importance and meaning, and that there will be personal and professional repercussions for non-compliance. We have to not only implement clear guidelines to be followed and punishments for non compliance, but educational and training resources for staff, teachers, and faculty at every level of education. This is the essence of tackling attitudinal barriers. Several researchers have mentioned the importance of increased training

and education, some suggesting that it be mandatory (Gregg, 2007, Murphy, 2008; McDonald et al., 2007; Jones et al., 2008; Wilson et al., 2009, Mishna et al., 2004; Denhart, 2008; Scott et al., 2000; Griffin et al., 2009).

Educational professionals will be more likely to disregard and circumvent guidelines and laws that attempt to establish equal opportunity if they rely on false, ignorant, and discriminatory beliefs. For this reason I believe training should not only be offered, but mandatory. Post secondary institutions and academia must be educated, along with instructors and staff, on the realities and vast intellectual abilities and potential of individuals with LDs, and on the fact that their strengths and weaknesses are no less and no more than those of any other individual. This may tackle instructor ignorance and false beliefs that lead them to refuse accommodations and engage in discriminatory behaviours and treatment of students with LDs as “lesser than”.

Little attention has been paid to the deficits and failings of our educational systems, in favour of a fixation on those of students with LDs (Gregg, 2007; Ho, 2004). What we must focus on is the false and damaging value judgments of society, our educational institutions, and their employees, as these attitudes are based on no more than arbitrary categorizations of what should qualify as a trait, a shortcoming, a disability, or an excuse. An example clarifies how our educational institutions have built and defended a hierarchy of parallel abilities. “The dyslexic who cannot encode or decode print might have no difficulty comprehending an audio text or dictating into a recording device but this person will still be

considered disabled or intellectually inferior because literacy through the eyes is privileged over literacy through the ears” (Denhart, 2008, 484). Although race relations has taught us that great harm can come from the inability to overlook biological realities or features, our educational institutions continue to maintain discriminatory beliefs and practices that do just that.

Individuals with LDs have "gifts such as the ability for spatial thinking" (Solvang, 2007, 88), as well as "increased creativity, problem solving and empathic intuitions" (Morris & Turnbull, 2007, 36). They are "strong on grasping the whole picture" (Solvang, 2007, 88), display remarkable intuition and abilities to grasp and develop concepts in multidimensional and complex perspectives, and have lent their gifts to architecture in extraordinary numbers (Solvang, 2007). Unfortunately, these gifts are rarely acknowledged, appreciated, and attended to during their school years (Morris et al., 2007; Solvang, 2007, Ryan, 2007). For many with LDs,

The years after school are a recovery period before their unique talents can flourish (Solvang, 2007, 88).

The school years represent one of the most significant major life stressors for persons with learning disabilities (Wilson et al., 2009, 24).

This long term stress results in chronic physical and mental conditions, as well as low self confidence (Wilson et al., 2009).

In addition to reduced ignorance of LDs, and increased compliance with policies, the positive effects of professor, teacher, and staff education and training will include increased mentor support for these students. As we have seen, this

support is crucial in the development and retention of resilience in a society that still questions and attacks their abilities and worth. Although the education of our educators is crucial, increased awareness amongst the family members of those who are diagnosed would also be advantageous, as it would increase support for these individuals during their childhood years (Wilson et al., 2009).

Murray et al's (2008) study noted that positive feedback from faculty led students with LDs to seek more assistance. This data is corroborated by student accounts of feeling "strongly encouraged and inspired by those lecturers and tutors who were supportive and understanding" (Griffin et al., 2009, 35).

Interestingly, accounts from knowledgeable faculty have reported in interviews such statements as:

I have often found the students with LD to be very very good students who have learned how to cope to the point that many refuse extra consideration. [...] Attending to the special needs of LD students has actually been the primary source of my development as a teaching professional, and the result has been greater effectiveness as a teacher of persons of all characteristics (Scott et al., 2000, 161).

Unfortunately, Scott & Gregg (2000) were not able to find professors with such sentiments in their own study, having to cite two other studies as anecdotes. Nevertheless, it is possible that the inclusion of and proper attention to students with LDs improves the performance and skills of the teacher in such a manner that all students benefit, including students with LDs who will therefore run a slimmer chance of needing accommodations. This would suggest that the accommodations are to compensate for shortcomings in teaching methods, rather

than a student's learning disabilities.

Interestingly, Scott & Gregg (2000) report that faculty feel that their input is being sought less and less, and carries less weight concerning issues of accommodations and LD students (Scott et al., 2000), despite Ryan's (2007) work that suggests faculty feel constrained by increasing workloads and the expectations to publish that they feel leave little time or resources to become educated about LDs (Ryan, 2007). These two seemingly inconsistent reports may, in fact, be evidence of the need for two distinct changes.

First, faculty should be included in the development of new policies, since their exclusion “can result in increased hostile behaviours such as backlash” (Easley, 2001, 39). This phenomenon may be leading them to challenge the accommodations of LD students out of displeasure at being excluded in the development of institutional disability policies (Scott et al., 2000). Freire (2000) would state that this reaction is very predictable, and explains why intelligent people and institutions are unable to distinguish the simple difference between, on one hand, the content of their knowledge and information, which indeed should be protected, and on the other the manner in which that knowledge is communicated to students and how their students' newly acquired knowledge is tested. “Any restriction on this way of life, in the name of the rights of the community, appears to the former oppressors as a profound violation of their individual rights” (Freire, 2000, 57). Professors and educational institutions take their oppressive beliefs and behaviour for granted, mistakenly believing that they are entitled to their

privileged positions. The removal or questioning of their power and privilege is therefore met with a resistance based on the belief that they deserve their power simply because they currently possess it and have had it in the past.

Additionally it is important to examine the values, priorities, and underlying assumptions that are operating within these institutions, and then develop strategies that will work to change the culture and resulting behaviours (Easley, 2001, 40). Training and education for faculty will do little if the inherent message the university is giving its staff is not also addressed (Easley, 2001), since the inconsistency in these messages from professors could be a result of not believing LDs are a priority or of significant importance to merit any of their time, whether abundant or limited.

5.3.2. *Tackling Academic Elitism*

Although faculty polling results may show “generally ... positive perceptions about students with LD” (Murray et al., 2008, 95), the polling results of the perceptions of students with LDs about their professors are generally negative (Griffin et al., 2009). This is perhaps due to differences in definitions of “accommodations” and Murray et al.’s (2008) observation that faculty are willing to allow minor accommodations, but not major ones. It is perhaps these accommodations that faculty define as “major” that students with LD believe to be most helpful or meaningful in their attempts to prove their knowledge of the academic material in a manner that best approximates equal opportunity instead of

“conventional university assessment methods, which generally entail large amounts of reading and writing” (Ryan, 2007, 438). For this reason mandatory education and training of our professors should also include the differences between the content of their knowledge, which indeed should not be censored, and the manner in which to best instruct and spread that knowledge and expertise. Education and training on this issue will also help to tackle professor ignorance and false beliefs based on academic elitism and the refusal to accommodate.

5.3.3. *Universal Instructional Design*

Individuals with LDs do not have any less of an ability or potential to learn; they simply learn differently (Solvang, 2007). Since learning disabilities are not a question of intelligence, but learning style, steps should be taken towards the development of an inclusive educational system. The OHRC, as well as several researchers, have suggested that educational institutions should shift their thinking towards an inclusive educational set of principles and methods (Van Handle, 2004; Gregg, 2007; OHRC, 2003; Ryan, 2007; Mishna, 2003; Elkins, 2007; Skrtic, 2005; Ho, 2004).

Commonly referred to as Universal Design of instruction, these principles and methods are based on the premise that curricula should meet the needs of all students, not only those with or without LDs. All individuals communicate and learn in different ways, and none are “better” than others. A system where “everyone in the class is valued equally” (Van Handle, 2004, 161), and

accommodations are replaced by inclusion, should be the goal, since the manner in which we learn is not correlated to our ability to learn (Van Handle, 2004), and adherence to arbitrary guidelines and methods of teaching simply favour some learning styles over others, creating a hierarchy of valued abilities. This framework therefore aims to improve learning opportunities for all students, whether learning disabled or not (Van Handle, 2004, Gregg, 2007; Ho, 2004). Under this framework, the curriculum format would be flexible enough to “offer multiple representations of content”, as well as offer flexible testing methods, so as to allow students to prove their understanding of material without limitations based on specific abilities to absorb or communicate via certain media (Van Handle, 2004, 161).

In the task of designing and implementing a curriculum based on the model of Universal Design, the theory of “Multiple Intelligences” (Van Handle, 2004) is helpful for clarification and legitimation. This theory lists eight discrete intelligences, or ways in which every person absorbs, understands, manipulates (or incorporates it into existing knowledge) and demonstrates their knowledge. Every individual possesses strengths and weaknesses in each particular intelligence, and will therefore prefer different media. The list, with examples for each, shows common methods that most are familiar with and have used on occasion, thereby validating them as authentic means by which to acquire new knowledge.

- Verbal-linguistic (reading, lectures, journals, worksheets).

- Logical- mathematical (puzzles, problem-solving activities).
- Visual-spatial (diagrams, films, drawing activities).
- Bodily-kinesthetics (crafts, demonstrations, theatre performances).
- Intrapersonal (reflective activities).
- Interpersonal (group work, peer tutoring, project work).
- Naturalist (field trips, show and tell).
- Musical-rhythmic (singing, music, poetry). (Van Handle, 2007, 164)

Gabrielle gave a good example of this, saying that her preferred method of study and information retention has long been music. Since approximately grade six she has used a tune or nursery rhyme to help her remember or memorize material. Such an example illustrates a very reasonable and common way of absorbing information; a strategy many of us have used, and do not associate with a disability.

This theory, based on the cognitive sciences, lends to LDs the scientific credibility that our society values, and presents clear alternatives to the current rigid curricula seen in our educational institutions. The above list presents clear alternatives to educators, reducing arguments based on status quo notions of practicality or lack of applicability.

5.3.4. *Compliance and Enforcement*

The third area in need of significant improvement if students with LD's are

to be properly accommodated is the OHRC process for compliance and enforcement. The OHRC accountability process assumes that a once yearly self-report, along with visual inspections and investigations, is sufficient to combat all forms of discrimination and accountability at universities. This approach may ensure the development of a universal design of the physical environment, but it fails to extend universal design to the pedagogical space (Gregg, 2007) -- the space and essence of a university. There are no mechanisms to combat or investigate complaints of systemic discrimination, like those described by the graduate students in this study. A complaint-based system that relies on the marginalized to hold individuals and institutions accountable should be replaced with a society that actively prevents discrimination. Our legislations and policies should reflect this. Although the AODA represents a spirit of equal opportunity, it is clearly no more than symbolic, allowing publicly funded institutions to disregard government legislations, and not take them seriously.

A review of cases related to disability and education [...] revealed that a relatively high proportion of these [cases] raised systemic issues. Issues include admissions criteria for post graduate studies... and the provision of academic accommodations at the post secondary level (OHRC, 2006).

If the AODA is to fully represent our Canadian values, the Ontario government must present clear rules for compliance, mechanisms for enforcement, and swift punitive measures for non-compliance.

The Ontario March of Dimes (2005) has suggested that universities be required to collect data on acceptance and completion rates of students with LDs.

By monitoring this data, the government can ensure that more equitable admission procedures and appropriate infrastructure are present. Official university policies and procedures are easily reviewed, and can be compared to statistical data of the universities' LD populations. The Ontario government could, therefore, conduct yearly audits regarding the worst systemic offences by mandating that official policies and procedures must be made available for review, and that such statistical data on their student LD population must be collected every year. If a university's policies and procedures are truly offering equal opportunity to individuals with LDs, it should be reflected in statistics of entrance rates, grade point averages, and graduation rates, as well as rates of satisfaction. Issues of students preferring not to disclose their LDs should be attended to, since this may on the one hand unduly lower a university's statistics on admission and retention of students with LDs, but may also, conversely, be representative of issues of stigma or extreme dissatisfaction with the university's Accessibility Services department, and of overt forms of harassment and discrimination.

As the Ontario March of Dimes (2005) has suggested, awards and targeted funding can increase incentives for those institutions that are lagging. I would add to this that those universities that fail to alter policies and procedures in accordance with the AODA and their review of systemic barriers be targeted for less government funding. Surely only those post secondary institutions that provide equal opportunity should be funded by taxes.

Many other suggestions have been made that may help in the pursuit of

these goals. More flexible admission criteria for post graduate programs (OHRC, 2006) can be implemented to ensure equal access and opportunity, while the curriculum and standards of Universal Design are still incomplete, and while policies and practices are reviewed and altered.

A challenge to the implementation of policies and support networks for those with LDs is the lack of a single effective framework that properly speaks to the issues and discrimination that they face. Although there is a system that attempts to advocate for the disabled community as a whole, the result is a narrow definition limited mostly to the experiences of its authors (McDonald et al., 2007; Sheldon, Traustadottir, Bereford, Boxall & Oliver, 2007). Future research on the subject needs to emphasize the goals of reflecting the unique struggles of individuals with LDs at all ages, as well as reducing misinterpretations and the use of alienating theories by including individuals with LDs as active participants in LD research and literature. Just as other disabilities have their own narrative, so too should this group.

The Disability Rights Movement clearly does not speak to the struggles of the LD community, and permanent inclusion in our academic institutions may involve the development of a critical analysis and theories that can support these important changes in our society and institutions. The implementation and maintenance of positive change will require the dedication of individuals with a strong belief in the rights of individuals with LDs, as well as a significant increase in research on the experiences and beliefs of individuals with LDs. Proper data

can only be collected and meaningful change can only gain momentum if their experiences and inclusion are genuinely wanted, appreciated, and respected.

Without knowing their value and developing self esteem and confidence, individuals with LDs cannot build and connect with an LD community and informal support networks. Mishna and Muskat (2004) note that it is within this sense of community, in their case group therapy, that individuals with LDs can experience support, acceptance, and safety amongst peers (Mishna et al., 2004). With reduced isolation and increased confidence individuals with LDs can develop more resilience, and better defences against discrimination in society, as well as the voice and perspective needed to advance research in this area of study.

5.3.5. Rethinking Definitions and Labelling

There is evidence of international inconsistencies in definitions regarding learning disabilities. British journals in particular define LDs as “the presence of a significant intellectual impairment” (Twyford & Watson, 2008, 92) and “an estimated IQ range of 50-79” (Jones, Long & Findlay, 2006, 410). Such terminology is as a result appearing in North American literature, where Moir & Alexander (2008), for example, mention the terms “idiocy”, “mental retardation”, “learning disabilities”, and “learning difficulties” as all terminology for individuals who have the same diagnosis: one that often leaves them suffering from incontinence. This article, and others like it, clearly has little regard for the experiences and narrative of individuals with LDs, since the proliferation of such

inaccuracies assures that individuals with LDs must face not only the problems and barriers of those with LDs, but also those attitudinal and systemic barriers faced by those with intellectual disabilities. Additionally, such misuse of the term “learning disabilities” can lead to confusion in the study and proliferation of inaccurate information. As with most medically-based diagnoses, there should be international agreement on diagnosis criteria and terminology. Issues of labelling must also be examined in conjunction with Universal Design, since different learning styles should no longer be labelled “disabilities”. Until public perception of the nature of LDs is seen as authentic, arguments for its removal from the classification of “disability” may only serve to undermine and obfuscate the issues.

6. CONCLUSION

The findings of this research suggest that my personal experiences of marginalization and discrimination at several Ontario universities are familiar to other graduate students with LDs at their universities as well. Provincial policies concerning the equal opportunity of students with LDs appear to be “toothless”, in that the discriminatory and damaging actions of universities, although counter to the Code, remain and continue to be tolerated as a result of an absence of justice as defined by this very legislation.

It seems that those students with LDs who manage to gain admission to a post secondary institution continue to be subjected to disparaging attitudes and

interactions. Although most research on the matter either interviewed undergraduate students only or did not qualify this characteristic at all in the research, there are noteworthy similarities and patterns, as well as serious questions to be asked with regard to how universities are tackling what the AODA refers to as “attitudinal barriers”. There were interesting similarities and differences between the experiences and stories of these two participants, compared to that of the relatively small amount of available literature on the subject of undergraduate experiences. Both participants answer quite similarly when asked what they thought was their biggest problem in daily life at university as a graduate student. The findings in this study were consistent with those of the OHRC, in that barriers for those with LDs include “inadequate funding, [...] cumbersome and time consuming accommodation processes, negative attitudes and stereotypes, and a lack of understanding of the commission policy and the rights and responsibilities of all parties under the Ontario Human Rights Code” (OHRC, 2004b, 5). Although the OHRC's study refers to all type of disabilities, it seems that the only aspect students with LDs may be free from is “physical inaccessibility” (OHRC, 2004b, 5).

Research results suggest there are two key factors when analysing the LD individual's experiences and differentiating between those who were able to succeed and those who fell victim to some of the many negative statistics. On the side of the environment, the educational institution (and the family unit) can greatly improve the chances of this group's success when professionals are

properly educated on, and policies are representative of, the issues and realities of LDs. They are more likely to advocate, cultivate self esteem, and see and appreciate the students' strengths and natural abilities, and less likely to propagate negative and false conjectures, or to think and act in a discriminatory manner. If the educational environment of these students becomes more welcoming, accepting, and supportive, changes will follow at the individual level that will further strengthen and perpetuate the changes made at the institutional level. The LD student will be better equipped to maintain resiliency through the discrimination and added burdens that still linger. This positive cycle, if implemented and tended to properly, could make great strides towards a society where no person is considered inferior for having abilities that are not only superior to the average, and rare compared to the majority, but extremely useful in our ongoing effort in international and global economies. Ceasing to subjugate a community of people so that they too may flourish will not put the potential, successes, or prosperity of others in danger. It will, in fact, be beneficial for all, since improving the social determinants of health of individuals with LDs will ensure they are less of a drain on the social safety net for such reasons as unemployment and illness.

Without a movement or the implementation of a set of theories that can speak to the experiences of individuals with learning disabilities, it is much less likely that important changes will be made. Currently the best model and theoretical arrangement to represent the voice of individuals with LDs is the bio-

psycho-social model. This complex of theories accounts not only for the unique stigma based on morals and questions of validity, but also for the ongoing processes that are necessary to speak to their issues of equality. “We need a model of medical labelling in educational settings that is able to handle what people experience as empowering on an individual level, but at the same time is problematic when seen from a structural perspective where inclusion and diversity are important” (Solvang, 2007, 91). Until attitudinal barriers are truly defeated, it might be best to maintain the label and diagnosis of LD, in order to ensure something approaching equal rights. Once attitudinal barriers are removed, and professionals are consistently trained appropriately and sufficiently, perhaps a more inclusive educational design can be meaningfully implemented. This means that inclusion in the form of Universal Instructional Design should be the ultimate goal, but accommodations are needed until certain barriers are removed.

Educational directives, although rooted in human rights legislation and values of equal opportunity, are being applied in such a manner as to favour one group over another. By allowing educational institutions to measure attributes and abilities other than those related to intellect or true academic ability, the Accessibility for Ontarians with Disabilities Act is sanctioning educational practices that hinder students with LDs. In an era marked by the commodification of knowledge, the resulting differential access has effects on later social determinants of health, such as level of education achievement, socioeconomic status, employment status, and mental health.

Although “the welfare state needs to rank claims in accordance with its scarce resources” (Solvang, 2007, 85), it would be in society’s best interest to start addressing these issues as quickly as possible. The above suggestions will require a renewed government commitment to spending on educational initiatives and infrastructure. Yet those countries that have historically spent more in such areas are known to fare better on measures of health and report a smaller proportion of lower income people, as well as a smaller gap between rich and poor (Raphael, 2006). It follows, then, that it is in our collective interest to develop a more inclusive educational system.

Skrtic (2005) argues that social mobility and democratic equality are at odds where education permits equal participation in the political process, but in reality stratifies by giving individual students an advantage in competing for social positions, turning education into a commodity (Skrtic, 2005). If “the purpose we ascribe to education reflects our values” (Skrtic, 2005, 151), then Canadians, and Ontarians specifically, do not value equal opportunity, or intellectual potential and excellence, but only Market Liberalism, where “individuals are mere competitors in the consumption of political goods, and government is simply a protector of economic markets and private rights” (Skrtic, 2005, 151). Our government is either not upholding our societal values, or we are deluding ourselves and projecting a sense of moral value that we do not have and is disingenuous.

The potential for this population to make significant contributions to society will be greater if we provide the

learning and testing accommodations to allow them access to knowledge, as well as the means to demonstrate their extraordinary abilities (Gregg et al., 2007, 272).

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APPENDIX A



Letter of Information /Consent

A Policy and Service Analysis: The Expert Knowledge of University Graduate Students with Learning Disabilities

Student Investigator: Sarah Teichman
teichms@univmail.cis.mcmaster.ca
(647)895-3801

Supervisor: Dr. Rachel Zhou
School of Social Work
McMaster University
Hamilton, Ontario, Canada
(905) 525-9140 ext. 23787
zhoura@mcmaster.ca

Purpose of the Study

This study will investigate the effectiveness of policies that are meant to represent the interests of students with learning disabilities (LDs), promote their inclusion, and reduce ignorance. As a graduate student with learning disabilities, your experiences are central to this research. This study will document your experiences and opinions to gain a deeper understanding of the strengths and weaknesses of the systems that are in place. It is my hope that the results of this research will be used to help improve policies and practices at Ontario universities, and by extension the participation and opportunities of students with learning disabilities.

Some of the issues I will investigate include:

- How effective has the university been in their efforts to create an inclusive and welcoming environment?
- What forms of resistance, if any, have you encountered in your attempts to obtain accommodation?
- How helpful has the Accessibility Services department been? And how can they improve?

Procedures involved in the Research

You will meet for a one-on-one interview where you will be asked open-ended questions about your past and current experiences at university, and how they might be affected by your diagnosis of learning disabilities. You will also be asked about how you understand your experiences and your opinions about how universities should improve.

Your interview will take place in a reserved room at the Robarts Library, where we can speak openly and privately. The interview will be audio recorded with your permission, and converted to a written transcript. The length of time needed and particular topics to be discussed will depend on your answers and what you feel is important and relevant as a student with LDs, but should not exceed 60 minutes.

Potential Harms, Risks or Discomforts:

I appreciate that ignorance regarding learning disabilities remains prevalent and that you may have, or continue to, experience negative attitudes or perceptions that may make some discussions difficult. You may also worry about how others will react to what you say. You do not need to answer questions that make you feel uncomfortable or that you do not want to answer. You are also free to end the interview at any time. The steps I am taking to protect your identity are discussed below.

Potential Benefits

Your participation could lead to improvements in university policy or changes that better reflect the interests of graduate students with learning disabilities, such as yourself. In sharing these positive and negative personal experiences and opinions, I hope to uncover key strengths and flaws in current policies, which could be used to further refine policies and procedures in the future.

Confidentiality:

Your participation is confidential. I will not use your name or any identifying information. Nor am I identifying the University of Toronto in my report as the focus of my study. Nevertheless, we are often identifiable through the stories we tell, references we make or views we express. Please keep this in mind through the interview.

Once taped interviews have been transcribed they will be destroyed. Any information that could identify you, your institution, and/or anyone you mention will be removed from transcripts and not included in research results. Interviews,

in taped and transcript form, will only be accessible to me for the duration of the research, after which point all data will be destroyed.

I am in no way affiliated with Accessibility Services, or any other department or faculty at your university. No one at Accessibility Services will know who participated and who did not.

Participation:

Your participation in this study is voluntary and you may continue to participate without having to answer some of the questions. If you decide to participate, you can decide to stop at any time and any stage of this research project. Should you decide to stop, any data you have provided will be destroyed, unless you indicate otherwise.

Information about the Study Results:

I expect to have my study completed by approximately January 2010. If you are interested in a brief summary, please get in touch with me after that date or provide me with your e-mail address at the end of this letter.

Information about Participating as a Study Subject: Rights of Research Participants

If you have questions or require more information about the study itself, please contact Sarah Teichman at teichms@univmail.cis.mcmaster.ca or (647)895-3801

This study has been reviewed and approved by the McMaster Research Ethics Board. If you have concerns or questions about your rights as a participant or about the way the study is conducted, you may contact:

McMaster Research Ethics Board Secretariat
Telephone: (905) 525-9140 ext. 23142
c/o Office of Research Services
E-mail: ethicsoffice@mcmaster.ca

CONSENT

I have read the information presented in the information letter about a study being conducted by Sarah Teichman, of McMaster University. I have had the opportunity to ask questions about my involvement in this study, and to receive

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any additional details I wanted to know about the study. I understand that I may withdraw from the study at any time, if I choose to do so, and I agree to participate in this study. I agree to the audio recording of the interview and I have been given a copy of this form.

Name of Participant

Would you like me to contact you with research results?

Yes please forward a research summary to the following email address when available

APPENDIX B

The Expert Knowledge of University Graduate Students with Learning Disabilities: A Policy and Service Analysis

Interview Guide

- Review and signing of consent form
 - o Do you have any questions?

Individual

- What is your major, or degree you are working towards?
- What type of learning disabilities do you have?
- Are you part-time or full time?
 - o If part time, why? (is part of the reason because of your LDs?)

Instructors and staff

- What is the general structure of classes and assignments? (lectures, discussions, presentations, show and tell)
- Are each of your instructors aware of your LDs?
- Which instructors or in what circumstances have instructors been more or less willing to accommodate (able to get extension or consideration in one class but not another).
- When and how have instructors been helpful? And When and how have instructors been unwilling or unable to help you?
- Are you comfortable asking instructors for accommodations?
- How do you think your instructors understand your disability?
- What do you think have been some of the difficulties you've had with your learning at university? Can you give examples?

Accessibility Services

- What services do you use at Accessibility Services?
- What services have you used in the past?
 - o If different from the ones currently used, why?
- How effective are/were they for you?
- Have you ever experienced difficulty in securing accommodations? What was the source of the difficulty?
- When and how have Accommodation Services been helpful? And When and how have they been unwilling or unable to help you?
- Are there any stipulations to your ongoing right to accommodation? Such as you must update your diagnosis, or make appointments with a counsellor?
 - o If you are forced to update your psycho-educational diagnosis did you have to pay for it yourself? Do you think such stipulations are appropriate? Why or why not?

- What do you think the role or job of your Accessibility counselor is?
- How do you know he/she is knowledgeable about your learning disability and understands your needs?
- How has your Accessibility Services counsellor advocated for you when instructors were unwilling to accommodate?
- What suggestions for accommodation has your Accommodations counsellor made that you had not previously had, or thought of?
- Do you think your Accessibility counsellor would consider accommodations that you suggest?

Institution

- Have you ever negotiated accommodation of any kind without Accessibility Services?
 - o Why or why not?
- What about administrators or other services?
 - o Are staff helpful and knowledgeable in technological services, learning strategies?
- Where have you experienced the most problems or discrimination as a student?
- Where have you felt most understood or included?
- What do you think of universities or individuals that believe that the type of accommodations you have lowers academic standards?
- Has the university made you feel comfortable in sharing your diagnosis of learning disabilities to others?
- Did you disclose your learning disabilities when applying for graduate programs? Why or why not?
- What teaching and learning adjustments would you like to receive?
 - How do you think you learn best? (audio, visual, tactile, kinetic...)
 - What strategies do you use to get the most out of your studies and make it a positive experience?
 - Where do you think your university can improve with regards to grad students with LDs?

* These questions are only a guide, and may reflect similar questions from different angles, or ways of asking for elaboration.