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Self-disclosure by Students with Invisible Disabilities: A Narrative Study

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Abstract

An increase in the population of students with invisible disabilities is being felt across the nation. Extensive research acknowledges the challenges and barriers faced by these students, in addition to the impact that this demand is having on student support and resources. This qualitative narrative study sought to understand the lived experiences of students with invisible disabilities who were confronted with the decision to self-disclose their disability to their academic faculty. Additionally, this study proposed to understand the factors that led to self-disclosure, how the participants navigated the experience, and their perceptions of the process as it related to emotional well-being. A total of twelve participants were selected for the semi-structured and brief follow-up interviews. The four themes are the: a) Process of Self-disclosure, b) Immediate Reaction after Self-disclosure, c) Effects of Self-disclosure, and d) Benefits of Self-disclosure. The salient findings of this study are a need for the differentiation between mental health related vs. non-mental health related disabilities when researching invisible disabilities; that a difference in perception of the need for accommodations may exist between STEM vs. non-STEM taught courses; and the overall experience of self-disclosure is a potentially necessary and benevolent experience for students with invisible disabilities who experience this process. An exploration of future research is warranted, especially as the population of students with invisible disabilities continue to enroll in college.
Dedication

For Nana and Papa,

your unconditional love, patience, humor, and support allowed me to learn life’s lessons on my time. Your dedication to me provided every opportunity for the amazing life I have today.

I promised you that I would finish… and I have.

So, put a fork in me…

I’m done!

Eternally, I love you both!
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Chapter 1: Introduction

A significant increase in the number of students presenting with invisible disabilities on college campuses across the nation has necessitated institutions of higher education to reconsider the systems in place that support this growing population (Nolan et al., 2005). The Healthy Minds Study (2019) reported that approximately 37% of college-aged students are impacted by invisible disabilities. Many of these students are choosing not to disclose their disabilities to the institution for fear of the stigma associated with hidden or invisible disabilities from faculty, peers, and the greater campus community (Prowse, 2009; Morina, 2015). Mullins and Preyde (2013) defined invisible disabilities as those that can be cognitive in nature and not visible to others. For instance, psychiatric disorders such as anxiety, depression, bi-polar, post-traumatic stress, attention deficit, the gambit of personality disorders, and autism spectrum disorder are all considered invisible. Additionally, traumatic brain injuries, chronic migraines, seizure disorders, and non-specified neurological conditions all meet the criteria for an invisible disability.

Many students with invisible disabilities report feeling marginalized, believing that faculty and peers hold feelings of disbelief regarding the authenticity and impact of their disability (Morina, 2015). Concurrently, students report that faculty often request more than a justification or explanation of the reason for an accommodation, questioning the validity of the student’s disability, even after the Disability Support Services (DSS) office has received documentation from medical professionals (Morina, 2015). The stigmatization of an invisible disability can be overwhelming and create an unnecessary
burden of vulnerability that many students choose not to experience; thus, students avoid disclosing of their disability to anyone on campus (Gordon, 2004).

Students with invisible disabilities have consistently avoided self-disclosing their disabilities to avoid any pretense or consequences in the classroom (Riddel et al., 2004; Claiborne et al., 2010; Hong, 2015). Having an invisible disability is a perceived disadvantage in the classroom by college students (Martin & Oswin, 2010). At the same time, college and university leaders scramble to find resources that support students with invisible disabilities. The severity of challenges faced by these students continues to escalate, requiring significantly greater investment across all facets of the institution (e.g., academic advisors, faculty mentors, student support services, disability support services, and support from housing departments and on-campus counseling services) to ensure retention efforts are maximized (Nolan et al., 2005; Smith et al., 2007).

The Effect of a Subjective Definition of Disability

Since the inception of the Americans with Disabilities Act (ADA) (1990), a universally agreed upon definition of “disability” has remained inconclusive legally and ambivalent throughout the literature. The ADA is an umbrella legislation meant to protect the civil rights of those who are otherwise qualified to participate in societal institutions and programs without threat or recourse, discrimination, or bias. Relevant to higher education, the lack of a definitive legal definition allows for decisions made about accommodations to be subjective. The language used in the ADA surrenders the responsibility of determining whether an impairment qualifies as a disability, as well as the scope and magnitude of an impairment on a student’s education, up to DSS professionals. In college, the role of a DSS professional is to identify barriers and assign
reasonable accommodations that mitigate exposure to physical and curricular obstacles inherent to education.

The ADA requires that students with invisible disabilities are ensured an opportunity to equitably participate and benefit from the same level of access as all other students on campus (Kiuhara & Huefner, 2008). There is an increase of support and resources provided to students with invisible disabilities in higher education as a lasting result of the ADA; support includes needed therapeutic support and pharmacological intervention that may not otherwise exist on college campuses. To manage the influx of students with invisible disabilities, programs such as student health, counseling, and psychiatric services have relied on partnerships with licensed professionals from their shared communities to ensure this population of students is receiving the adequate care necessary for their success (Anthony, 1993; Mowbray & Megivern, 1999; Collins, 2000; Wilson et al., 2002; Corrigan, 2003; Mowbray et al., 2006; Dutta et al., 2009). For students with invisible disabilities, especially those with mental health related disabilities, there are far more barriers to success than therapy and medication.

Research suggests that increased institutional investment to reduce the stigma associated with mental health for students with invisible disabilities has marginally touched the surface and is far from reaching its full potential to improve enrollment, retention, and degree completion throughout higher education (Collins et al., 1998; Collins et al., 2000). Students with invisible disabilities have historically underperformed when comparing the enrollment, retention, and degree completion rates to students who do not identify as having an invisible disability (Nolan et al., 2005). Efforts to destigmatize mental health are not having the intended impact of fostering a safe and
welcoming environment on college campuses. A large percentage of students with invisible disabilities are still choosing not to self-disclose the nature of their disability to faculty and peers, while also avoiding participation in campus outreach efforts (Mullins & Preyde, 2013). In essence, while their enrollment has increased, students with invisible disabilities are still reporting that they do not feel a sense of support across campus (Morina, 2015).

The challenges experienced by students with invisible disabilities can significantly impact personal relationships, often making it difficult to build rapport with class peers or college roommates (Venville et al., 2016). Some of the symptoms experienced by students with invisible disabilities, particularly those with a heightened level of acuity, might completely derail the student’s cognitive, emotional, and physical ability to effectively function and maintain relationships (Couzens et al., 2015). This population is susceptible to overwhelming stimuli, triggers, and heightened levels of distress, which all have been shown to negatively affect retention and graduation rates (Brackney & Karabenick, 1995). Experiencing psychological distress is more likely to manifest as issues with time management, emotional irregularity, minimal self-efficacy, and behavioral instability (Patiyal & Choudhary, 2018). This population often experiences impaired executive function, reduced processing ability, and motivation issues; all barriers found to be extremely impactful in an academic setting (Dobson & Kendall, 1993; Corrigan, 2004).

Traditional college stressors that minimally impact the general population of undergraduates may be insurmountable obstacles for students with invisible disabilities (Megivern et al., 2003). These stressors create barriers to success and impede a student’s
ability to matriculate through their education and complete their degree. Some of the barriers experienced by students with invisible disabilities include: a) transitioning to a new environment; b) societal stigma; c) feelings of inadequacy in both academic and social engagement; and d) loneliness and isolation (Knis-Matthews et al., 2007; Hartley, 2010). Unique to students with invisible disabilities is an additional barrier, the need to self-identify as having a disability to receive accommodations in their classes. Most students request accommodations through the campus DSS office, while others choose to speak directly with their professors and pursue accommodations without assistance.

For the students who are willing to self-advocate, missing class or requesting an extension on an assignment may lead to questioning from faculty who seek to understand the details of the situation and reason for the request. Questioning a student about an accommodation request is appropriate to maintain oversight and accountability in the classroom. There are occasions, though not frequent, when a professor denies a request based on their perception of the situation or preconceived beliefs about disabilities and accommodations in college. A negative interaction or denial of a request may exacerbate a vicious cycle of stigmatization for a student with an invisible disability, resulting in avoidance to self-disclose in future situations (Kranke et al., 2013).

**Faculty Awareness Regarding the ADA**

The increased enrollment of students with invisible disabilities is a developing phenomenon in higher education, frequently attributed to advancements in medical technologies, pharmaceutical interventions, and mental health resources (Wright & Wells, 2018). This enrollment trend has resulted in the identification of additional stressors and barriers for college faculty that researchers have not historically addressed
(Dowrick et al., 2005). The impact felt by academic faculty is significant. Often, they report being ill-prepared for the intensity that some students with invisible disabilities present, admitting to being unequipped to handle significant mental health issues that students disclose (e.g., suicidal ideation and experiences with sexual assaults) (Hong, 2015; Morina, 2016).

Often, the success of students with invisible disabilities is dependent on general faculty attitudes about disability and the supporting structures in place campus-wide, as well as the campus climate regarding disability awareness and advocacy. However, when providing academic accommodations for students with invisible disabilities, research indicates that faculty are not well informed about disability laws and specific symptoms related to their disabilities, which was identified a major barrier for student success (Hong, 2015; Hong & Himmel, 2009; Morina et al., 2015; Morina, 2016).

Faculty knowledge and understanding of the law as it relates to disabilities and the federal mandate for the institution to provide accommodations under the ADA are significant barriers for students with invisible disabilities (Eckes & Ochoa, 2005). A more significant barrier is when a professor questions the legitimacy of an invisible disability or an accommodation based on physical appearance (Barnard et al., 2008). Research suggests that faculty need better training and support to respond to the increasing demands of students with invisible disabilities (Lovet et al., 2015). While it is evident that some institutions have not been responsive to this demand, others are requiring sensitivity training that increases faculty awareness and compassion to meet the intense presentation of this population (Healey et al., 2001; Debrand & Salzberg, 2005; Lombardi & Murray, 2011; Murray et al., 2009; Hong, 2015).
Statement of the Problem

The transition from high school to college can be very challenging for any student. This is especially true for students with invisible disabilities, who are often significantly impacted by changes in their environment and daily routines (Knis-Matthews et al., 2007). Students with invisible disabilities have an additional transition that is not experienced by any other population on campus; the need to self-disclose their disability to receive academic accommodations.

Higher education and K-12 are governed by two separate legislative acts. The K-12 system operates under the entitlement protections afforded by the Individuals with Disabilities Education Act (IDEA, 2004). Students with invisible disabilities are supported by an Individual Education Plan (IEP) and have a team of professionals (i.e., teachers, counselors, and administrators) who are responsible for ensuring the student’s success throughout their K-12 experience. Higher education operates under the federal mandate of the 1990 Americans with Disabilities Act, better known as the ADA. The ADA requires an individual, in this case a student with an invisible disability, to self-disclose the disability and describe the nature of how the disability impacts their functioning in the area that they are requesting an accommodation. On all college campuses, this is done by a student registering with the DSS office, who then work in collaboration with the student and academic faculty to ensure their accommodation requests are applied in the classroom.

Students with invisible disabilities are faced with the dilemma of whether to self-disclose their disability to their academic faculty or rely on the campus DSS office to ensure their accommodations are enacted without having this personal communication
with their professors. The challenge is whether self-disclosing will enhance communication with their professor regarding their disability, or backfire and further stigmatize the student as they advocate for themselves in the classroom (Kranke et al., 2013). As stated by Barnard et al. (2008), this dilemma becomes a particular barrier if a professor questions the legitimacy of an accommodation because the student’s disability is not clearly physical. An adverse attitude to an accommodation has the potential to further alienate an already vulnerable student from seeking further necessary accommodations as the semester progresses.

Given the many barriers, it is important to identify how students with invisible disabilities are handling college stressors and the triggers that ultimately are associated with higher dropout rates (Hartley, 2010). Previous research has explored the lived experiences of students with invisible disabilities on a college campus. A multitude of campus resources and support structures have been identified for students with invisible disabilities on a college campus (Venville et al., 2016). Additionally, research has identified the holistic needs of this population and the extra-curricular activities most likely to lead to academic success (Kreider et al., 2015). However, previous research and literature has failed to identify the individual emotional impact felt by students with invisible disabilities when institutional support systems fail to meet their needs to succeed scholastically.

**Purpose of the Study**

The research for this dissertation involved collecting, analyzing, and reporting the experiences of students with invisible disabilities who were reluctant about self-disclosing their disability to their academic instructors. This study sought to provide a
greater understanding of the emotional impact that having to self-disclose an invisible disability had on student’s well-being, especially in instances when the disability and need for academic accommodations were questioned by academic faculty. The intent was to further the dialogue found in existing research that established the triggers (Knis-Matthews et al., 2007; Hartley, 2010), stressors and barriers (Dowrick et al., 2005; Eckes & Ochoa, 2005; Madaus & Shaw, 2004; Stodden et al., 2001), support structures (Venville et al., 2016), and campus resources (Murray et al., 2009; Hong, 2015) already in place on a college campus. The study sought to gather a more personalized account of the experiences that students with invisible disabilities have after being questioned about their own unique health challenges and scholastic barriers.

**Research Questions**

1. What factors contributed to student disclosure of an invisible disability to the instructor of an undergraduate class?
2. How did the student navigate the process of disclosure?
3. How did the student perceive the process of disclosure?

**Research Design**

This study followed a qualitative narrative design. Qualitative research explores the nature of reality by delving into the thoughts and interactions of people who have experienced a similar event or experienced an event as part of a subset of a greater population, allowing interviewees to tell their own personal narrative of lived experiences (Creswell, 2009). This study recruited students with invisible disabilities to identify if their experiences were like others in a classroom setting, specifically if their interactions
with academic faculty were part of a greater shared experience or unique to the individual.

This research design allowed for the exploration of the experiences that are unique to the population of students, who may not always be forthcoming with self-disclosing their invisible disability for fear of being stigmatized. Conversely, students with physical disabilities may be more willing to self-disclose their disability based on a general assumption that their disabilities are more readily visible. This research design utilized exploratory qualitative research methods to gather data that provided a deeper, more in-depth investigation into the narrative of the students with invisible disabilities.

A purposeful sampling strategy was utilized to recruit participants who met the criteria of specific experience being sought to answer the research questions. Criteria for inclusion in the study were undergraduate students with invisible disabilities, students who had interactions that necessitated self-disclosure for a disability accommodation past the general notifications that were sent out to faculty from the DSS office, and students who were willing to share these experiences as part of a semi-structured interview.

Participants were comprised of adults, at least 18 years old.

Participants were recruited by an email invitation to participate in this study. The email was sent from a generic department email address to avoid any power differential or coercion from the researcher to get students to participate. Confidentiality was described and maintained, along with a detailed explanation that all participation was voluntary. A sample size of 10 to 12 participants has been recommended for in-depth examination of varying experiences (Smith & Osborn, 2003). A total of 12 participants
were interviewed to analyze their narratives and identify the similarities and differences that existed in their experiences.

Semi-structured interviews were the source of data for this study, along with recorded transcripts and field notes taken during and after the interview. A follow-up phone call took place with each participant as a form of member checking. For reporting purposes, participants were given pseudonyms to protect their identity in the findings.

Theoretical Framework: Social Model of Disability

Attitudinal barriers and supports that govern equitability and access in education are often impacted by the very established societal structures meant to ensure such equity exists (Oliver, 1990). The social model of disability is a way of viewing the world from the eyes of those individuals who have disabilities. This model was developed by the disabled community to help others gain a more personalized understanding of the lived experienced of those individuals who are disabled. The model addresses inconsistency in attitudinal societal barriers that prevent individuals with disabilities the access necessary to integrate into society (Oliver, 1990). It emphasizes that people are disabled by barriers in society, not by their impairment or difference. Barriers can be physical, like buildings not having accessible toilets. Or they can be caused by people's attitudes to difference, like assuming disabled people cannot do certain things or perform at equitable standards.

The social model of disability helps us recognize barriers that make life harder for disabled people. Removing these barriers creates equitable opportunity and offers disabled people more independence, choice, and control. The social model of disability rejects the idea that disability is a hardship and declines the ideology that a disability is a disease that needs to be cured. By applying this model to higher education, it is possible
to recognize where barriers exist for students with disabilities. The application of the
social model of disability to higher education further emphasizes a need to eliminate
barriers, avoid labeling, and take the necessary steps to eliminate any obstacles to success
for students with disabilities (Matthews, 2009). The social model of disability posits that
it is an institutional responsibility to abide by inclusive education so that no student is
excluded from equitable participation. Research has investigated the ideas, attitudes, and
values that epitomize inclusive education, particularly in the classroom (Forlin et al.,
2009). Concurrently, research has explored the idea of a change in pedagogical ideology
in the classroom that supports all students’ success and well-being (Kershner, 2009).

Using the social model of disability as a guide, it is important to understand how
students with invisible disabilities respond to situations they perceive to be barriers and
obstacles in college. Oliver (2004) stated that the social model of disability may act as a
theoretical framework for research that aims to identify the specificity of individual
experience, rather than explain the societal impact of an entire phenomena. Oliver further
postulated that the social model of disability is ideal when conducting research that
focuses on the lived experiences of individuals with disabilities, as the model was created
by and for individuals who identify as having a disability and face societal barriers and
challenges that prevent them from fully participating in society.

By focusing on the emotional and psychological impact of needing to self-
disclose one’s own disability to fully participate in higher education, this research hopes
to utilize the social model of disability as a framework that supports students with
disabilities to gain a greater understanding of their own decision-making process and the
implications of their choices in relation to self-disclosure. The social model of disability
assumes that attitudes, beliefs, restrictions, and policies are all potential barriers to success in higher education for students with invisible disabilities. Applying the social model of disability as the theoretical framework for a study allows for an exploration of the perceptions, insights, and emotions felt by students with invisible disabilities as they were confronted with barriers and challenges inherent with receiving accommodations.

**Significance of the Study**

The literature is replete with the barriers and challenges that students with invisible disabilities face on a college campus, in addition to the impact that this growing population is having on support systems and student resources. There are several studies that recognize the impact that an increasing number of students with invisible disabilities are having on college campuses and the challenges being created for academic faculty to respond to this demand (e.g., Nolan et al., 2005; Prowse, 2009; Gibson, 2012; Mullins & Preyde, 2013; Morina, 2015).

Additional research has focused on the challenges faced by this growing population of college students both in and out of the classroom (Megivern et al., 2003; Corrigan, 2004; Riddell et al., 2004; Knis-Matthews et al., 2007; Claiborne et al., 2010; Hartley, 2010; Hong, 2015), as well as the impact that barriers create in student persistence, retention, and completion of a college degree program (Wessel et al., 2009; Lombardi et al., 2016). Faculty attitudes, understanding of the necessity to provide accommodations, and willingness to take an individual’s unique circumstances into consideration when providing accommodations have been identified as challenges for students with disabilities, particularly those with invisible disabilities (Healey et al.,
This study helps fill that gap in the literature pertaining to the experiences of students with invisible disabilities who are questioned about their disabilities and denied accommodations by their professors. Findings from this study also add insights into the ramifications for a student after a negative interaction occurs. Studies focused on the experiences of students with invisible disabilities are crucial for expanding the knowledge base. Creating a better understanding of how these students are experiencing and engaging collegiate life can only enhance the structures of support and resources needed to ensure this population's success in higher education.

Delimitation of the Study

This research study occurred at a single, mid-sized university in the Western region of the United States. The university is a public land-grant institution and recognized as a top-tier research institution by the Carnegie Classification. The participants chosen for this study are a direct representation of other students with invisible disabilities who had an experience that necessitated self-disclosure of their disability with a college professor. This experience is not unique to students with invisible disabilities. Students with physical and visible disabilities are also questioned about their condition, which often necessitates self-disclosure, but it is less frequent. The researcher chose this population with the hope of gathering a personalized, in-depth account of the experience of this population.

Due to the COVID-19 pandemic, interviews were conducted through Zoom. In addition to abiding by safety standards, Zoom has a built-in recording feature and
automated transcription process. This setting was chosen for ease of access to interview retrieval and recollection. The interviews were both visually and auditorily recorded to ensure recall was comprehensively validated, remaining attentive to any correlation between auditory response and emotionality, tone fluctuation and vocal inflection. Additionally, NVivo software was utilized to assist in identifying clusters and themes in analysis.

**Limitation of the Study**

There are multiple limitations to this research study. The most important is the researcher’s role as a DSS services staff on campus. Not only does the role create implicit bias, due to a large part of the job function being student advocacy, but also because the researcher has a prominent professional role in the department. Some of the participants were students on the researcher’s case load and had an established relationship of advocacy regarding academic accommodations being implemented on the student’s behalf. The researcher made every effort to choose an equitable representation of students with invisible disabilities by only selecting an equivalent number of participants to be interviewed as the same percentage of students on the researcher’s case load. The researcher works with 40% of students who are registered with the office, so 40% of participants were selected on the researcher’s case load to participate.

The researcher elicited the uniqueness of each of the participant’s experiences by facilitating the structure and dialogue of participant interviews. The researcher remained cognizant of the need to maintain emotional distance between the participants. Creswell (2009) expressed the importance of encouraging collaboration between the researcher and participants, a role he described as being the “insider,” while also emphasizing the
necessity to account for potential biases through the process of bracketing. Bracketing enables the researcher to identify an explicit account of experience through the eyes of each participant by acknowledging the researcher’s assumptions and biases (Moustakas, 1994; Creswell, 2009; Giorgi, 2009). Bracketing allowed the researcher to be present during the interview with each participant, accounting for how personal consciousness could impact the validity of the qualitative study (Moustakas, 1994). Accounting for and acknowledging my own biases was an instrumental step to ensure that my constructed concepts were separate from those of each participant. The process for bracketing is described in detail in the data analysis section of the methodology.

The sample size was limited and not a representation of all students who have been denied academic accommodations, nor an exhaustive description of the experiences of students with invisible disabilities. Given the sensitive nature of the topic of this study, the researcher hoped to elicit the emotional impact and perceptions of students who may not otherwise be heard, as well as provide insight into the actions and reactions of the participants when an accommodation was questioned or denied. Unfortunately, in most instances, time had elapsed from the time of incident, which may have significantly impacted the memory of participants. Additionally, the emotional impact of deciding about whether to disclose a disability and the thought process around doing so may not have been fresh in the interviewee’s mind.

In some instances, students may have since identified support systems that have helped to reduce any original discomfort or frustration they felt originally when an experience occurred, reducing the impact now felt by a situation. Additionally, some students explained that this is no longer an issue for them as they have transitioned to
college and are more comfortable with not only their disability but also talking about it freely. This was not universally the case, however.

The small sample size was not an ideal method for postulating significant or broad societal context. While careful consideration was given to inviting each participant, the researcher acknowledged the bias involved with the methodology and design of this study. Generalization of findings is limited because of methodological aspects. Examples of these are the small sample size, the use of non-random sampling techniques, and the implementation of cross-sectional design, which limit the discovery of any changes in the supportive needs over the course of long-term support in college.

The participants in this study have a higher grade point average (GPA) than the general population of students at the institution. This is not uncommon for students with disabilities who might take fewer credits a semester, allowing more focus on specific subjects. Additionally, while accommodations are intended to provide an equitable opportunity in education, there is an argument to be made for an advantage in the classroom. All students would benefit from extra time on exams or the ability to audio record lectures and auditorily revisit the information multiple times without the limitation of a single opportunity to engage a lecture.

Students with disabilities are assigned a DSS coordinator when applying for accommodations in college. A DSS office might have multiple coordinators with their own caseload. Consistency of the recommendations among the coordinators for accommodations is unknown. Two students with the same disability may have different accommodations due to the impact of presenting symptoms. Therefore, a limitation exists
in the findings of this study without clear information regarding why certain accommodations were recommended for certain participants, but not others.

Despite these limitations, the findings of this study provide an in depth understanding of the classroom experiences of students with invisible disabilities, particularly how they make decisions about self-disclosure of their disability and to whom, as well as the impact that being questioned about their disability had on their emotional and psychological well-being. This is valuable data as preliminary work for further studies. To account for this limitation, explicit attention was given to elicit as much detail from the participants as possible regarding their own unique experiences as they apply to the context of this research topic.

**Definition of Terms**

Access: the ability or right to approach, enter, exit, communicate with, or make use of.

Accommodation: the process of adapting or adjusting to someone or something.

ADA: The Americans with Disabilities Act, prohibits discrimination against individuals with disabilities.

Disability: a physical, mental, cognitive or developmental condition that impairs, interferes with or limits a person’s ability to engage in certain tasks.

Disability Support Services (DSS): university office that provides accommodations and services to students with disabilities to ensure equitable access to college programs and facilities.

Discrimination: prejudiced or prejudicial outlook, action or treatment.

Equity: fairness or justice in the way people are treated.
Faculty: the teaching and administrative staff and those members of the administration having academic rank in an educational institution.

IDEA: Individuals with Disabilities Education Act, makes available public education to children with disabilities and ensures related services to those children.

Invisible Disability (also known as Hidden Disability): disabilities that are not immediately apparent yet impair normal activities of daily life.

Mental Health Related Disability: Mental, emotional, or psychiatric conditions that impacts a person’s ability to function in daily activities.

Participate: to be involved with others in doing something.

Psychopathy: a mental condition marked by egocentric and antisocial activity, a lack of remorse for one’s actions and other behaviors associated with the condition.

Self-advocacy: speaking up for one’s self and one’s interest.

Self-disclose: a process of communication by which one person reveals information about themselves to another.

Social Model of Disability: States that people are disabled by barriers in society not by their impairment or difference.

Stigma: the negative social attitude attached to a characteristic of an individual. Implies a social disapproval and can lead unfairly to discrimination against and exclusion of the individual.

Transition: a movement, development, or evolution from one form, stage, or style to another.

Universal Design in Learning: a framework to improve and optimize teaching and learning for all people based on scientific insights to how humans learn.
Summary

The number of students with invisible disabilities who are attending college has significantly increased in recent years, necessitating a response from institutions of higher education for support systems and resources allocated to this growing population. In addition to the impact that students with invisible disabilities are having on campus, this population of students experience their own unique challenges and barriers to success in college. Many students with invisible disabilities experience stigmatization surrounding mental health throughout society. Often, this stigmatization has lasting impact on their emotional and psychological well-being.

The need to self-disclose their disability is a barrier for students with invisible disabilities. Many students do not feel safe disclosing to another person the mental health issues that they experience; yet, success in collegiate level courses is often dependent on the willingness of a student with invisible disabilities to self-disclose the challenges they experience to request academic accommodations (i.e., consideration of attendance, extension on assignments, etc.). Research suggests that faculty are often unsure how to help and do not possess the background knowledge regarding the ADA or experience with a specific invisible disability to provide adequate accommodations that support the student’s success.

To provide a thorough assessment and analysis of the experiences of students with invisible disabilities in the classroom, this research study utilized the social model of disability as the theoretical framework foundation. This chapter included the research question, an overview of the research design, the significance of the study, limitations, delimitations, and definitions of key terms that will be expressed throughout the paper.
The next chapter provides an in-depth review of the literature and research history relevant to this study.
Chapter 2: Literature Review

Three decades of research have focused on how colleges across the United States have adapted to the guidelines set forth by the 1990 Americans with Disabilities Act (ADA) to ensure that all students with disabilities receive equitable access and opportunity to participate at all levels of higher education. Disability Support Services (DSS) offices were established at every institution to facilitate this objective. However, a recent influx of students who identify as having an invisible disability has created a new challenge within this landscape, raising awareness of the needs of this subset of students that have only recently begun to be researched. The recognition of the needs of this population in education has demanded that colleges adapt to recent changes in accommodations to ensure that equitable access is provided.

Due to the unique challenges that invisible disabilities present, it is important to investigate the individual experiences of this population, and further the knowledge that higher education professionals have in supporting this subset of the disability population. A comprehensive review of literature pertaining to students with invisible disabilities is necessary to identify and understand how these experiences are not only unique to the population, but also to guide further decisions about how to support this population at the collegiate level.

This chapter is divided into four sections. The first section provides an overview of the ADA (1990), with a focus on invisible disabilities as defined by the ADA (1990). The second section focuses on the prevalence of invisible disabilities in higher education, including how their transition to higher education is different than the general population of students, the reluctance of students to self-disclose their need for accommodations, and
the institutional response to the increasing number of students with invisible disabilities. The third section describes faculty knowledge of the ADA and the need for accommodations, including a description of accessible course content or Universal Design. Finally, the chapter is summarized.

**The Americans with Disability Act of 1990**

The original definition used in the verbiage of the ADA was adopted from Rehabilitation Act of 1973, stating that the definition of disability is to include: “(a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual, (b) a record of such an impairment, or (c) being regarded as having such impairment” (ADA, 1990, 42 U.S.C. § 12102(2)). A definition intended to support the greatest faction of society possible without taking into account the unique nature of individuality creates an umbrella that meets the needs of many but is at the core nonoperational. Verbiage such as “substantially limits” or “major life activity” is subjective. Case law was quick to define “substantially limits” as “unable to perform a major life activity that the average person in the general population can perform that same major life activity” (United States Equal Employment Opportunity Commission, 1992, § 2.1(a)).

At its passage, the ADA was praised as revolutionary legislation created to mitigate the serious issues pertaining to discrimination against individuals with disabilities, specifically “to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities” (ADA, 1990, 42 U.S.C. § 12101(b)(1)). Originally intended to address the vast inequality felt by the disability community, this antidiscrimination law supports individuals with disabilities
through accommodations, equal access, and an opportunity to participate in areas of
society that were not previously available. The essence of the ADA is that unequal
treatment for individuals with disabilities is based on false information, stereotyping, or
discrimination. For example, ADA protects an individual who is not promoted at work, or
not hired because they suffer from a mental health condition or are physically impaired.

 Discrimination occurs in a variety of ways, most commonly when an employer is
unwilling or refuses to provide accommodation to an individual with a disability. Per the
“individual with a disability” who is “otherwise qualified” to perform a task must be
provided with an equitable. This provision is the basis for accommodations required by
ADA.

 Through accommodations, individuals with disabilities can ameliorate many
significant limitations in performance. A requested accommodation is twofold; it must be
a reasonable request and does not create any undue burden of financial hardship to the
employer (USEEOC, 1992). The concept of reasonable accommodations under the ADA
is often contentious (Garrett, 2017); however, most businesses and American institutions
acquiesce and provide accommodations when requested (Befort, 2018). Equitable
opportunity under the law may equate to an unbalanced treatment; that is, those not
seeking accommodations are treated differently (Friedland, 1999). This perspective has
continued the notion of laws that support entitlement or preferred treatment provide an
unfair advantage to those receiving the accommodation (Williams, 2001).

 Opportunity is the basis of all antidiscrimination legislation. Early
antidiscrimination litigation has focused on race, sex, and religion as the cornerstones to
identify who is covered by antidiscrimination laws (Ball, 2018). A societal misconception exists pertaining to antidiscrimination; specifically, most protected classes are covered by all antidiscrimination legislation (Burgdorf, 1997). However, many classes are not specifically identified in law.

Discrimination based on sex applies to both men and women, with the differentiation being easily identifiable by most members of society. The example of sex as a classification is often straightforward; therefore, most sex discrimination cases can focus on the specificity of the circumstances and merits of the case. In contrast, discrimination cases based on disability necessitate a clean definition of disability. The challenge of defining a specific disability is complex. There is not a general assumption throughout society that all people have characteristics considered to be impaired to the point of disability. This is especially true when it comes to mental health disorders and other invisible disabilities.

**The ADA and Invisible Disabilities**

ADA does not provide a legal definition of a disability; therefore, it is difficult for disability practitioners to determine the scope and magnitude of individual challenges. Furthermore, constant changes in the cultural and political sphere have led to turmoil and discord over the definition of disability (Cwikel, 1999). This is particularly relevant to mental health being recognized as a disability. Without a legal definition, the support systems at a college campus have minimal guidance to determine reasonable accommodation (Smith, 2001).

The term invisible disability is associated with many different physical and psychological impairments that are not obvious to an onlooker. Examples of symptoms of
an invisible disability include debilitating pain, fatigue, dizziness, cognitive dysfunctions, brain injuries, learning differences, and mental health disorders, as well as hearing and vision impairments. Often people judge others by what they see and conclude a person can or cannot do something by the way they look. This attitude can be equally frustrating for those who seem able, but are not, as well as those who appear unable but are perfectly capable. An example of a person who seems able but may not be is the impact on a person with an invisible disability being told to “get their act together” or “overcome a struggle by just applying themselves more.” An example of a person who appears unable but is capable is an individual with obvious physical disabilities who experiences marginalization through lowered expectations as a result of their physical limitations. Each individual with a disability is unique, with varying challenges and needs, as well as abilities and attributes.

Historically, disability has been viewed from the lens of an administrative model, a medical model, or a social model (Blaxter, 1976; Eakin, 1985). The administrative model of disability seeks to rectify the impact of a condition through the allocation of available resources that support a mental health condition (Blaxter, 1976). Use of the administrative model forces a practitioner into a decision regarding duration of disability and impact of functional limitations (Mehlman & Neuhauser, 1999). Mental health professionals, who provide treatment on a college campus, must make decisions regarding providing services to as many students as possible or prioritizing the students who are presenting with the greatest acuity (McLaren et al., 2018).

The medical model defines disability based on an individual’s emotional, developmental, mental, and physical presentation of conditions (Verbrugge, 1990). The
medical model identifies disability as a personal impairment based on diagnosis, which is curable or treatable (Oliver, 1990). The idea of disability is not an abnormality or irregularity from a diagnosed condition, but instead as a subjective division of capability in a specified environment, usually identified as an impairment, especially when compared to others who are capable of performing a task without an accommodation (Verbrugge & Jetta, 1993).

The social model of disability is credited with the origination of first-person language used across disability types today (O’Connell et al., 2008). The term ‘social model of disability’ was coined in response to arguments against the medical model of disability. The social model postulates that society disables people with impairments; thus, any significant change must be focused on greater societal recognition and action, instead of personal adaptation and improvement (Barnes et al., 2010).

**Students with Invisible Disabilities in Higher Education**

There has been a dramatic increase in the number of students with invisible disabilities on colleges campuses, leading universities across the nation to reconsider the policies and systems in place that provide mental health support (Nolan et al., 2005). A definition of an invisible disability is those that are not physically visible and often psychological or cognitive by nature (Mullins & Preyde, 2013). The National Institute of Mental Health (2017) estimated that approximately one in five Americans lives with or experiences a diagnosable mental illness in their lifetime. Further, young adults, aged 18-25 years, had the highest prevalence (25.8%) compared to adults aged 26-49 years (22.2%) and aged 50 and older (13.8%) (National Institute of Mental Health, 2017). While the National Institute of Mental Health (2017) study did not account for the
severity of symptoms across the age ranges, the prevalence of diagnosable mental illness amongst college aged students was alarming.

A rapidly increasing number of students with invisible disabilities are actively seeking enrollment and attending colleges (Collins, 2000). The Healthy Minds Study (2019) estimated that the prevalence of students on college campuses in the United States with invisible disabilities is as high as 37% of their general population. Advancements in psychiatric treatments and improvement in psychotropic medication have significantly increased the possibility for individuals with invisible disabilities to successfully attend and complete a college degree (Collins & Mowbray, 2005). Historically, this was not always the case. However, recent reports about both mental health issues amongst traditional college aged students and the heightened amount of resources directed to supporting this population’s college success reveal this to be more than a passing trend (Couzens et al., 2015).

The National Center for Educational Statistics (2019) reported that 19% of undergraduates in the 2015-2016 academic year reported diagnosis of an invisible disability. This frequency is greater than the number of students with invisible disabilities who actually self-disclosed and received accommodations on college campuses (NCCSD, 2019). Per the NCCSD report, roughly 8-12% of students with invisible disabilities utilized disability support services. This indicates a discrepancy between the Healthy Minds Study (2019) estimation of 37% pervasiveness of students with invisible disabilities on college campuses and the roughly 8-12% of students self-disclosing and utilizing accommodations (NCCSD, 2019).
The transition from high school to postsecondary education can be extremely stressful for students (Arnett, 2004). The stress of acclimating to college corresponds with one of the most difficult periods of development for adolescents (Ludtke et al., 2011). While considered a normative part of the adulthood, the transition to college is a challenge due to the prospect of living without parents for the first time, financial independence, completing college, and starting a career. As a rite of passage, completing a college degree is a necessity for individuals who aspire to be professionally marketable, able to adapt to ever changing technology, and competitive in the global market (Mowbray et al., 2006). As the workforce demands more highly skilled workers, being competitive necessitates education beyond the completion of secondary education (Jepsen et al., 2014; Toutkoushian & Paulsen, 2016). Presently, completing a certificate program or two-year degree promises more financial gain over the life course than never attending college (Xu & Trimble, 2016).

Given the high stakes involved with future outcomes in terms of financial prosperity and quality of life, it is not surprising that students struggle with the transition from high school to higher education (Pascarella & Terenzini, 2005). Cultural changes and societal pressures play a large part in the lackluster retention rates of college students, particularly as students deal with emerging personal and interpersonal challenges (Pascarella & Terenzini, 2005). These challenges are exacerbated for individuals with invisible disabilities, as their symptoms are often related to stressors in their lives (VanKim & Nelson, 2013). As with all college students, students with invisible disabilities are learning to modify their study habits, spending more time autonomously
studying, meeting new people, and adapting to higher education (Fussell et al., 2007). Students with invisible disabilities often struggle with the transition to college, as many of these processes exacerbate the symptoms of their disabilities. Indeed, for students with invisible disabilities, it is likely the combination of stressors and triggers experienced during the transition period that contribute to diminished rates of retention. Additionally, today’s students have higher financial burdens, as they are dealing with increasing tuition and the strain of balancing school and work (Fingerman et al., 2012; Kins et al., 2013; Moulin et al., 2013).

Historically, researchers studying success in higher education utilized demographic markers, such as gender and socioeconomic status, as well as academic markers, such as high stakes test scores and high school grade point averages (GPA) to predict achievement and persistence in college (Tinto, 1993). Currently, research recognizes the value of student engagement and self-efficacy, in addition to a student’s capacity for emotional and interpersonal adjustment (Pascarella & Terenzini, 2005; Robbins et al., 2006; Rowan-Kenyon et al., 2017). Rates of retention equate to one-quarter of all students with invisible disabilities withdrawing from an institution before completing their degree (Ross et al., 2012).

College persistence is significantly impacted by student engagement on campus, with extracurricular activities, relationship development, and by social life being major factors in an institution’s retention and graduation rates (Mamiseishvili & Koch, 2011). Some of the determining factors that impact educational outcomes are related to create a sense of community and belonging (DaDeppo, 2009). Efforts such as mentoring
programs, experiential learning, first-year experience courses, and cohorts can support students with invisible disabilities.

Multiple studies have been conducted to explore the transition from secondary education to higher education (Eckes & Ochoa, 2005; Gill, 2007; Garrison-Wade, 2012; Patrick & Wessel, 2013). These studies have addressed the challenges experienced and contributed suggestions for improvement in the transition for students with invisible disabilities. Studies have concluded that the transition stage to college, particularly for students with disabilities, is delicate and should be handled with care by DSS professionals.

Transitioning to higher education corresponds with the developmental stage of most young adults, exposing vulnerabilities that might lead to lower retention rates for students with invisible disabilities (Ludtke et al., 2011). This period is a challenge for most students; however, students with invisible disabilities deal with academic and social adjustment that other students are not plagued (Hong, 2015; Lovet et al. 2015; Wessel et al., 2015). A student’s engagement with both curricular and co-curricular activities begin with the transition process, and often influences the student’s experience in college through graduation. The main challenge in the transition stage rests in the barriers presented by having to adapt to constant change in institutional, academic, and social realms (Thomas, 2008).

Success in the first year of school is an indicator of a student’s potential for retention and matriculation (Goodman & Pascarella, 2006). The first 6-8 weeks of the semester are the most critical time for adjusting to college, as this is the period that students are vulnerable to marginalization and influences outside their norms (Tinto,
The transition to college can be the period in an adolescent’s life that mental health related disabilities manifest and present (Wessel et al., 2009). The institutional, academic, and social pressures that are experienced during the transition are often too much for an individual who is already suffering from a mental health condition (Thomas, 2008). Students suffering from invisible disabilities are often plagued by feelings of inadequacy, isolation, and a disconnection from community (Getzel & Thomas, 2008; Hong, 2015). Providing support and on campus resources is vital during this transition; especially, when addressing motivation and time management issues that might occur in the first year (Garrison-Wade, 2012).

Students with invisible disabilities who successfully transition to higher education struggle to stay in college and experience retention issues. Many colleges use first-year experience courses to increase retention rates (Upcraft et al., 2005). Multiple studies have attributed building a sense of community and forming relationships as the most important contributing factors to college retention (Jacklin et al., 2007; Crosling et al., 2008; Lombardi et al., 2016). Additionally, networking with faculty and support from other students is a vital factor in achieving success in college (Patrick & Wessel, 2013).

**Impact of Invisible Disabilities on College Students**

For students with invisible disabilities, presenting issues can profoundly influence both academic and personal relationship outcomes (Venville et al., 2016). Depending upon the degree of acuity for a presenting condition or trigger, mental health can impact all aspects of the student’s cognitive, emotional, physical, and interpersonal ability to function (Couzens et al., 2015). For instance, the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (2013) indicated that common
symptoms of depression include disturbed mood, fatigue and low energy, sleep and eating problems, impaired concentration, memory, decision-making, motivation and self-esteem, loss of interest in normal activities, isolation, social withdrawal, and in some cases suicidal or homicidal thoughts. Therefore, a student experiencing this level of acuity may find it difficult to make friends, live with college roommates, complete assignments, or attend class.

Invisible disabilities are often associated with excessive stimuli, triggers, and heightened levels of distress, which all can negatively impact academic performance, retention, and graduation rates (Brackney & Karabenick, 1995). Students who suffer from intense levels of psychological distress are more likely to experience test anxiety, low self-efficacy, and time management issues. In addition, these students are less likely to seek academic support and resources or persist to graduation when faced with adversity (Patiyal & Choudhary, 2018). Students with invisible disabilities, particularly those that exhibit high levels of psychopathology have impaired processing and find it difficult to retain information (Dobson & Kendall, 1993). Gordon (2004) stated that students with invisible disabilities are the most recently marginalized group of society, specifically as they are denied access to equitable legal, financial, and academic resources.

Researchers have identified many aspects that impact scholastic achievement and social engagement of students with invisible disabilities in higher education (DaDeppo, 2009; Mamiseishvili & Koch, 2011; Marshak et al., 2010). For a student who is afflicted by invisible disabilities, managing accommodations might be a challenge. Completing coursework might be overwhelming. These challenges may create barriers to effective
psychological care or derail any progress they have already made with a therapist (Seale et al., 2015).

The increased societal pressure of graduating with a degree forces students with invisible disabilities to navigate an already difficult bureaucratic system of higher education. Often these students feel as though they have merely survived college, rather than an experience of completion and closure (Morina, 2015). In a study conducted by Skinner (2004), students with invisible disabilities self-reported spending significantly more time and effort studying than their peers to achieve the same success.

**Reluctance to Self-disclose**

A student with an invisible disability is responsible for self-disclosing their disability to receive accommodations in college. There is an enormous discrepancy between students who are deemed eligible for accommodations (estimated to be 37%) and those who self-disclose and receive services afforded by the institution (estimated to be 8-12%). The student must self-disclose to the institution prior to requesting accommodations. Only then can the student expect the institution to honor the request. Many students with invisible disabilities on college campuses choose to opt out of the self-disclosure process (Grimes et al., 2019).

Research has identified a desire for personal development and accomplishment among individuals with invisible disabilities who attend both two- and four-year colleges (Corrigan, 2008; Knis-Matthews et al., 2007; Stein, 2005). Requests for accommodations are not indicators that they want to be treated differently than their peers, rather that they understand they have a deficit and prefer an equitable opportunity for success in the classroom (Riddle et al., 2004). Accomplishment of goals, or merely having an
opportunity to participate in furthering one’s education can be very therapeutic in the recovery process from a mental health disorder (Davidson et al., 2001).

Research has focused on the reasons that students with mental health disabilities choose not to self-disclose their disability, often referring to mental health as ‘invisible’ or ‘hidden’ disabilities (Prowse, 2009; Gibson, 2012; Mullins & Preyde, 2013; Morina, 2015). Students with invisible disabilities perceive their condition as impairing, specifically in the context of success in an academic setting (Gibson, 2012). Students with invisible disabilities feel marginalized, as their peers and most of their academic faculty are perceived to hold feelings of disbelief regarding the genuine nature and impact of their disability (Morina, 2015).

Justification beyond an explanation is often necessary. For example, students with invisible disabilities are often required to provide verification of their disability through additional forms of documentation (Morina, 2015). Students with invisible disabilities might receive requests from their professors to provide circumstantial evidence in the form of doctor’s notes or hospital visits. The stigma felt by these students has been found to be emotionally taxing, creating an undue burden of vulnerability (Gibson, 2012). Many college students with invisible disabilities choose only to disclose their disability to their closest relationships or when requesting some type of accommodation from the institution (Prowse, 2009).

The stigma surrounding invisible disabilities has been found to be the most significant reason preventing students from self-disclosing their disability in higher education. Many students choose to avoid dealing with reported reactions related to a disability from their faculty and peers in the classroom (Claiborne et al., 2010). Students
report no longer feeling normal after disclosing a disability to their professors and worry about how this perceived perception may impact their grades (Hong, 2015). As an example, for students suffering from crippling anxiety or depression, justifying the reason for an absence or needing an extension may illicit negative feelings toward their professor (Kranke et al., 2013). While this may seem appropriate to maintain oversight of an accommodation request, it may also be devastating for the student, who continues a cycle of anxiety or depression and the emotions that accompany it.

The perception or fear of being labeled is a disadvantage in the classroom for students with invisible disabilities (Martin & Oswin, 2010). Often, students who choose not to self-disclose a disability are doing so because they do not want to be known by faculty and peers for the characteristics of their disability. This is applicable for both the physical characteristics of a visible disability and the stigma of an invisible one (Barnes, 2007). For students with invisible disabilities, fear of stigmatization is an inherent barrier to equity in their education (Martin & Oswin, 2010). Potentially, this fear may prevent a student from self-disclosing their disability or requesting their academic accommodations.

**Impact of Invisible Disabilities on Institutions**

Colleges and universities are confronted with the challenge of adapting to the increasing number of students in need of mental health services (Nolan et al., 2005; Smith et al., 2007). Stone and Archer (1990) recognized this trend, noting “increasing numbers of students with serious psychological issues are enrolling in college” (p. 543). The struggle experienced by college counseling centers is almost insurmountable,
particularly regarding demand for students seeking traditional psychological services (Benton et al., 2003).

An equally alarming issue is the impact, in terms of staff hours, of undiagnosed or untreated invisible disabilities on campus psychological services providers and administrative faculty in other departments (Blacklock et al., 2003). Attributing a direct lack of resources, many institutions have been forced to disavow responsibility for those students’ problems and behavior (Mowbray et al., 2006). The mass-shootings on school campuses over the last decade have consistently been scrutinized by both internal and external stakeholders regarding how institutions monitor and maintain the demand of students with invisible disabilities (Urbina, 2007).

The historical policy for dealing with mental illness on a college campus is to recommend a mandatory or medical withdrawal (Hoffmann & Mastrianni, 1991). However, since the passage of the ADA in 1990, all individuals with invisible disabilities are ensured an opportunity to equitably participate and benefit from the same level of access as any other student on campus (Kiuhara & Huefner, 2008). The ADA led to the formation of many partnerships between colleges and community providers, including rehabilitation counselors, who often work in higher education DSS offices to provide academic accommodations and guidance for continuous psychiatric services (Anthony, 1993; Collins, 2000; Corrigan, 2003; Dutta et al., 2009; Mowbray et al., 2006; Mowbray & Megivern, 1999; Wilson et al., 2002). The success of meeting the needs of students with invisible disabilities is achieved through collaboration and planned implementation of goals through the partnerships of community mental health centers, families, higher education institutions, and vocational rehabilitation agencies (Mowbray et al., 2006).
Research suggests that these collaborations have improved the retention, self-esteem, and self-efficacy of students with invisible disabilities, in addition to increased enrollment throughout higher education (Collins et al., 1998; Collins et al., 2000).

Research pertaining to the college experience for students has historically focused on the first-hand knowledge and self-reports of students who explain the obstacles and support systems available both in and out of the classroom (Mullins & Preyde, 2013; Morina, Lopez, & Molina, 2015). Several studies have described the multitude of resources and support students with invisible disabilities have available on and off campus. Family support is one of the essential components for students with invisible disabilities aspiring to attend college, and they heavily rely on family support to complete their degrees (Skinner, 2004). Students with invisible disabilities rely on the people they are closest to and that encourage them to be successful; often, this is a peer group or feeling part of a community (Riddell et al., 2004). Faculty and staff also play a crucial role of support, as students often rely on these individuals for guidance, academic assistance, and available technology to facilitate their success (Seale et al., 2015).

Disability Support Services offices are one of the most supportive resources available to students; however, students with invisible disabilities are hesitant to initiate support, as they avoid labeling or for their professors to know they have a disability (Riddell et al., 2004). Students with invisible disabilities often utilize their own coping mechanisms and relying on self-efficacy to find success in higher education (Prowse, 2009; Morina, 2015).

Connecting with support staff around campus as well as encouragement from tutors are key elements of successful transition for students with invisible disabilities.
A sense of community through peer connections, education support services, and disability accommodations are essential factors for the protection of students with invisible disabilities (Hartley, 2010).

**Faculty Knowledge of the ADA**

Academic faculty are the most essential component to the pedagogy of teaching and learning, as they are responsible for the mechanism by which course content and information are shared and delivered in the classroom (Murray et al., 2008). The most important role that faculty play with college students is that of a caring and compassionate mentor (Beilke & Yssel, 1998). However, faculty attitudes and established academic culture in higher education can also be significant barriers to delivering accommodations required under the ADA (Gordon, 2004).

Researchers have acknowledged a sense of community within the academic environment and connectedness with faculty and other students as being imperative factors for the persistence of students with invisible disabilities. However, when a faculty member presents an unwillingness to accommodate or questions the reasonableness of an accommodation request, students with invisible disabilities are significantly impacted (DaDeppo, 2009; Mamiseishvili & Koch, 2011; Murray et al., 2008; Yuen & Shaughnessy, 2001). Faculty may be ignorant of or complacent with their role in ensuring that accommodations are implemented, while others might resent the notion that it is their responsibility or perceive accommodations as an intrusion on their academic freedom (Gordon, 2004).

Students have reported to perceive faculty attitudes regarding facilitating accommodations as negative (Hong & Himmel, 2009). Students can feel as though their
professors doubt whether their disability is truly impactful on their education (DaDeppo, 2009). Students have also expressed that professors are unwilling to alter assignment deadlines, even when doing so was a part of their disability accommodations (Mullins & Preyde, 2013). Morina (2015) reported:

… architectural barriers; inaccessible information and technology; rules and policies that are not actually enforced (e.g., the exam schedules and formats were not adapted, class attendance was not facilitated for students with difficulties derived from their disability); or methodologies that do not favor inclusion (e.g., only providing master classes without any interaction between the students and the faculty, technological resources – identified as an aid – were not used. (pg. 6)

Researchers have identified that faculty might hold strong beliefs regarding the implementation of accommodations, which faculty argue fundamentally compromise the academic integrity and technical standards of the curriculum (Murray et al., 2008). Further, research has indicated that the implementation of accommodations is often perceived to impede the academic freedom, particularly in regard to accommodations that affect the curricular design of a course (i.e., due dates) (Jensen et al., 2004) or jeopardize the integrity of a course (i.e., students taking exams at a different time than the rest of the students enrolled in the course) (Wolanin & Steele, 2004). Cook et al. (2009) argued that faculty beliefs regarding academic freedom and accommodations are misconstrued, as faculty are unaware of their role in the accommodation process and believe the academic freedom supersedes the need to accommodate.

Research has also shed light on the importance of positive attitudes and support from faculty regarding the implementation of accommodations, and the impact that
support has on the success of students with disabilities. Faculty who are willing to provide accommodations are aware of the legality surrounding disability (Kurth & Mellard, 2007). Faculty that take the time to understand the nature of the accommodation process are more likely to implement accommodations without issues and articulate a higher level of compassion and empathy for a student’s situation, regardless of their knowledge of the specific disability (Wolanin & Steele, 2004).

Consistent communication between the campus disability service office and faculty regarding accommodation requests has been identified as an important factor in the success of students with invisible disabilities (Dowrick et al., 2005). Disability Support Services professionals are in a unique position to advocate on the student’s behalf, having a full understanding of the student’s disability and functional limitations, in addition to any necessary emphasis of the obligations that faculty must provide accommodations from a legal perspective (Jensen et al., 2004). Often, DSS administrators act as the liaison between the student and faculty member and are responsible for successful accommodations (Dowrick et al., 2005).

Nontenure track faculty have been reported to have significantly better attitudes and greater understanding for need of accommodations (Bourke et al., 2000). Likewise, faculty who were proactive in requesting information or attending trainings facilitated by DSS professionals displayed more positive attitudes toward students with invisible disabilities, and disabilities in general (Murray et al., 2009). Research has also shown that professional development, curriculum devoted to disability, and seminars are positive indicators in affecting change in faculty attitudes and perceptions regarding disability (Lombardi et al., 2011; Lombardi & Murray, 2011). Lombardi and Murray (2011)
reported that faculty perceptions of both disabilities and accommodations were positively impacted by trainings and education.

Brockelman et al. (2006) found that faculty who expressed interest in learning more about the impact of disabilities on students were more likely to provide accommodations without questioning the nature of the request. In addition, the authors stated that a majority of faculty reported feelings of inadequacy regarding their knowledge of how to accommodate students with invisible disabilities. They also expressed an eagerness for more resources and greater access to information from disability service administrators. Murray et al. (2008) reported that faculty hold strong beliefs regarding disclosure of a student’s disability and believed that they would have no issue providing accommodations if they had information as to the nature of the disability and rationale of a request for accommodation.

Positive transformation in attitudes does not always lead to change, even for those faculty members who fundamentally support inclusion (Cook et al., 2009). Trainings and seminars pertaining to disability accommodations for students with invisible disabilities are historically not well attended (Lombardi et al., 2011). Faculty who do attend are often already informed and advocates for students with invisible disabilities, as well as more likely to display empathy and compassion when an accommodation request is made (Lombardi et al., 2011). The faculty who could use the trainings and information are often the most unlikely to attend.

Many new faculty are unaware of campus resources available for students and naïve about the policies and procedures of disability service offices (Sniatecki et al., 2015). Strategic planning by institutions of higher education have often reflected a
significant need for training in the field of disability (Debrand & Salzberg, 2005). Recent studies have focused on sensitivity training, specifically as it applies to classroom policies regarding students with invisible disabilities (Lovet et al., 2015; Morina et al., 2015; Morina, 2016). These studies have argued that faculty and administrative staff on campus are in desperate need of appropriate training that responds to the demands of students with invisible disabilities. Some studies have concluded that faculty are prone to changes in attitudes and actions regarding students with invisible disabilities after attending trainings and gaining knowledge pertaining to the impact of mental health on the lives of students (Lombardi & Murray, 2011; Murray et al., 2011; Hong, 2015).

**Universal Design**

Holding a relatively positive attitude and an ideology that supports accommodations and inclusion in the classroom are insufficient; faculty often do not create course material with all students in mind (Lombardi et al., 2015). In addition, research has identified that faculty are not likely to seek out resources that support Universal Design, even when they are available on campus. Universal Design is defined as the proactive approach to teaching that is deemed inclusive for all students, eliminating traditional classroom barriers, and designing curriculum that is accessible and equitable.

Many studies have focused on the practical implications of creating course content that is accessible for all students, generally referred to as Universal Design. Universal Design is a proactive approach when a professor anticipates possible barriers and learning challenges that students might face (Hitch et al., 2015). Hitch et al. (2015) found that recording lectures, posting Power Point slides in advance of class, ensuring that course material is available in multiple formats, and flexibility with due dates are all
instrumental in creating an inclusive classroom environment. Multiple studies have focused on the benefit for students with invisible disabilities when a professor facilitates a classroom environment built on the foundation of compassion and empathy, specifically regarding the application of the tenants of Universal Design (Lombardi et al., 2011; Hitch et al., 2015).

Accommodations are mitigated when Universal Design is implemented by faculty. This is particularly the case for students with invisible disabilities, as they are most likely to utilize extra time on exams, note-taking accommodations, accommodations for missing class, or the need for extensions on assignments (Lombardi et al., 2011). Universal Design benefits all students, not just those with disabilities, as all students’ value full access to curriculum in the form of Power Point slides in advance of class, use of electronic technology in the classroom, or access to electronic textbooks and course material (Hitch et al., 2015). Unfortunately, most research has found that faculty are naive to the concept of Universal Design and do not incorporate the tenants into curriculum and course materials during inception (Hitch et al., 2015).

Summary of Literature Review

The increase in the number of students with invisible disabilities on college campuses has required institutions of higher education to reevaluate their resources and support systems (Nolan et al., 2005). Estimates as high as 37% of students on campus may have a mental health issue or invisible disability (Healthy Minds Study, 2019). The stigma surrounding invisible disabilities is a mitigating factor in these student’s unwillingness to disclose many of the issues that they are experiencing in college (Mullins & Preyde, 2013; Morina, 2015).
The ADA stated that individuals with invisible disabilities should be provided an equitable opportunity for success in higher education (Kiuhara & Huefner, 2008). This is not always the case, and an “equitable opportunity for success” is a very subjective term in relation to the application of accommodations for students with invisible disabilities (Nolan et al., 2005; Hong & Himmel, 2009; Mullins & Preyde, 2013; Morina, 2015). Researchers have long identified that students with invisible disabilities experience triggers associated with: a) transitioning to a new environment, b) societal stigma, c) reduced self-efficacy, d) and the negative impact on peer relationships (Megivern et al., 2003; Corrigan, 2004; Knis-Matthews et al., 2007; Hartley, 2010). Often, these disabilities can have a significant impact on a student’s academic performance and affect other areas directly related to maintaining relationships and daily functioning (Brackney & Karabenick, 1995; Couzens et al., 2015; Patiyal & Choudhary, 2018). Kranke et al. (2013) went as far as suggesting that the mere questioning of an absence in class or having to justify requesting an extension on an assignment results in devastating embarrassment and exposure to implicit bias, often taking an already vulnerable student and exacerbating the experience of symptoms.

Research has identified that the stigma surrounding invisible disabilities is the most impactful factor as to why students do not self-disclose their disability while on campus, and do not seeking help from the available resources provided by the institution (Gibson, 2012; Mullins & Preyde, 2013; Morina, 2015). Fear of marginalization, vulnerability, and being questioned about the impact of an invisible disability play major roles in why students avoid self-disclosing an invisible disability on campus (Gibson, 2012; Morina, 2015).
For students with invisible disabilities, success is often dependent on faculty attitude, and a willingness to acknowledge the impact of disability on an individual’s life, particularly as it relates to academic success in the classroom (Dowrick et al., 2005; Eckes & Ochoa, 2005; Madaus & Shaw, 2004; Stodden et al., 2001). Lack of knowledge of the ADA and the mandate to provide academic accommodations are often found to be a major barrier for students with invisible disabilities (Eckes & Ochoa, 2005). Faculty would benefit from better training related to classroom accommodations, and to the importance of an equitable opportunity to participate in and be successful in college for all students (Lovet et al., 2015).
Chapter 3: Methodology

The purpose of this study was to gain a greater understanding of the emotional impact that having to self-disclose an invisible disability had on student well-being, especially in instances when the disability and need for academic accommodations were questioned by academic faculty. The study collected personalized accounts of the experiences that students with invisible disabilities had in relation to being questioned about their unique health and challenges. The research questions that guided the study were:

1. What factors contributed to student disclosure of an invisible disability to the instructor of an undergraduate class?
2. How did the student navigate the process of disclosure?
3. How did the student perceive the process of disclosure?

This chapter is divided into seven sections. Following this introduction, the research design will be explicated. The third section describes the participants, followed by data sources, collection, and analysis. After a description of the methods used, the researcher’s background and assumptions are included.

Research Design

The research design was a narrative study that focused on the emotional and psychological impact that self-disclosing had on a student with an invisible disability, as well as how the student navigated and perceived the process. The intent is to further the dialogue found in existing research that has established the triggers, stressors and barriers, support structures, and campus resources already in place on a college campus for students with invisible disabilities.
Narrative research is a qualitative research design that seeks to explore and conceptualize human experiences through an in-depth exploration of the meaning individuals assign to their experiences. Primarily utilized for work with small samples of participants, a narrative design aims to obtain rich and free-ranging discourse of a shared experience from an individualistic perspective. Emphasizing a storied experience, this type of a study takes the form of interviewing people about a topic of interest. Clandinin and Connelly (1990) stated that a narrative study is a retelling of a story that describes “the ways humans experience the world” (p. 2).

The narrative design was most suitable for this study because it allowed the researcher to explore firsthand recollections of the impact that self-disclosing an invisible disability had for students. Creswell (2012) noted, “For educators looking for personal experiences in actual school settings, narrative research offers practical, specific insights” (p. 502). Narrative research comprises many procedures, including gathering data through the collection of individuals’ stories, reporting their experiences, and chronologically ordering the meaning of those experiences (Creswell, 2009). There is a wide variety of narrative approaches. The well-known approaches are briefly described below.

a) A biographical approach is a narrative study in which the researcher writes and records individuals’ life experiences.

b) An autoethnography approach is one in which the subject of the study writes or records her own experiences.

c) A life history approach explores an individual’s entire life in multiple episodes.
d) An oral history approach gathers personal reflections of events from one or several individuals.

As a narrative approach, oral history shares the following characteristics that distinguish narrative from other forms of qualitative inquiry (Hatch & Newsom, 2010):

- **Focus on individual stories** – understanding individual experiences through individual stories is central to the processes and products of oral history and narrative research.
- **Personal nature of research processes** – researchers and participants must work closely together to come to a shared understanding of the participants’ experience.
- **Practical orientation** – because of their goal of capturing real experiences and understanding of those experiences, research outcomes make it possible to connect understandings to the everyday world.
- **Emphasis on subjectivity** – more than other qualitative methodologies, oral history and narrative go beyond scientific and empiricist standards, relying on the authentic voices of participants to generate confidence in research findings.

These characteristics mean that oral history and narrative approaches fit within some qualitative research paradigms and not others. This study used an oral history approach to gather personal reflections of events, in this case, the experience of self-disclosing a disability for students with invisible disabilities.
Participants

Purposeful sampling is a common practice in qualitative research to ensure that the sample group has experience with a specific societal phenomenon or shared experience (Creswell, 2009). The participants in this study were selected based upon the following criteria for inclusion: 18 years or older; an undergraduate student enrolled full time; have an invisible disability; have had interactions that necessitated self-disclosure for a disability accommodation past the general notifications that are sent out to faculty from the DSS office; willing to share these experiences as part of a semi-structured interview. Creswell (2009) stated that a criterion-based selection is necessary in identifying participants who have experienced a particular phenomenon in the same context, locale, and under the same restraints or limitations.

Moustakas (1994) recommended a sample size of 10 to 15 participants that would generate a holistic understanding of and totality of issues in any given phenomenon. This study attempted to meet that benchmark, with the goal being 10 to 12 participants willing to be interviewed for the study. Confidentiality was prioritized, along with the understanding that all participation was voluntary and in not mandatory.

In total, 58 respondents expressed interest in participating in the study. Of those 58 respondents, 42 met the criteria to be interviewed. A total of 12 participants were selected for interview. Careful attention was given to selecting participants from a wide array of students with invisible disabilities to avoid an over representation of any specific disability, ailment, or diagnosis. Additional attention was given to demographic characteristics in the selection process to ensure as equitable of a representation as possible to age, sex, gender, ethnicity, class standing, major, and academic college.
affiliation. Unfortunately, of the 42 students willing to be interviewed, only 3 males responded to the recruitment. Two of the three were included in the interview pool to ensure equitable male representation as possible, specifically because the male students with invisible disabilities population makes up 42% of students with invisible disabilities nationally on college campuses (NCCSD, 2019).

Twelve students with invisible disabilities were selected for interview. An array of invisible disabilities were represented across the group of participants, as well as variation in age, race, gender, major, and academic college affiliation. Brief descriptions of each participant follow. Of the twelve students, 10 were female, 2 were male; 8 were white; 2 were Latinx; 1 was Asian; 1 was Native American. 5 were STEM majors, including Mechanical Engineering, Biology, Chemistry, Neuroscience, and Molecular Biology and Immunology; 7 were non-STEM majors, including Education, Philosophy, Nursing, Public Health, Social Work, Epidemiology, and General Studies.

**Sara.** At the time of the interview, Sara was a junior, non-STEM major with a cumulative grade point average above 3.90. Sara had just completed her second year of college, completing both years at the same university. Sara is persistently afflicted by migraines.

**Sophie.** At the time of the interview, Sophie was a senior, STEM major with a cumulative grade point average above 3.60. Sophie had just completed her third year of college at the same institution, with the intent to graduate a semester early and immediately pursue a graduate degree. Sophie suffered a traumatic brain injury at the age of 17 and also suffers from anxiety, depression, migraines, and post-concussion syndrome.
Nicholas. At the time of the interview, Nicholas was a senior, non-STEM major with a cumulative grade point average was above 2.10. Nicholas is an older student who has attended three different institutions. Nicholas has been diagnosed with autism spectrum disorder (ASD), and pharmaceutically prescribed medication to treat anxiety and depression.

Nora. At the time of the interview, Nora was a junior, non-STEM major with a cumulative grade point average above 3.00. Nora had just completed her third year of college, attending two different institutions during that time. Nora suffers from attention deficit hyperactivity disorder – combined type.

Dottie. At the time of the interview, Dottie was a senior, non-STEM major with a cumulative grade point average above 3.30. Dottie had just completed her fifth year of college, attending five different institutions throughout that time. Dottie suffers from debilitating anxiety, with symptoms being most pervasive in social settings, and takes medication for a seizure disorder – epilepsy and attention deficit hyperactivity disorder – inattentive type.

Anna. At the time of the interview, Anna was a senior, non-STEM major with a cumulative grade point average above 3.80. Anna is an older student who has attended three different institutions. Anna is afflicted by a significant processing disorder, in addition to dyslexia and dyscalculia.

John. At the time of the interview, John was a junior, STEM major with a cumulative grade point average above 2.50. John is an older student who has attended two different institutions. John diagnosed with post-traumatic stress disorder and major depressive disorder.
Alexandra. At the time of the interview, Alexandra was a junior, STEM major with a cumulative grade point average above 3.40. Alexandra had just completed her third year of college at the same university. Alexandra suffers from familial hypertrophic cardiomyopathy, a heart condition that restricts her breathing, causes random heart arrhythmias, and can result in death if untreated.

Ava. At the time of the interview, Ava was a senior, non-STEM major with a cumulative grade point average above 3.10. Ana had just completed her fourth year of college at the same institution. Ana is diagnosed with fibromyalgia and lupus.

Cindy. At the time of the interview, Cindy was a senior, non-STEM major with a cumulative grade point average above 3.60. Cindy had just completed her fifth year of college, attending two different institutions during that time. Cindy is afflicted by type-1 diabetes, which is controlled with an insulin pump and healthy diet.

Mia. At the time of the interview, Mia was a senior, STEM major with a cumulative grade point average above 3.30. Mia had just completed her fifth year of college, attending three different institutions during that time. Mia is diagnosed with post-traumatic stress disorder and major depressive disorder.

Ella. At the time of the interview, Ella was a senior, STEM major with a cumulative grade point average above 2.90. She had just completed her fourth year of college at the same institution. Ella is diagnosed with generalized anxiety disorder, bulimia nervosa, and trichotillomania, an impulse control disorder that results in constant urges and actions to pull one’s hair out.
Data Sources

The sources of data for this research were semi-structured interviews, records of the interview, interview transcripts of the recordings, and field notes taken during and after each interview. Semi-structured interviews were used to capture the feelings and perceptions of the experiences of students with invisible disabilities in the classroom to answer the three research questions for this study. This format provided a more introspective analysis of the experience being explored, in addition to providing insight and personalization to the participant’s experience (Bryman, 2004). Semi-structured interviews allow the researcher versatility regarding questions that may need to be omitted or explored more in-depth through follow-up questions (Creswell, 2009).

Interviews began with demographic questions regarding age, gender identification (open-ended question), ethnicity, class standing, and number of years in higher education, academic college, and academic major. The demographic information allowed for later examination of intersectionality of the characteristics shared by participants. Following the demographic questions, students were then asked to describe the nature of their disability and the impact it has on their academic endeavors. This was followed by an exploration of the class situation in which self-disclosure was required. Included in the interview were questions about the student’s perceptions of the instructor. Once the setting was described, questions explored how the student navigated the process of self-disclosure, as well as their perceptions of negative reactions from the instructor. Finally, questions focused on the student’s perception of the entire process. Follow-up or probing questions were asked to explore and clarify the points raised by the interviewee. See Appendix A for the interview protocol.
All interviews closed by thanking the student for their participation and by assuring them of the confidentiality of their responses. A request was made for a brief follow-up conversation to clarify any information provided by each student. All follow-up conversations took place four weeks after the original interview, allowing the researcher time to analyze the original interview and ensure the information provided was accurate. Each participant agreed to the follow-up conversation and clarified any abnormalities in the data analysis. This procedure did not lead to new information but was useful as a member check to clarify all information that was shared in the original interview.

**Data Collection**

This research was conducted under the auspices of the university Institutional Review Board (IRB). Ethical approval is necessary whenever research involves human subjects (Creswell, 2009). Due to the nature of information that was disclosed by interviewees, every precaution was taken to ensure the emotional safety of the environment. Qualitative research differs from quantitative in determining the sample size of a study, as it is meant to elicit a deeper meaning of individual experiences being studied. By thoroughly exploring the unique impact, perceptions, attitudes, and experiences of participants, the situational experience of self-disclosing one’s disability was explored in detail.

This study was conducted at a mid-major university in the Western United States. Recruitment included all students who were registered with the DSS office and had self-identified as having an invisible disability. Students received an email invitation to participate in the study (see Appendix C).
Students interested in participating in this study were directed to contact the researcher to set up a day and time that worked best with their schedules. The researcher’s campus email address and direct phone number were included in the recruitment email to avoid any unnecessary need for self-disclosure to individuals outside of the study. The line of direct communication was intentional to provide an opportunity for immediate scheduling, as well as to open the line of safe communication between the researcher and each participant.

Consistent with Silverman (2006), all participants were informed in advance about the nature of the research, the right to revise or amend any transcriptions, to not feel obligated to respond to any questions that they felt uncomfortable with, the right to discontinue the interview at any point, and the confidentiality standards to protect their information if they choose to participate. Informed consent was obtained from all the participants in the study. Informed consent is particularly important when interviewing vulnerable populations (Cohen et al., 2007). Abiding by these principles was a cornerstone of this research due to the potentially sensitive nature of the topic being studied. See Appendix D for the Informed Consent documentation.

Interviews for this research were conducted through Zoom. Zoom is a videotelephony software program developed by Zoom Video Communications (2021) that has been widely utilized in higher education settings due to its simplicity in online meeting platforms and its internet security and confidentiality standards. The location of each interview was a private room setup within the Zoom website login that was provided by the university. All faculty, staff, and students have access to Zoom through their
individual network identification. This access was provided through a “two-factor authentication” and supported by the campus Office of Information Technology (OIT).

Students were offered in-person interview sessions if they preferred not to use Zoom. In-person interviews would have abided by the State’s social distancing guidelines, as at the time of these interviews a global pandemic was still occurring. The researcher believed that it was important to offer all students the option of the site they wished to be interviewed as a step toward creating a safe environment and establishing a level of trust between the interviewer and interviewee. All participants chose to use the Zoom meeting option due to convenience. None of the participants expressed an interest in meeting in-person to be interviewed.

Participants were asked permission to record the Zoom session. Recording the sessions was considered an essential aspect of the interview process, as it increased accuracy of data collection and contained the exact words of interviewees’ answers to questions for transcription purposes. All participants were willing to be recorded with the understanding that the interviews would only be seen by the researcher and would be erased once data analysis was complete.

Each interview lasted between 30-45 minutes, with flexibility allotted for a more in-depth conversation if needed. There was one exception to the length of an interview. In this instance, the first interview conducted, the participant did not respond to the questions posed; rather, the participant continued to tell a story of their life experience. This interview lasted three and a half hours due to the participant being set in their attempt to provide a holistic picture of their life and educational experience. Additionally, this participant lost internet connection on three occasions during the interview, which
further expanded the length of the interview. Regardless of multiple redirections attempted by the researcher to stay within the guidelines of the interview questions, the participant continued to provide a picture of life experience in the way the participant felt compelled to tell it. Following each interview, field notes were taken to note perceptions, observations, and remarks that were relevant to the research questions.

As a form of member checking (Creswell, 2009), a follow-up phone call took place with each participant after clusters and themes were identified during the analysis process. Participant perceptions of the results were obtained during this time. These brief phone calls were conducted by the researcher. Approval for the follow-up conversations were obtained during the first interview. Each participant agreed with the analysis of their own interview. Additionally, most of the participants stated that they had shared a similar experience disclosed by another student during the interview process, could relate to the experience, or could understand that a student had that experience during their self-disclosure process.

Data Analysis

Prior to analysis, the interview audio recordings were transcribed and organized using the built-in transcription option in Zoom. Initially, each transcript was read individually to get a general sense of responses from each participant. Transcripts were read a second time to correct all spelling errors. It was at this time that sentence punctuation was added because it is not included in the automated transcriptions provided by the Zoom recordings. During the second reading, the audio recordings of each interview were replayed to ensure that the interview transcripts represented exactly what was stated during each interview; corrections were made as needed. Each transcript was
uploaded into the NVivo software program and titled by the participant first and last name.

The NVivo software program was used to manage the data during the analysis. NVivo provided a forum for all the transcription data and field notes to be easily stored, labelled, and correlated into separate files that represented each participant. The NVivo software program was selected due to its ease of organization, primarily through the process of identifying “nodes.” Nodes are files in NVivo that allow for the gathering of related material in one place to look for emerging patterns and ideas. Data were initially organized into the structure of the interview questions (i.e., the factors that contributed to disclosure, how the student navigate disclosure, and the student’s perception of the navigation process), with the first nodes being a direct representation of each research question.

Regardless of the interview question, all responses were appropriately coded to the relevant node. Because these apriori nodes were based on the interview structure, they were referred to as “grandparent” nodes. Interview responses were separated into each grandparent node based on the applicability of relation to the topic. If a response referenced the grandparent node topic in any way, it was coded to that node categorization.

A thorough analysis of the similarity in responses was conducted. Four categorization levels of nodes were necessary to conceptualize the overall picture of relationships between one student’s experiences to another: grandparent, parent, child, and grandchild nodes. The responses coded to each grandparent node were then analyzed individually. The initial headings for nodes evolved into more definitive topics and sub-
topics, based on the responses in each category. A clearer picture of each node began to form during this phase of the analysis, with NVivo providing an organization avenue to delineate the participant’s experiences, thoughts, and emotions. Consistency in participant responses afforded clarity to determine how these unique experiences should be structured. Structuring each node as a category for similar responses was crucial in eventually grouping similar experiences into clusters and ultimately determining the themes of this research.

The challenging part of determining categories was the overarching context of students with invisible disabilities. This context is very broad. There are so many disabilities that are invisible, with each creating unique barriers for the individual student. For example, ADHD presents very differently than a migraine, and Type-1 diabetes does not create the same challenges as depression. Within the context of invisible disabilities, accommodations that provide an equitable opportunity for the individual student are so unique that understanding the relationship between needing an accommodation and having to self-disclose a disability creates its own unique challenges for the individual. That said, below is a breakdown of how each node evolved into what eventually became themes of this research and allowed for a thorough analysis of the data presented in the next chapter. It is important to note that grandchild nodes are not the end result themes that were identified, but rather an end point of information from the specific line of questioning that followed the structure of each interview. Themes are identified in the findings chapter of this research.

1. **Factors that Contributed to Self-disclosure** (grandparent)
   - Class Situation (parent)
2. How Student Navigated the Process (grandparent)
   - Process of Disclosure (parent)
     - Perception when other students witness disclosure (child)
     - Students know what they need to be successful (child)

3. Student Perception of the Process during and after self-disclosure (grandparent)
   - Participation (parent)
     - Student perceptions of instructor responsiveness (child)
       - Impact on engagement based on instructor responsiveness (grandchild)
   - Emotional Impact of Disclosure (parent)
     - Advice for Other Students (child)
       - Difference in willingness to accommodate based on college and major (grandchild)
       - Student emotions before and during self-disclosure (grandchild)

**Colaizzi’s Method of Analysis**

Colaizzi's method of analysis (Colaizzi, 1978) was followed throughout analysis to ensure the process was concise and efficient. Here is the order of the steps that were followed with Colaizzi’s method in mind:

1. Each transcript was read and re-read to obtain a general sense about the whole content. Transcripts were read a third time to capture the holistic perspective of each participant statement.

2. For each transcript, all the significant statements pertaining to the experience under study were extracted. These statements were appropriately coded in NVivo and later became known as the grandparent nodes. Grandparent nodes followed the research questions and guided the initial extraction of statements.
3. From each grandparent node, similarly coded statements were extracted, and meanings were formulated from these significant statements. Statements that referenced shared experiences in each node category were clustered to become a sub-category (i.e., grandparent nodes become the sub-category of parent nodes, parent nodes become child nodes, and child nodes become grandchild nodes, etc.). Field notes from each interview were constantly reviewed throughout this stage of analysis. Field notes were a valuable tool in determining node categorization and similarity between participant statements.

4. The formulated meanings were sorted into categories, clusters, and themes. Thorough attention to was given to participant perspectives in determining connection between responses. Nodes represented similarity between responses and broken down to specific categories and clusters, which were eventually identified as the themes that were derived from participant interviews.

5. Themes were clearly identified from participant statements. Each participant was able to share their own unique experience regarding the experience of self-disclosure. The findings of the study were integrated into an exhaustive description of the experience under study.

6. Participant responses to the research questions allowed for a thorough exploration of this experience. The fundamental structure of the experience was described in detail, with each participant explaining the deep personal connection they had to the process and the impact that going through it had on their personal development.
7. Follow-up conversations occurred with each participant to afford the opportunity to retract any statements and clarify any information that was misconstrued in the findings. Member checking of the findings was sought from the research participants to compare the researcher’s descriptive results with their experiences. The participants reported that the follow-up phone calls made them feel safe and confident in what they originally reported. Following-up with each participant was beneficial to original statements and allowed the researcher to report the findings with confidence and clarity.

**Researcher Background and Assumptions**

I am a DSS professional working in the setting of higher education where the study was conducted. I have attained a master’s degree in higher education administration and have worked in the field of disability support for six years, during which time I have worked with a variety of diverse disabilities to facilitate and support their academic accommodations. I have been able to utilize my own professional experience to accomplish positive personal developments through introspective investigation of my own professional acumen, and anecdotally supported my colleagues and their students through similar situations; all of whom have reported various levels of satisfaction with my insight and understanding of the topic for this study.

The Husserlian role has been described by Giorgi (2009) as a necessary adoption of the researcher’s attitude. To fully do so, a researcher must separate themselves from their own truths and narratives to espouse the genuineness and veracity of each participant. To control for any bias from my personal attitudes and professional responsibilities, I vow to affirm the narratives and contributions of each participant as
legitimate and reliable, regardless of the precision of a statement or the opinions or others (Giorgi, 2009).

Bracketing was used throughout the data analysis with a view to limit expectations and presuppositions of the interpretation of data, so that the researcher remained neutral in relation to the experience under study. The Husserlian role in qualitative research includes bracketing in which the researcher should declare all biases, assumptions, and presuppositions prior to and throughout a study (Gearing, 2004). The aim of bracketing is to keep what is known about an experience out of reporting the participant’s experience and to avoid imposing of their assumptions on the data collection process (Gearing, 2004). Diligent bracketing was a necessary way to ensure validity of data collection and analysis, as well as the objectivity of the experience being studied.

For this study, participants were given pseudonyms, ensuring the confidentiality of the participants (Creswell, 2009). Confidentiality is crucial to upholding the trust of participants, especially when the phenomena being studied is focused on a marginalized population (Brantlinger et al., 2005). Interviews were analyzed for patterns and themes within and between the population of students with invisible disabilities and their experiences.

In a hypothetical example of a student with an invisible disability’s experience, consider the possibility that the student made multiple requests for an extension on an assignment, but was denied the request, resulting in the student disengaging with the course material for the remainder of the semester, believing that they were not cut out for the rigor of college, or a failure academically. The reality is that this student does not represent any of these roles. The personal experience in this example resonates for the
student and remains a part of their reality; specific realities hold authentic truth for each participant.

To this domain, I searched for truth and understanding of the essence of the individual experience for each student and attempted to describe their experiences with veracity and without inference or presumption. The goal of this study was to gain a better understanding of the unique experiences of students with invisible disabilities regarding the process of self-disclosure. DSS professionals, higher education administrators, and academic faculty can benefit from the insight of students with invisible disabilities regarding their experiences in the classroom.
Chapter 4: Findings

The purpose of this study was to provide greater insight into the emotional impact of self-disclosure for students with invisible disabilities, particularly when an academic accommodation was questioned by a faculty member. The research questions that guided the study were:

1. What factors contributed to student disclosure of an invisible disability to the instructor of an undergraduate class?
2. How did the student navigate the process of disclosure?
3. How did the student perceive the process of disclosure?

Through a semi-structured interview process, the goal was to gain an understanding of the situational and environmental factors that contributed to a student self-disclosing their disability to an instructor, how these students chose to navigate the process, and what kind of an emotional impact that being vulnerable had on student well-being and education. By conducting one-on-one interviews with each participant, students were provided an opportunity to share their own unique circumstances about how their disabilities impact their daily lives as well as to provide insight into the ramifications that having an invisible disability has in an academic setting. Eight of the twelve students expressed their gratitude to have an audience to share their experiences, while all twelve participants noted appreciation for the focus of this study.

This chapter is divided into five sections. The chapter begins with students describing the symptoms associated with their unique invisible disability and the side effects they have on their lives and in the classroom. The following four sections are the
themes identified in the analysis: a) Self-Disclosure to Faculty, b) Reaction after Self-disclosure, c) Effects of Disclosure on Engagement, and d) Benefits of Disclosure.

Overall, all the participants had been dealing with the challenges they described for years. Their disabilities appeared to be intrinsic to their identity. Their reaction to being questioned about an accommodation was often described as if they felt a professor was questioning the legitimacy of the challenges that they experience every day. The participants provided an account of the reactions they had after and interaction of self-disclosure, as well as a description of the impact that the interaction had on their future engagement in the course. Additionally, the benefits experienced by going through the process were identified.

The students in this study can be classified in several ways. The first is that five of the twelve students had mental health related disabilities such as post-traumatic stress disorder, major depressive disorder, generalized anxiety disorder, eating disorder, panic attack syndrome, trichotillomania, and autism spectrum disorder; whereas the other seven had non-mental health related disabilities such as diabetes, migraines, attention-deficit hyperactivity disorder, lupus, fibromyalgia, learning disabilities, traumatic brain injuries, and seizure disorders. These two distinct categories of invisible disabilities resulted in different experiences with their instructors. In addition, students were intentionally recruited to represent STEM-related fields of study and non-STEM-related fields of study. The majors appeared to make a difference, but similar experiences were found in non-STEM majors taking STEM-related classes. It must be noted that there were no clear patterns when the students’ age, sex, and race/ethnicity were considered.
Symptoms Attributed to Invisible Disabilities

Ten of the twelve students described their disabilities and the symptoms they experience, immediately followed by their struggle in having their situation acknowledged by others. For instance, Sophie stated,

I have anxiety and depression, which no one can see. I suffer from migraines that are brought on by post-concussive syndrome and there’s no way that an instructor can understand what this means for me, unless they have experienced it themselves which is basically never.

Sophie summed up her experience by quantifying the times daily that she experiences a flare-up, and is impacted by her symptoms,

It ebbs and flows throughout the day, but I experience it daily. It’s not continuous, nor all the time, but I am anxious at the beginning of the day to the end of the workday, so I guess it is from nine to five. If you want to put hours on it, I wouldn't say I’m anxious constantly through that time, and I’m more likely to be anxious at those times. Depression is more at the end of the day when I get home and have to deal with myself and the constant pressure that I put myself under.

Sara too suffers from migraines and has very similar experiences. However, the impact on her education is not always the same,

Sometimes I have auras, but it depends, I mean every one of them is a little bit different. Some days light is a problem for me, some days sound is the problem. Some days looking at a computer screen for too long, or like a PowerPoint slide in a dimly lit room can be just awful.

Sara furthered her statement of the impact of her disability by stating,
To be honest, I really haven't found anything that helps alleviate the symptoms. I tried so many different things. My neurologist told me he can no longer help me and doesn't know what else to do for me. That's very discouraging and so I just tough it out. It gets to a point where everything is just breaking me down because it's too much, the screen time is too much, reading is too much, being in classrooms where every single one is lit with bad fluorescent lighting, it’s really bad. Just getting through a semester with doctor appointments alone. I mean God, I think I went to four doctors’ appointments in one-week last semester. Classroom slides on a projector are really aggravating and intensifies the problem.

Anna discussed the challenge of the time it takes to comprehend academic material,

You know, I was diagnosed in the 4th grade and without an IEP in school, no one would have believed it. I have a disability to where I it takes me a lot longer to comprehend material and process information. School work takes a lot longer for me to do compared to an average student. Reading and processing information has always taken me longer. Professors often assign an assignment on a Wednesday that is due on Sunday and its plenty of time to them. With me, it takes two weeks of non-stop reading just to understand the material. There’s no way I am completing the assignment in that time.

Indeed, many of the students reported putting in two or three times the work as other students, yet lament that no one sees this effort.

*Symptoms of Invisible Disabilities Associated with Educational Experience*

All students with invisible disabilities experience their disabilities in solidarity. While a diagnosis may be the same, the impact and way it affects their abilities is unique
to the individual. As the students described the impact that their disability has on their education, it became evident that the symptoms being experienced were personal to each participant and that they do everything possible to avoid requesting accommodations until absolutely necessary. Nine participants specifically shared how their invisible disability impacts their education. Dottie stated,

ADHD impacts my ability to focus. It impacts my executive functioning, so prioritizing tasks, being able to start projects and finished projects is a daily struggle. With my anxiety, I really struggle on getting to an actual classroom because the thought of sitting with a large group of people is terrifying. There have been so many times that I threw up in the bathroom trash can prior to class because I became so worked up. Of course, the over activity in my brain can easily trigger a seizure, so I must be very aware of which medication I am taking and when I do it. That responsibility just causes more anxiety, because I don’t want to have a seizure in class in front of other people. I feel like most days I just can’t win. One issue trigger another and the whole situation combined just isn’t fair to have to deal with.

Nora elaborated on the challenges that she experiences in the classroom. She reported that she recognizes her deficits while also understanding how the symptoms of her disability affect her academically. She stated,

I can’t focus on the lecture. Too many people make way too many distractions. Before every lecture starts, I make sure that I am ready to audio record. I charge my device every night to make sure the battery doesn’t run out. With recordings, I can pause it which I do as many as five times every few minutes. Without all the
distractions of a live lecture, I am able to be successful. My mind can really wander, so I try to alleviate the symptoms by utilizing the tools at my disposal. Mia explained how being triggered by PTSD affects her in the classroom. She stated, Unfortunately, anything can do it: a smell, a thought, an article of clothing that another student is wearing. Immediately, my whole body gets a hot flash and I become super overwhelmed. Sometimes I disassociate. Sometimes I zone out completely, not hearing anything around me. From that point forward I just want to run out of the classroom and catch my breath. I have a bad habit of wondering why this is happening to me and what I’ve done wrong for this to be my life. John, who is also afflicted by triggers from PTSD was very aware of the impact that his disability had on his education. Repeatedly, he referenced these triggers and stated that that he is always hyper-aware of them. He noted, So, like when I’m trying to work on an assignment, or in a lecture trying to learn the material and I begin to experience flashbacks … When this occurs, I immediately must exit the room. It’s disrupting to the whole class. They all turn and stare at me. I can feel it. But, in that moment, I either flip out or get outside before I pass out because I’m usually sweating profusely and need to escape the situation. Sara described her situation in class, My migraines are so frequent that I don’t remember a single day in the last four years that I haven’t had a migraine or a headache. Anyone who has ever had a migraine can tell you, it’s not exactly like you’re just better in an hour or two. They are completely debilitating.
She furthered her statement,

Some days I just can’t do school. Yesterday was one of those days. I’m in summer school and couldn’t bear to look at a screen all day. The pain gets behind my eyes and I can’t see. Same thing happens from fluorescent lights in the classroom. The throbbing is constant, so I can’t think. Reading is difficult, even listening to the lecture is unbearable.

**Self-Disclosure to Faculty**

While the symptoms of a disability may be unique to the individual, it does not mean there are not similarities between diagnoses. A prominent theme was that students with non-mental health related disabilities were less apprehensive and more likely to open the lines of communication with their instructors than those suffering with mental health issues.

Seven participants reported being diagnosed with a disability that meets the criteria of a non-mental health related disability, noting that they have been impacted by their disability for so much of their lives that it is no longer a big deal to discuss it. These students reported being more comfortable and less stigmatized than students with mental health related disabilities. Nora stated,

I was diagnosed with ADHD in the 3rd grade and have been dealing with it every day since. So, for me there’s nothing to hide. I know I need the help, so I figure that open communication is the quickest way to get the support that I need. The semesters are too short to wait until I’m struggling to ask for help.

Additionally, five of the participants who identified as having a non-mental health related disability reported that the symptoms of their disability are so impactful and
severe that there is no way for them to not be proactive in facilitating a conversation with their instructors right at the start of the semester. Sara made sure that professors knew her situation, stating,

So many professors think that I’m abusing the accommodation by not attending class, which is why I am upfront from the very first day of every class. This is what I deal with every single day, so hopefully they are willing to be empathetic.

Similarly, Cindy noted,

I would say that I am out of range for my diabetes about 15-to-20% of the time. I use a continuing monitoring device for my blood sugar, so I’m aware of it every minute of every day. It would be completely irresponsible of me to not notify all of my instructors on day one. I would hate to faint in class or have a seizure and the instructor to have no idea what was happening, you know?

Of the five students who are afflicted by mental health related disabilities, four out of five of the student’s reported apprehension to self-disclose what their disability was to their professors. This group reported a fear of judgement, vulnerability, and stigmatization as the mitigating concerns that prevented them from openly talking about their disability and the impact it had on their education.

Nicholas perceived the stigmatization of mental health as something he has been dealing with for the entirety of his college career. He stated,

I never share what is really going on in my life. I learned that lesson really early on. College professors aren’t really interested in what is going on in your life that prevented you from completing an assignment or that you had a recent medication change that is currently making you crazy.
Sophie explained that her fear of vulnerability prevents her from being open with her professors. She stated,

If I am open and honest about what I am experiencing, then my professors will think that I’ve lost it. Plus, they don’t really want to hear that I can’t get out of bed everyday or that my anxiety was so bad I was throwing up before class.

These same students with mental health related disabilities reported past negative experiences with professors that now impact their perspective on the disclosure process. These students reported being more guarded and selective when deciding who to disclose to, often noting that they only choose to do so with professors they have already had a class with and that they trust will not judge their accommodation requests. John reported,

It’s intense to have to tell an instructor when you are struggling with your mental health. You never know how they are going to respond. I’ve had instructors just roll their eyes before. They act like “‘Why are you bothering me with this!’” It sucks because I need to tell them what is going on or there’s no chance I’m going to be able to get an extension or retake an exam. Necessary evil, I guess.

Ella stated a similar fear when she discloses. She noted that past experiences of being dismissed by her professors have led to her apprehension to disclose when she is really struggling and needs the help. She stated,

Most of the professors in Engineering are male and from a different country. When I try and explain that I have been struggling to just get out of bed, they usually just brush it off… Like it’s not a real issue that I experience every day… It’s not even that they don’t believe me. It’s the fact that they treat me as if I’m
weak in some way because I have mental health issues, or that I wouldn’t do anything in the world to fix it if I could.

The participants who identified as having a mental health related disability reported being aware of the stigma surrounding mental health all the time on campus, especially in their own departments. Three students reported being marked as having a disability that followed them throughout their courses within the department. For instance, Mia stated,

I know for certain that my biology professor was talking about me to other professors. A girl who used to be in my sorority before she graduated was one of his TAs. She flat out told me that he mentioned me by name in front of other TAs and told them that “There’s no way someone like me, who requested accommodations all the time would ever make it as a nurse.” He’s not the only one. I’ve heard all kinds of rumors about that particular department and how they view students with mental health issues. It’s really sick when you think about it.

Need for Accommodations

An attempt was made to select an even percentage of STEM (science, technology, engineering, and math) versus non-STEM majors (i.e., liberal arts, education, social work, community health science, etc.). The result was five of the twelve participants majoring in a STEM field. Students who attend the institution that this research was conducted are required to complete a well-rounded liberal arts curriculum. Therefore, all students generally take core courses (i.e., English, math, science, arts, humanities, etc.) their first two years. The academic major begins to influence course selection in the last semester of the second year as students matriculate to their chosen major. All students,
regardless of major, take both STEM and non-STEM courses at multiple times as they matriculate through their degree.

Of the students that reported mostly positive experiences with their professors, the students major (i.e., STEM vs. non-STEM) was not a factor. Five of the positive reports were from non-STEM major students and four were from STEM majors. There was a general perception from most of the students that many of their professors care about their well-being and want them to be successful. The level of support felt by the students was apparent in the experiences that they shared. For instance, Anna stated,

Most instructors just teach one way in college. It’s usually however they were taught. But I’ve had professors go way out of their way to ensure I was successful, meeting me during office hours every week, reviewing material when I had questions, and showing me the material in different ways so I could conceptualize it. It’s rare to have an instructor go to that length and spend that much time with me, but when it happens, it really means a lot to me.

Sara, a general studies major who suffers from migraines, shared the length that one of her professors who shares her disability went to ensure she was comfortable. She stated,

I had a professor that requested to have the room changed because the fluorescent lights were so bad in the classroom that I couldn’t stand it. I stayed after the first class to talk to her and explain what was happening. She told me that she gets them, too. She called the scheduling office and had the room changed by the next class. I didn’t even have to go to the DSS office. It was amazing.
Many students with invisible disabilities rely on their DSS coordinator to ensure their approved accommodations are being implemented appropriately. In higher education, students are encouraged to self-advocate for themselves in the classroom. They are told to identify their academic needs and have discussions with their professors about how they can be most successful. Nine participants reported that most of their instructors are empathetic and understanding to their need for accommodation.

Nicholas stated,

It is very rare that an instructor will question my accommodations. Mine are general, but still. When I need an extension on an assignment, most of them will ask me to reach out to them directly and we are usually able to work it out.

Nowadays, the professors seem more willing to work with their students. I remember ten or fifteen years ago when everything was by the book.

Ava made a similar statement,

For the most part, my instructors have always been great. I use the DSS a lot and have a great relationship with my coordinator. If I need an accommodation, I have always been encouraged to ask for it. I would say that many of my professors throughout college have been very accommodating. If they are not, that’s when I involve my coordinator.

Alexandra explained that most of her professors are very accommodating. With her heart condition, she found it easiest to be upfront from the start of the semester. She stated,

I always stay after class the first week of the semester to talk to my professors. I want them to know that I have a heart condition, which is why I need
accommodations. One of the few times that I got push back about needing an accommodation is when I finally decided to register with the DSS office. It was just easier to formalize the process. I’ve learned how to advocate for myself, but also that the DSS office is there to ensure I am not being discriminated against because of my condition.

Seven of the nine participants who shared positive interactions with their professors regarding their accommodation requests were in the non-mental health group. Anna explained that most of her professors recognize the impact that her disability has on her learning, specifically referring to her field of study perhaps being more sensitive to the issue. She stated that most of her professors immediately let her know to come to them if she needs any support,

I haven’t had any problems with my social work instructors. Maybe it’s the field they are in, I don’t know. I explain to them that I have dyslexia and it takes me longer to read and write. I think it’s because they recognize with a learning disability that I must put in so much more work than other students just to stay caught up. They always try and work with me to ensure I am grasping the material.

Cindy, a nursing major, reported a similar experience, adding that one of the professors provided guidance in her educational process. She stated,

The nature of my disability, I haven’t always self-identified as having a disability. One of my nursing professors suggested I register with the DSS office. She explained there was a component of safety and that all my professors should know. I’m not particularly worried about having an emergency in class, but all of
my professors have been so understanding that there’s no reason for me to not self-disclose that I’m diabetic. Now I just do it automatically.

Ava explained that most of her professors are very supportive when she reaches out for an accommodation. She attributed this to her self-disclosure of having Fibromyalgia and Lupus to each of her professors at the beginning of each semester. She stated,

I’ve had multiple professors check-in with me through email when they notice that I am not in class. I know that doesn’t happen for everyone. It’s nice to know that they care and are concerned about how I am doing.

**Negative Experiences**

While all the participants shared at least one negative experience of self-disclosure to a professor, the students who are categorized with mental health related disabilities were far more likely to share multiple negative experiences. These students perceived themselves as being more susceptible to judgment, criticism, and discrimination due to the stigma of having a mental health disorder. Additionally, they reported being more offended by a professor’s response after self-disclosure occurred. For instance, Ella stated,

I had a professor directly ask me what my disability was. He said that I didn’t look like I had a disability, and he didn’t understand why I was using accommodations. It was off-putting. I explained some of the challenges I have with assignment deadlines and the extreme anxiety that I feel before coming to class or taking an exam. The entire conversation made me uncomfortable, mainly
because he was so invalidating. Every time I mentioned a symptom, he would respond, “That’s not a disability, everyone has that.” Seriously… no they don’t!

Sophie shared a similar experience when she went to a professor’s office during office hours to better understand why she was scoring so poorly on the written assignments for a class. She explained,

So, I go to this instructor’s office hours to find out how I can improve my writing assignment grades for the class. I submitted my accommodation letters two days before, so he knew I was registered with the DSS office. I brought my paper that he marked up, but there wasn’t any direction provided in his grading. Basically, this is wrong, this is wrong… but no explanation as to why it was wrong. I wasn’t in there five minutes before he looks directly at me and asks what my disability was. I told him that I wasn’t comfortable sharing that information. I was surprised he had the gall to even ask, given it’s against the law. He didn’t seem to care. He continued by ripping apart the paper and stated that my writing was f…ing terrible. He cussed three times during the meeting. I’ll never forget it. Afterward, I just walked out in tears.

When asked if she ever disclosed her disability to that instructor, Sophie stated,

Yes, I did eventually. I got worse grades on the next two assignments. My DSS coordinator suggested that I go back and talk with him again. Reluctantly, I did. I was on the verge of a panic attack the entire time. But eventually I explained that I was in an accident and suffered a traumatic brain injury. I also explained how my disability impacts me. I’m not sure if he understood or just felt sorry for me, but my grades improved after that.
John shared his experience when he felt it necessary to self-disclose his disability.

Let me be clear, I always tell my professors that I need an accommodation for extensions on assignments and I fill out my DSS paperwork before the semester to make sure that they get it before the class starts. I used to never do that and always rely on the DSS office. But now, I have had enough therapy in my life to know that I can be triggered at any time and am completely unable to control the affect it has on me. I don’t need the accommodation in every class, but I figure it’s better to let them know up front that it may come up. I had a professor that wouldn’t allow any assignments to be turned in late. The day before a major assignment was due, I asked for an extension of two days. He said no way and that his assignments are posted in the syllabus with all the due dates listed. I disclosed that I have PTSD and explained what was occurring in my life that was triggering at that time. It was obvious he had no idea what that was or the impact it was having on me. I explained I have an accommodation for this and that… and he just said it stated in his syllabus that he doesn't grant extensions for any reason.

John was visibly agitated during this portion of the interview. He continued,

He stated that he doesn’t care if I am in class or not during the lecture, but he wasn’t going to give me an extension. He said that this is a part of growing up and learning that life and work have deadlines.

Students enrolled in a STEM major were more likely to report negative attitudes from their instructors regarding accommodation requests and experienced very different challenges than the non-STEM major students. Of the five students enrolled in a STEM major, four students reported a negative experience with an instructor teaching a STEM
course. Additionally, of the seven students enrolled in a non-STEM major, three students reported a negative interaction with an instructor teaching a STEM course when they were completing their core curriculum. Mia, a STEM major, explained,

I don’t know what it is about my STEM professors, but those classes are always the ones that I experience the most barriers to my accommodations. Being a biology major, I have a lot of science courses. It’s as though the science professors think that their classes are so much harder and more important than other classes. I don’t know how many times I’ve been in a science class on the first day and the professor basically threatens the class and says, “My course is really hard. If you can’t pass my class than you will not make it in blah, blah, blah… or you won’t make it in Med. School.” Yeah right, this is a 200-level class. I think some of them actually believe that if you have a disability than you shouldn’t be a STEM major.

Ella, another STEM student, stated the same frustration with her professors,

I feel like STEM majors probably have a bigger problem receiving accommodations. I think that's definitely something that needs to be cracked down on across departments, especially science, math, and engineering. My opinion is that the professors just don't seem to care or brush it off as if I don’t need these accommodations to be successful. When I was taking my core classes, none of the other professors even questioned my accommodations. In STEM classes, it’s as though the professors are being asked to do something that puts them out in some way and that’s rarely the case.

Nora, a non-STEM major, stated,
The biggest challenge I had from a professor was in a math class. I needed a note taker for class, and he refused to make the announcement. For the first two weeks of the semester, he kept telling me that everything I need for his class he writes on the board. It wasn’t like I was asking him for his notes or private tutoring, he just had to make the announcement. I’ve never experienced that with my education classes. All of those instructors bend over backwards for me to be successful.

Accommodations Questioned the Most

An important issue that the student narratives shed light on was that certain accommodations are questioned more and get greater pushback from instructors than others. Three accommodations were cited: test taking, extension on assignments; class notes. Five of the participants disclosed that they have only been questioned about needing an extension on an assignment as an accommodation. Mia stated,

Extensions are always the most challenging accommodations. It’s like, the professor gets our accommodation letters, and they know we receive the accommodation, but they don’t want to give extensions because it messes up their semester timeline. I don’t know how many times that I’ve heard a professor state that they want to be fair to the other students. I finally stopped fighting it, and just go through my coordinator whenever I request an extension.

Due to the impact of her disability, Sara described one of the instances in a biology class by stating,

I was in the hospital. I was so sick. I didn't want to tell anyone nor did I think that I needed to tell my professors what was wrong with me. I went through the proper channels at the DSS office, so I knew my professor knew about my need for
accommodations. I asked to make up an exam that I missed while I was in the hospital. I got a response back from my professor saying that he would not allow me to make up the exam. He stated that he gives every student one free exam and takes the best three out of four exam scores. I was unable to look at a computer and I was in the hospital on morphine, so I was not even in the mind space to be working on school.

Furthering her statement, she explained,

It wasn’t having to explain that I have debilitating migraines to a stranger that bothered me, it was the response after. If I must self-disclose to you because you are pressing the issue by denying my accommodations, then at least have the courtesy to consider accommodating my request.

The second accommodation questioned the most was obtaining lecture slides in advance of the class, especially when the slides are not posted to the student portal. Four of the students reported the challenges they experienced with this accommodation. Nora explained the frustration she feels when professors won’t share their lecture slides. She reported,

One of my accommodations is a copy of the slides, if possible. I know that takes extra time for them because they edit their presentations at the last moment, but I always ask to see if it is possible because it helps me be able to follow along. I’ve had two different professors asked me why I can’t just take notes like everyone else. It’s like they have no idea that I would love to be able to do that. But twenty-one years of education has taught me that I can’t. If I have the slides in advance, I
can review the material before class and have them in front of me so I can explicitly listen to the lecture and follow along.

She furthered her statement by saying,

When I don’t get the slides in advance, I just sit in class on the verge of tears. It’s basically an anxiety attack sitting in class. I’m fighting back tears, I have no idea what is going on with the lecture, and I am trying to write down every single word on the slide because I am not able to focus on what’s important and what’s not. Slides switch, I’m more lost, and I just give up… literally fifteen minutes into every class. The worst part is that it just depends on the professor, because most of them just share the slides with the whole class or make them available when I request them.

John shared a similar experience, stating,

I had a chemistry professor that refused to share his slides. He stated that there was no way he was going to share his slides with the class because they were his intellectual property. I remember my DSS coordinator taking the issue to the Provost. Eventually, he agreed to provide me with the slides right at the beginning of each class, but the only way I could access them was with a password. He made me sign a contract that I wouldn’t share them with anyone else. I remember how frustrated I was. Like, really, we are all paying you for the class and those notes are a part of it.

The manner in which invisible disabilities affected the way students gather and disseminate information was found in the data. Some students found it difficult to focus
and pay attention without easily being distracted. What was particularly noted was anxiety about taking an exam around other students in class. Nora reported,

Some instructors want to proctor the exam themselves, which is fine if they actually gave me the extra time and a quiet space to do it. I’ve tried this a couple of times and always ended up taking the exam in class with everyone else and then following the professor to their office to complete the exam with extra time. It totally defeats the purpose of me needing a separate environment to take my exams.

Nicholas shared a similar experience when discussing the way that some professors attempt to facilitate his accommodations. He stated,

The whole point of me taking my exams outside of class is to reduce the anxiety I have about testing with other students. Big classes are distracting, and I can’t concentrate, which just makes my anxiety worse. It’s really challenging when professors don’t just follow the accommodations and want to do it themselves.

Two of the participants stated that they were directly questioned about their disability after the instructor noticed that the student was approved for using a note card during exams. Historically, note cards are provided as an accommodation for a student whose disability significantly limits their ability to memorize course material and impacts their retention capability. They are never approved to have definitions or formulas worked out on the note card; rather, the note cards are a tool to help with triggering key words or phrases important to an exam. Sophie stated,

I have been using a note card on every exam since my accident when I was seventeen. I’m taking a biology course and the instructor is adamant that using a
note card is considered cheating and she will not approve it. She went as far as to threaten me that she would send me to the Student Conduct Office if I used it on an exam. This is when I got the DSS office involved. I knew that I was approved for it, and she couldn’t just deny my access. My DSS coordinator sent her an email about it, and she never responded. Pretty sure I had a panic attack every single day that week.

Mia iterated a similar issue with a science professor. She stated,

The professor emailed me to tell me that he was not going to approve a note card when I took exams in his class. I replied that it was part of my accommodations and if he had any questions to contact the DSS office. He did, and my DSS coordinator explained how my executive functioning was impacted and the benefit of it to me. Rather than replying, he just refused to fill out the proctoring form, which prevented me from taking the exam at the DSS office. It was an absolute nightmare.

She furthered her statement,

Eventually I was able to take the exam with my accommodations, but it was five days after the original exam. The whole situation was so unfair and just escalated my anxiety which was never necessary. I felt attacked throughout the process of waiting to find out what was going to happen. He just had zero empathy and didn’t care about the impact that the whole situation had on me. From that point forward he was rude and never responded to my emails when I had questions about the material or what he covered in class.
One of the participants shared a situation that is worth noting. Cindy explained that she does disclose her disability to her professors and most of them are very understanding. This has not always been the case. She stated,

I had a calculus professor who was totally fine with my testing accommodations. I checked and made sure they were approved through the DSS office prior to the first exam. That wasn’t the issue. He called me out in class one day to tell me that I was not able to get up and use the restroom during class, because it was disruptive and rude. After class, I stayed until all the other students left the room to remind him that I had type-1 diabetes. If my blood sugar is high, then I may have to get up and use the restroom. It’s how my body is trying to take care of itself. He told me that if I was going to need to do that at any point in the semester then I had to go through the DSS office to get an accommodation for it. Not only did I self-disclose something that is very personal to me, but he disregarded the entire impact that it has on my body every single day.

**Reactions by Students after Self-disclosure**

Throughout the interviews, it was evident that the process of self-disclosing a disability to an instructor was very personal. It necessitated a level of vulnerability for the student to be open about the challenges they experience in the classroom and in life. Each of the twelve participants shared at least one negative interaction they had with a professor when they chose to disclose the nature of their disability when requesting accommodations.

Due to the nature of some invisible disabilities, speaking with a professor about accommodations was described as a process. Some of the participants willingly
disclosed, while others felt coerced into doing so. When the experience was perceived as negative, the participants reported a range of reactions to their experiences. Some of them were impacted physically, others emotionally, and a couple of the students perceived their interactions to be violating.

**Physical Reactions**

The physical reactions experienced by students were varied. For some students, preparing to have the conversation was a process that might include a fifteen-minute buildup of anxiety toward the end of a lecture, resulting in sweaty palms, blurred vision, and dizziness. For other students, it was a day or two long processes of anticipation, knowing that the conversation was coming. These students played out multiple scenarios in their head of how the conversation might go in an attempt to be ready for any variable of conversation that may occur. Eight students described an immediate physical reaction to be questioned about their disability or accommodations.

Sara, who suffers from migraines, described the physical impact that she experienced in anticipation of having to request an extension on an assignment. She noted experiencing discomfort every time she has to request an accommodation. She stated,

> I worry before I have to talk to a professor, I worry during, and I worry afterwards. I’m worried that they don’t understand what I’m experiencing every day and are going to treat me differently because I am asking for an accommodation. My biggest concern is always that I won’t have the same opportunities as other students in the class because of how I am perceived after I tell them I have migraines.

She continued,
When I have a really bad week and know that I have no choice but to request an extension, because there’s no way I’m getting it done in time, I noticed that I start having panic attacks. My chest gets really tight, my heart rate goes up, my vision gets bad, and the throbbing in my head intensifies. All because I need to request a one- or two-day extension on an assignment. It’s awful.

Mia was very emotional when describing her reaction to self-disclosing her disability to a professor, who told her he would not allow a note card on an exam, expressing,

Immediately, my whole body felt limp. It felt like an immediate hot flash, and I got super overwhelmed. I have no idea what he said after that because I zoned out completely and didn’t hear another word. I remember walking out of the building contemplating “Why am I here? What should I have done differently?” The entire experience was terrible.

For some students, the physical reaction further exacerbated symptoms that they were careful to avoid. One student noted heart palpitations and difficulty breathing. Alexandra, who was afflicted by hypertrophic cardiomyopathy, reported,

I had an instructor tell me that I needed to submit a note from my doctor before she would excuse an absence and open an assignment from earlier in the week. I told her that I was registered with the DSS office, and they have my medical records. She said that I needed to talk to someone over there and have them contact her. I was furious. I could feel my heart beating really fast and I started to hyperventilate.
Emotional Reactions

While many of the students described a physical reaction after having to elaborate about the nature of their disability, even more noted an immediate emotional reaction. Ten students reported feeling frustrated, up to and including being angry about needing to discuss the impact of their disability and need for an accommodation. The students who felt frustrated reported a general sense of insecurity and vulnerability about self-disclosing, while others strongly believed that their needs were not met. For example, Nora noted,

I hated the entire experience. The professor told me that I wouldn’t need her slides before class because she goes slow and that I should be fine. The thing is that my brain is not fine. She had no idea how much unneeded anxiety I experience trying to figure out what is important and what is not. I tried for three weeks to receive the slides and finally just gave up. I felt completely disregarded.

Ava reported an experience that she had with an instructor after requesting an extension on an assignment that left her completely speechless. She stated,

I asked him if I could have a brief extension on a paper that was due that Sunday. It would allow me the weekend to get caught up on the reading material I missed the week before. He stated that he did not give extensions on assignments and that the due dates were in his syllabus, “I would know that, if I had ever taken the time to look at it.” I was really frustrated.

Ava disclosed that she only utilizes her accommodations during a flare-up. She stated that it happens once or twice a semester. Ava continued by describing the professor’s reaction to her need for an accommodation due to the pain she had from fibromyalgia and lupus,
He then preceded to explain to me about how his back was always hurting and that he had an issue with his knee. It was so invalidating. After he told me that everyone feels pain and I just needed to push through it, I nodded my head and walked away.

Some of the students reported feelings that were beyond frustration. They were angry, bitter, and outraged. Five of the students were visibly shaken during the interview by recounting the experience. The students who reported being the most irate were the students who rely on their accommodations for more than academic success. Cindy noted an experience that she had with a science professor who would not allow technology in the classroom. She reported that she stayed after class the first week of school to explain why she needed to leave her phone on her desk, concluding,

He kept stating that he doesn’t allow technology in the classroom and didn’t think it was fair to other students for me to have mine out. I was like, “Are you kidding me?” I’ve never felt so unheard in my life. How could he not have realized that we are talking about life and death. It wasn’t an option; I have to have my phone out. I was so pissed.

*Feelings of Being Violated*

Of the students that were interviewed, those that reported a perception of being violated were the most emotional when sharing their experiences. Three of the students reported a perceived violation to their rights under the ADA. For these students, the law is very clear regarding their eligibility for accommodations and they should be acknowledged by their instructors without question.
Dottie explained that she has learned to take a very straightforward approach with her instructors after failing a lab class for missing more than two sessions. She explained that the syllabus clearly stated this would be the case, however, she was under the assumption that her lab instructor would apply her accommodation for attendance, and it would trump the course policy. She reported,

About two years ago, I had a really bad semester with seizures. I was in a chemistry lab. The syllabus stated that you would fail the class if you had more than two absences, and I think I missed four classes. I emailed the teaching assistant to tell him what was going on and why I missed class. He never responded. Like, I literally sent him ten emails and not one reply. At the end of the semester my grade was a “F” but I had completed all the pre-labs and worked with my lab partner to turn in all of the assignments. I was finally directed to the person in charge of all the chemistry lab courses. She explained the course policy to me. I replied that I only missed class when I had a seizure, and I always emailed the TA. She told me that there was nothing that she could do and grades were posted. I knew that wasn’t true, it’s why I have accommodations for my disability. It really felt like I was being discriminated against and my rights were being violated.

Four of the students expressed a perceived violation of self and reported feelings of complete demoralization after self-disclosing their disability to a professor. This heightened emotional response may have been a reaction to the interaction itself, or the interaction may have triggered previous experiences that the students had when self-disclosing their disability earlier in their education. For these students, the interaction was
so invasive that it left them bewildered and deprived of spirit. For instance, Ella, an engineering major, expressed the deep emotional distress that she felt after an interaction that she felt coerced into self-disclosing her disability. She stated,

I was getting so much push back about needing accommodations from this one professor. Midterms were coming up and he still hadn’t completed the proctoring form. So, I went to meet him during his office hours. I was so nervous and very stressed. The cocky nature I was greeted with didn’t help. When I got there and asked him about the proctoring form and he immediately asked, “Why do you need this?” My knee jerk reaction was to just blurt it out, so I did. I told him I have really bad anxiety. I never think about the repercussions of telling somebody in the moment, but I also don’t normally say it out loud. Then I think about the repercussions afterward and fixate on the conversation. I immediately felt like he was going to use it against me.

Ella continued to note this interaction, which she stated that she could remember “like it was yesterday.” She reported,

He told me that everyone has anxiety. He stated that he would proctor the exam in his office, and I didn’t need to go to the DSS office. I didn’t even know that was a thing at the time. So, I go and take the first exam in his office. He kept asking me if I was done with the exam yet and pressuring me to finish it. It was the most uncomfortable that I’d ever felt in my life. I didn’t feel emotionally safe. I was not emotionally safe. When I finally finished the exam and left, I was so angry. I had disclosed to him that I suffer from anxiety, and he basically punished me for it.
Anna described an interaction that had an equal impact on her emotionally. The week prior to this situation, she had already spoken with her professor and disclosed her learning disability along with the challenges that she faces. She stated,

We were in lecture, and I wasn’t understanding the material. I raised my hand to ask a question and asked her to please explain what had just been stated in a different way because I wasn’t getting it. She replied, “I don’t know what you mean.” So, I repeated myself and asked her to explain what we just covered in a different way because I didn’t understand the content. She proceeded to ask the class, “Does anyone know what she is talking about?” It was so embarrassing. I was completely mortified and felt so stupid for not understanding it the first time. I feel like I had a complete loss of dignity.

Anna continued,

I used to get bullied in school for having a learning disability. I would get called out of class to go to the “reading room” when everyone else stayed in class when it was time to read. At recess, I would get teased and bullied for being dumb. That is exactly what this situation felt like, except now I’m twenty-something years old and reliving trauma from grade school.

**Effects of Disclosure on Engagement**

Most of the students reported mentally withdrawing from the course after having a negative experience with a professor. Each of the participants in this study described their disability as a significant part of their identity, whether they choose for it to be or not. Each of the participants identified the self-disclosure process as personal; it
necessitated openness and susceptibility during exchanges with faculty. Students expressed feelings of distrust and disengagement.

**Distrust**

As the participants described their interactions with instructors, it became clear that the emotional impact of a negative experience did not conclude with the interaction itself. Most of the students expressed being bitter, resentful, and hurt by the response they received after being forthcoming about their disabilities. When prompted about the residual emotional effect of the experience, seven of the students stated that they either felt judged, inadequate, or had concern of future assignments. Ava reported that her relationship with a professor who pushed back about her accommodations was immediately fractured. She noted,

> I will still request my accommodations because I need them. But I watch every single assignment after that happens. I don’t trust that there won’t be some type of judgement that will impact my grades. If I get questioned about the validity of my disability or why I need the accommodations that I do, then I just assume they don’t have any empathy and the rest of the semester is an uphill battle.

Dottie provided insight into her perception of a professor that questions her need for an accommodation,

> When I get questioned, I get so frustrated. It makes me feel like some professors only comply because they feel like they must, that they are only doing it because they work at a university and don’t want to get in trouble. Especially when I request an accommodation and don’t get a response until after I hound them about it. It’s so obvious that it’s not really of importance to them. I’ve had a couple of
professors just not care what I’m going through or understand what I go through everyday just to attend their class. The professors that do care are the ones that I try to take again. They stand out because I know they obviously care about my well-being.

**Disengagement**

Five of the students reported disengaging with the course material after experiencing a negative interaction with a professor. Potentially, having an invisible disability may already place these students at a disadvantage academically. Many of the students who were interviewed reported having to spend two-to-three times the amount of effort as their peers to keep up with the curriculum. They reported feelings of apathy and indifference as they completed the course. Alexandra, a chemistry major, reported,

I just did the work. I’m never like that in a class. I didn’t find the course interesting. I was definitely annoyed and upset with the instructor. I didn’t really interact in class or with the instructor for the rest of the semester.

Cindy shared a similar sentiment,

After that situation, I don’t know if I would have liked the class material had that not happened. Um… but I thoroughly did not enjoy that class experience. It impacted my ability to learn from that professor. It was difficult for me to want to attend class. I didn’t always go. … Most of the time, if I had questions in class than I just didn’t ask them. Same thing with assignments. I would figure it out on my own or talk to the other people in the class, which worked out fine. Grade wise, the outcome was fine. He just wasn’t approachable after that.
John explained his level of disengagement and the impact it had on his semester. He stated,

Honestly, after that happened, I just quit going. I tried to turn the assignments in, but that didn’t happen. At the time, I couldn’t deal with it. I was really frustrated with that professor and once I felt like I had trouble getting along with him than there really was no point. Once I’m out, I’m out.

**Benefits of Self-disclosure**

Based on interview responses, the process of self-disclosing an invisible disability to a professor is very personal and for some students it is a real challenge. As these students formulate their identities, it was apparent that their disability had become part of the formative process. Although each of the students shared at least one interaction that they perceived to be negative, it was important to grasp how these students moved forward, both in future interactions with professors and in terms of requesting accommodations.

Of the twelve participants, eight students reported that the negative interaction did not dissuade them from future dialogue with their professors. These students noted that speaking with their faculty is a necessary component of ensuring their accommodations are in place. Additionally, they reported that their accommodations are a vital component to their academic success.

Ava explained that she would not allow the bad experiences to prevent her from opening dialogue with her professors because she knows that she is going to need accommodations at some point in the semester. She noted, “It didn’t deter me at all. I still
talk to all my professors and make sure they know what my accommodations are. There’s always going to be one bad apple. It’s important for me to advocate for myself.

Nine of the students reported gaining valuable experience through the process of self-disclosing, whether the interaction was perceived as negative or not. These students noted gratitude for going through the process and recognized that they had gained valuable insight and skills that were applied in future interactions. A few students reported an acquired self-confidence and efficacy that they did not have at the beginning of their college experience.

Nora reported that she has been requesting accommodations for a long time and has always been comfortable speaking with her professors. She explained that the negative experiences that she had only furthered her resolve and helped her recognize that she must advocate for herself to receive the help she needs. She stated,

I’ve been in college long enough to recognize what works and what doesn’t for me. My first year or so of college, I used to just hope my requests weren’t questioned. That doesn’t always work. Now I understand that I must approach my instructors about what I need. If necessary, we can have a conversation about why. The important part is that I initiate the conversation.

Sophie expressed a similar sentiment. While her experience was traumatic, she recognized the benefit of meeting with her professors to discuss the impact that her disability has on her education. She stated,

Oh, it’s all about relationship building. I know that I need help and I must be willing to ask for help because I know I need it. I know that just my willingness to
have the conversation with professors is huge. They can’t know what I need to be successful if I don’t tell them and that’s on me.

Alexandra noted that she utilizes her accommodation requests to facilitate a conversation with her instructors. She stated,

As soon as I know that they have received my requests, I approach them. It totally opens the door for me to be able to have a conversation with them and not just be another student. I’m sure it helps them to put a face with a name. It definitely helps me to build a relationship with them that I normally might not have the opportunity to do. Who knows? I might want to work in their lab or ask for a letter of recommendation… down the road.

*Utilizing the DSS office*

Not all the students expressed a willingness to self-disclose in the future, or initiate dialogue with their professors about their disability. These students noted comfort in relying on the DSS office to ensure their accommodation requests were met, explaining that they prefer not to put themselves back in a vulnerable situation.

Additionally, two of the students iterated that they fulfilled their responsibility of self-disclosing by providing documentation to the DSS office and if their professors have any issues than that is who they should speak with.

Ella expressed her frustration with the negative interaction that she had with the engineering professor and stated that she would never put herself in that situation again. She explained,

That experience was so traumatizing. I avoid him. Luckily, I haven’t had another class in that building. I’d probably drop it if I did. If I need something, I just
contact my coordinator and ask her for help. She contacts my professors for me. It’s not worth the headache.

Mia shared equal frustration about her experiences of self-disclosure. She stated,

It really depends on the class. If I don’t know the professor, then I just go through the DRC. It just makes everything easier. I don’t have to worry about being questioned about my accommodations or my disability. Professors still email me with questions, but I just forward them to my coordinator… It sounds ridiculous, but I don’t think some of the science professors believe that neurodivergent students can do well in their classes. It’s science. Those are the professors that should understand. I just got sick of fighting with them for my accommodations. It’s worked out well this way.

Advise for Other Students

At the conclusion of each interview the participants were given an opportunity to provide any advice that they would give to other students about self-disclosing their invisible disability to their professors. The overwhelming consensus was to advocate for yourself whenever possible. Most of the participants implied that a student should do so with their professors, regardless of the outcome. Nicholas provided insight from his own experience,

For new students who are just coming to college, it’s really tough. The transition process from high school to college is a lot for anyone to handle… Self-disclosing is so personal, and it takes a lot to be that open with a professor. It doesn’t have to be a bad experience, though. I know that I can do it because I’ve had to do it so many times. It’s just a normal part of having a disability in college. Most
professors will help you when they know what you are dealing with. Sometimes you just have to give a little more detail than others.

Sara shared how her own experiences have helped to cultivate a more persistent mentality with her professors. She stated,

I would tell another student, it’s tough. College is hard. It’s supposed to be. You must advocate for yourself and keep sticking up for yourself. Instructors are going to tell you “No.” You have to keep requesting them because it’s the only way most of us can get through the class.

Sara continued,

It is in those moments where you feel totally helpless, and your professors are really questioning you that you will probably have to disclose exactly what is going on with your health. But getting over that hurdle and being open gives them an opportunity to help you, and you will grow as a person through the experience.

**Summary of Findings**

Each participant described at least one interaction with a professor that they perceived to be negative when self-disclosing their disability. However, a vast majority of participants noted that most of their experience has been very positive with academic faculty regarding both self-disclosing their disability and requesting accommodations. There were distinct differences when mental health and non-mental health disabilities had to be disclosed, with non-mental health issues less emotionally stressful than mental health disabilities. In general, students enrolled in non-STEM majors reported less pushback from faculty, although some reported that faculty in STEM-related courses challenged their needs for accommodations. While it is evident that all the students in this
study recognize the need to advocate for themselves in college, there was variability in how participants identified that process and the steps they took to do so. Chapter V includes the summary for the critical analysis and discussion on the three themes that were identified in these findings.
Chapter V: Discussion

The field of research pertaining to Disability Support Services (DSS) lacks the individual voices of students with invisible disabilities, and therefore the field lacks evidence about the situations in which students feel obligated to self-disclose, how they navigate the process of self-disclosure, and the impact that doing so has on their emotional well-being. The findings presented in the previous chapter help to fill that gap. This study gathered the lived experiences of twelve students with invisible disabilities for the purpose of understanding how their experiences affected their development as they disclosed their disability to a professor in higher education. The participants provided valuable insight to the emotional impact that being questioned about their unique health challenges had on their well-being. Additionally, this study provides an understanding of the psychological barriers that students with invisible disabilities face when self-disclosing their disabilities and requesting academic accommodations.

Three salient findings from this study offered new insights and affirmed the existing literature. The most notable finding was the ultimate gain of self-efficacy reported by the participants, regardless of disability, negative experience, or the classes they took. Second, whereas much of the findings affirmed the literature pertaining to the dilemmas associated with disclosing invisible mental health related disabilities, findings from this study add nuance to students with non-mental health related disabilities. Finally, distinction between barriers and support by faculty in STEM and non-STEM fields of study were found.
Gain in Self-efficacy

The results of this narrative study unveiled the profound complexity of emotions felt by students with invisible disabilities when confronted with situations that required self-disclosure. Many of the participants described the lasting impact that negative interactions had on their future decisions regarding accommodations and their ability to advocate for themselves. Indeed, the literature is replete with findings that indicate the negative emotional impact that being questioned about their own physical and mental health has on students (Brackney & Karabenick, 1995; Couzens et al., 2015 Patiyal & Choudhary, 2018). Students in this study, however, added a surprisingly positive aspect of the process of self-disclosure in its entirety.

The participants were asked to share one experience of self-disclosing their disability with an instructor; the experiences cited were unanimously negative. Nevertheless, the participants expressed how the process of self-disclosure, whether positive or negative, forced them to mature and grow as individuals. Many of the participants stated they had grasped the importance of self-advocacy and discovered their identity as an individual with a disability by overcoming the obstacles presented through the dilemma of self-disclosure. For these students, the process eventually became less about an accommodation being denied, with all the accompanying frustration and vulnerability, and more about the self-efficacy gained through multiple attempts and failures along the journey.

The students in this study reported that the Individualized Education Plan (IEP) team from their primary and secondary educational experiences provided necessary support to ensure that accommodations were enacted in the classroom, and that they were
entitled to receive accommodations because they were identified as having an invisible disability. The participants also noted that moving away from having a team of professionals, parents, and administrators providing assistance was beneficial. However, as Gibson (2012), Morina (2015), and VanKim and Nelson (2013) noted, needing to self-advocate for themselves in college so abruptly created unique challenges they may not have been ready to address. The participants reported that the IEP process nurtured an inherent dependence on others to attain scholastic success. Conversely, the participants recognized that transitioning from the dependency of an IEP toward self-advocacy was an instrumental part of their maturation as a college student and into adulthood. However, all of the participants reported that this transition was not easy and came with challenges and lessons learned along the way.

For most of the participants, being questioned about their disability or denied an accommodation resulted in a complete emotional withdrawal from that course. The participants stated that they usually completed the class, but without investment in the course material, which supports existing research regarding the negative impact that lack of support from faculty has on students with invisible disabilities (Couzens et al., 2015). However, absent from the literature is clarification about how a lack of support from a faculty member might impact any future decisions about requesting accommodations.

This qualitative study identified that while these students may have disengaged that course, the frustration and avoidance was isolated to that specific professor. Overtly, the participants recognized that the process of self-advocacy is fundamental to their college success, with most participants stating that they did not allow one negative experience to derail the entirety of their education. They noted the role that
accommodations have in scholastic perseverance for students with invisible disabilities, recognizing that sometimes professors just need more information about how a student’s disability impacts their education before they approve an accommodation request. The participants of this study acknowledged that their willingness to self-disclose led to more positive interactions than negative ones, and the vast majority of their professors were very willing to support their requests for accommodations after they learned to advocate for themselves effectively. This finding aligns with prior research that identified the value that students with invisible disabilities obtained from building relationships with their academic faculty (Lombardi et al., 2011; Lombardi & Murray, 2011). The participants reported an emotional maturity that came from learning to self-advocate for themselves, eventually leading to acquired self-confidence and a recognition that nurturing relationships with their professors was an instrumental part of their collegiate success. By building rapport with their professors, these students became more comfortable with their disability and less avoidant to openly discuss how their disabilities impact their education and lives.

**The Self-disclosure Dilemma**

The findings of this study affirmed previous research by recognizing that the process of self-disclosure is both personal for a student with an invisible disability and creates barriers to receiving equitable access to their education (Grimes et al., 2019). The cognitive and health-related challenges faced by students with invisible disabilities are unique to the individual, yet all of the participants in this study reported similarities in the barriers they experienced. Nevertheless, some participants of this narrative study reported less apprehension to self-disclose their disability than others. When speaking with
professors, the students who identified as having a non-mental health related disability were more willing to reveal their disability and discuss the impact it has on their education. This group reported factors such as the length of time they have been dealing with symptoms and the impact the disability has on their everyday lives as the primary reasoning for their comfort in disclosure. Additionally, this population reported that there are times when they need to disclose their conditions out of safety concerns, recognizing the possibility of some type of “episode” in class, and preempting the assurance that their professors knew what was occurring if it happened.

Conversely, the students who identified with a mental health related disability expressed hesitancy and avoidance to self-disclose their disability to instructors. Consistent with previous research, these students reported fear of judgement, vulnerability, and stigmatization as the catalyst for not being forthcoming (Barnes, 2007; Gibson, 2012; Hong, 2015). This population reported concerns identified in the literature about instructor bias that could impact their grades, as well as angst regarding being labeled by the characteristics of their disability rather than their capability and achievement (Barnes, 2007). Some of these students noted past experiences that they perceived as negative in this domain, resulting in an overall apprehension to repeatedly expose themselves to unwarranted vulnerability and criticism. Similar results are recurrent throughout the literature. The results of this study add to the volume of literature (e.g., Prowse, 2009; Martin & Oswin, 2010; Gibson, 2012; Mullins & Preyde, 2013) that examines the following: selectiveness in disclosure, fear of retaliation and labeling, emotional impact of stigmatization, and the barriers that self-disclosure creates for students with invisible disabilities.
The results of this study highlight the importance of providing a voice for students with invisible disabilities, particularly about how the process of self-disclosure impacts their emotional well-being. This study was framed around the theoretical tenets of the social model of disability (Oliver, 1990; 2004), and attempted to understand the dilemma of self-disclosure for students with invisible disabilities. Absent from the literature is the variation between mental health and non-mental health related invisible disabilities and the relationship this difference has on the self-disclosure process. The results of this study indicate further exploration is needed to identify contrast and commonality between these two categories of invisible disabilities when it comes to self-disclosure. As willing as students with non-mental health related disabilities are to openly discussing their need for accommodations, the population of students with mental health related disabilities are equally as reluctant to do so.

The findings of this study revealed a significant difference in participant perceptions of faculty attitudes and responsiveness after self-disclosure based on their invisible disability category (i.e., mental health related vs. non-mental health related). Students with non-mental health related disabilities reported greater faculty support and an overall willingness to comply with accommodations. While a differentiation between invisible disability categories could add to the knowledge base of future research, these findings also support existing research regarding the negative impact of mental health stigmatization and the impact it can have on students with invisible disabilities (Barnes, 2007; Kranke et al., 2013; Molina, 2015). Students who experience issues with their mental health are identified as one of the most vulnerable populations on campus (Kranke et al., 2013). A negative interaction during disclosure was noted by the participants as
further exacerbating all of the fear that a student with a mental health related disability had about stigmatization.

**Faculty Field of Study (STEM vs. non-STEM)**

While each participant shared at least one negative interaction they had during disclosure with an instructor, it is notable that these instructors represented a small percentage of the teaching faculty that these students interact with while taking college courses. Many participants in this study reported a perception that most of their faculty are supportive, compassionate, and accommodating. The findings of this study validate prior research that identified faculty with higher levels of empathy are the same faculty most likely to not question accommodations (Wolanin & Steele, 2004). The participants expressed significant gratitude for faculty they felt genuinely cared about their well-being, explaining that these are the professors whom they choose to build rapport with.

Consistent with other research (e.g., Mamiseishvili & Koch, 2011; Murray et al., 2008), the participants reported that these are also the same professors whom they go to with problems outside of class for life advice and mentoring.

This qualitative study revealed a substantial difference in participant opinions of academic faculty based on the classes they took, with a more negative perception from students who are STEM majors toward faculty who teach in STEM classes. Participants in non-STEM majors were more likely to describe a single experience or interaction that was perceived as negative, while participants in STEM majors were more likely to provide multiple examples of negative interactions with their professors throughout their college experience. All the examples from students in STEM majors involved STEM classes. Coincidentally, some of the students in non-STEM majors noted that the negative
experiences they had with self-disclosure were also with faculty who teach STEM classes. Remised from previous research and absent in the literature were any accounts of student perceptions that differentiated academic faculty based on the fields of study or classes they teach that coincide with that field (i.e., STEM vs. non-STEM classes). These findings are a valuable addition to prior research that focused on academic faculty attitudes toward students with invisible disabilities, as well as those that identified a need for increased training related to disability related issues (Healey et al., 2001; Debrand & Salzberg, 2005; Lombardi & Murray, 2011; Murray et al., 2011; Hong, 2015).

The interpretation of students in STEM majors regarding faculty attitudes toward disabilities and their unwillingness to accommodate could be due to an array of factors. Prior research has suggested faculty hold strong beliefs about how some accommodations jeopardize the academic integrity of their courses (Murray et al., 2008), that accommodations impede on their academic freedom as professors to teach how they choose (Jensen et al., 2004), and that students with invisible disabilities may not need the level of accommodation they are receiving (Morina, 2015). These belief systems may hold true for more professors in STEM fields who might conceptualize non-STEM related disabilities in alignment with the medical model of disability (Verbrugge, 1990), because only disabilities that are the result of medical conditions align with the “hard science” courses they teach. Alternatively, they may undermine mental health related disabilities as “voodoo psychology” due to them being more readily diagnosed in a therapeutic setting that does not align with “hard science.”

Some of the STEM majors noted a barrier to requesting accommodations was that instructors stated that flexibility within a semester schedule was not plausible due to the
amount of material covered from week-to-week. These participants applied this same logic to hard due dates and assignment deadlines that instructors referenced from the class syllabus. These results are consistent with Hong (2015) who described faculty attitudes and curricular barriers to equity and inclusion for students with invisible disabilities. Additionally, the participants of this study reported their perception is that STEM faculty are more focused on solely disseminating course information and conducting research and less concerned about their students’ well-being or ensuring that learning was occurring.

Conversely, the participants from non-STEM majors reported more positive interactions regarding the self-disclosure process, accommodation implementation, and overall experiences with their professors. These students noted feelings of support and rapport with their professors. Students in non-STEM majors reported that they perceived most of their faculty as caring about their well-being and concerned when they were not in class. These findings support Gordon (2004) who identified the impact positive interactions with academic faculty have on students with invisible disabilities, as well the value gained from rapport building and a nurturing mentor relationship.

Interestingly, this study found that students in STEM majors who reported struggling the most with self-disclosure were the same students who noted reaping the greatest benefit from the experience. After multiple negative interactions with STEM faculty, these students learned to advocate for themselves with more self-confidence and resolve than when they began college. While students in non-STEM majors reported an overall noteworthy positive experience with faculty, students in STEM majors expressed that self-disclosure often created more of a barrier to receiving accommodations in
certain classes. Many of the students in STEM majors recognized the benefit of overcoming a difficult situation or interaction when first disclosing and understood that their perseverance inevitably led to personal growth and enhanced interpersonal communication skills that they were able to apply in different areas of their lives. The participants who experienced the most pushback also found their experiences to be the most rewarding through an acquired sense of resolve.

**Implication for Practice: An Issue of Equity and Access**

The participants in this study noted experiences that supported previous research from the literature review that identified the reasons that faculty question students about their disabilities; namely, the legitimacy of an invisible disability (Barnard et al., 2008), the reasonableness of the accommodation request (DaDeppo, 2009), and the fairness of accommodations to other students in the course (Yuen & Shaughnessy, 2001).

It is human nature to withdraw from or avoid a situation that is uncomfortable and does not feel safe, especially when a person feels emotionally attacked or criticized. Maslow’s Hierarchy of Needs suggests that personal needs of safety, security, health, and well-being are the most important aspects of a person’s life and that these needs must be met before any other is pursued (Maslow, 1943). The literature has identified that students with invisible disabilities are more susceptible to excessive environmental stimuli, triggers, and heightened levels of distress; making this population more reactive to a negative interaction with a professor, therefore more likely to avoid difficult situations (Brackney & Karabenick, 1995). The participants of this study confirmed the results of existing research that recognized how triggers and negative interactions for students with invisible disabilities impact all aspects of the student’s cognitive,
emotional, physical, and interpersonal ability to function (Couzens et al., 2015.) The participants reported feelings of despair, powerlessness, frustration, and anger in the moment of disclosure when a professor’s reaction was perceived as negative. These participants found it difficult to continue interacting with that professor throughout the semester, avoiding any unnecessary communication or future requests for accommodations in that course.

The participants in this study reported feelings of distrust with their professors, inevitably disengaging with the curriculum after a perceived negative interaction with a professor. These qualitative findings affirmed the results of existing research regarding the impact of an instructor being unwilling to consider an accommodation request or blatantly questioning the appropriateness of an accommodation (DaDeppo, 2009; Mamiseishvili & Koch, 2011; Murray et al., 2008; Yuen & Shaughnessy, 2001). The participants reported feeling invalidated, judged, and disregarded after disclosing their disability to a professor when these situations occurred (Barnard et al., 2008). Most of the participants noted that these experiences resulted in not receiving the requested accommodation and not pursuing future accommodations from that specific professor for the remainder of the semester, which may significantly impact perseverance and matriculation toward completing a degree.

The small number of academic faculty that questioned students about their disabilities and accommodations should give pause to university administrators. When students with invisible disabilities are denied an accommodation, it puts the institution at risk of non-compliance with the ADA. This narrative study points to the conflict between the dilemma for a student attempting to advocate for themselves by self-disclosing their
disability to a professor and the perceptions of negative response that each participant experienced at least once when doing so. When students with invisible disabilities are deterred from requesting their accommodations, it has the potential to put the entire institution in jeopardy of an Office of Civil Rights (OCR) complaint to the Department of Education (DOE). The OCR is the designated federal department in charge of ensuring that all colleges who receive federal funding are abiding by the guidelines of the ADA and its mandate to provide equity and inclusion throughout all facets of higher education.

This federal mandate requires action by the student to self-advocate for themselves, regardless of any negative interpretation of faculty attitudes or responsiveness. If they choose to not pursue their accommodations due to an exchange with a professor, that is their choice. However, if a student is deterred from requesting an accommodation or future accommodations because of a negative experience, the spirit of the ADA is lost, and the student is not receiving an equitable opportunity to participate in their education. The participants in this study reported being less likely to self-advocate for themselves when confronted with conflict, which supports previous research that identified faculty attitudes and beliefs about disabilities as a barrier for students with invisible disabilities to request and receive equitable opportunity and access to their education (Gordon, 2004).

As an example of this conflict, a student notifies their professor that they will be absent from class due a migraine that is preventing them from driving, but the professor still deducts daily class points for non-attendance and participation; or worse, requests a letter from a doctor each time the student is disclosing their condition. A different example is if a student requests an extension on an assignment due to experiencing
cluster seizures for two days but is told by their professor that they do not allow assignments to be submitted late in their course for any reason without a doctor’s note. In both instances, OCR would view these actions as discriminatory on the part of the professor because the student has been penalized for the impact that their disability has on their education. The institution would not be deemed in compliance with the ADA and OCR would side with the student. When these situations occur, it raises concerns of equity in participation and access for students with invisible disabilities… and cost the institution a lot of money.

Successful implementation of accommodations necessitates a solid collegial relationship between academic faculty and DSS professionals. The findings of this research suggest that more effort is required by DSS professionals to facilitate campus-wide disability related conversations to address issues of access and inclusion, to provide trainings that minimize the knowledge gap between professors and their understanding of their role regarding the ADA and providing accommodations, and to cultivate campus relationships that bridge the disparity between student perceptions of faculty attitudes about disabilities and accommodations and any reservations from faculty about the intrusiveness of accommodations on their academic freedom and intellectual property.

Subjectivity of Accommodations

This study revealed a difference in the types of accommodations that are questioned the most by professors, specifically extensions on assignments, access to the Power Point slides of a lecture, and the ability to use a notecard on exams. When asked why these accommodations get the most push-back, the participants stated that these are the accommodations that require some type of action from their professors. The stated
examples reported by the participants were providing lecture slides to a student before class starts, having to grade an essay a week after grading all of the other essays, or having to make separate office hours to meet with a student and approve the content on a note card.

Previous research has identified strong beliefs that some faculty hold regarding their rights and responsibilities in providing accommodations in college for students with disabilities. Academic freedom, academic integrity, and protection of intellectual property are continuously cited throughout literature (see, for example, Jensen et al., 2004; Murray et al., 2008; Wolanin & Steele, 2004, Wright & Wells, 2018); all of which were reported by the participants of this study as reasons that their professors gave when denying an accommodation. The participants in this study confirmed a strong desire for similar findings in the literature review that expressed recommendations for faculty sensitivity training about various disabilities, the impact that some invisible disabilities have on learning, and informational sessions about what role faculty have in providing accommodations (Lombardi & Murray, 2011; Murray et al., 2011; Hong, 2015).

Participants also expressed a desire for Universal Design for Learning to be implemented in college curriculum to mitigate some of the challenges that students with invisible disabilities face, as well as a suggestion to reduce existing barriers to equity and inclusion in classroom policies (Eckes & Ochoa, 2005; Lovet et al., 2015).

**Suggestions for Future Research**

Further research pertaining to self-disclosure by students with invisible disabilities is warranted. A qualitative approach to this topic is an appropriate method as narration is primarily focused on the lived experiences of the participants. Future
narrative studies could add to the currently small collection of qualitative reports about students with invisible disabilities in higher education and bolster the essence of the experience. First-hand accounts from students with invisible disabilities about how they experience and engage higher education is a topic that cannot have too much data, and continual discovery of more perspectives can only enhance the understandings of this sub-group of college students. The evolution of this topic is of especial significance given the increase in enrollment and imminent need to provide resources campus-wide that support this population in higher education.

This study demonstrated that the individual perspectives and experiences of students with invisible disabilities are rich data worthy of expansion. This study did not obtain the perspective from a student with every invisible disability type, as there are too many to quantify. Ideally, a greater representation across the spectrum of invisible disabilities would contribute to a more complete portrait of the population. Revisiting the process of self-disclosure is a topic that is emotionally daunting for the research participants and understandably many potential participants may decline participation. Existing research (e.g., Morina, 2015; Venville et al., 2016) acknowledges the mental health consequences of trauma related triggers, and future studies will likely consider diagnoses present in the participant populations. Hopefully, future studies will enlist more students with invisible disabilities to share their perspectives and interactions, so that DSS professionals can be more equipped to support this ever-growing population in higher education.

The design of the study required that participants be interviewed individually to protect the confidentiality of each student. An exploration of separating grouped students
by invisible disability categories (mental health vs. non-mental health) would allow for data expansion and an increase to the sample size. The same concept could be applied to students from similar academic fields of study (STEM vs. non-STEM) to validate and add to the findings of this study. Additionally, an exploration of students categorized together might promote a reduction in the stigma surrounding mental health related disabilities for that population of students, yet the results of this study support the likelihood that interviews with this population would result in less interaction and engagement from some participants. Students with mental health related disabilities may reserve or holdback some of their communication; however, they may also find solace in identifying with others who are afflicted by the same challenges, leading to more open dialogue.

This study collected the lived experiences of twelve students who met the criteria of an invisible disability. The process of criteria-based selection sampling promoted the intentional selection of as diverse a group of participants possible among the reported demographic categories. However, students who were known to meet the diagnostic criteria for a personality disorder were intentionally eliminated from the sample to avoid the data being skewed in one direction or another. An assumption is that these students experience emotions and interactions more intensely than the selected sample. Thus, it was important to remove this population from the sample as a matter of support to ensure that reliving any unnecessary negative interactions and triggers that could be avoided. Future research may consider including this population in future studies or formulating a research design to specifically identify the lived experiences and process of self-disclosure for students who are diagnosed with personality disorders.
The sampling process for this study established an initial foundation for including the voices of student with invisible disabilities in research moving forward. Very little scholarly research concentrates on the actual lived experiences of students with invisible disabilities, with a lapse of focus on the necessary process and emotional impact of disclosure and its effect on health and well-being. This study was attentive to the unique perspectives and perceptions of students. Future studies might investigate faculty perceptions of the process of self-disclosure by students with invisible disabilities to gain a deeper understanding of the decisions, attitudes, and beliefs about accommodating students with invisible disabilities.

**Conclusion**

This study observed and reported the lived experiences of students with invisible disabilities who were questioned about their disabilities or denied an accommodation by an academic professor in higher education. The goal was to gather information and build a knowledge base regarding the factors that contribute to students’ disclosure, identify how these students navigated the process, and if their perception of the experience had an impact on their emotional well-being. The results of this study revealed potential opportunities for DSS professionals to recognize the challenges and barriers that students with invisible disabilities face, both in-and-out of the classroom. These findings suggested a need for greater promotion of self-advocacy during the transition process from secondary education. The data offered several examples of the type of support that students with invisible disabilities need, but may not often receive; namely, the importance of teaching students with invisible disabilities how to self-advocate for
themselves early in their education, as well as implementing trainings that focus on their roles, rights, and responsibilities throughout the accommodation process.

The field of DSS can utilize these findings to investigate the relationship between mental health related disabilities and avoidance to self-disclose out of fear of stigmatization, judgement, and vulnerability. It is important to support self-advocacy for college students while also providing mentorship and support that enhances their confidence and self-efficacy, affirming valuable life skills that can be applied in real world settings after college. The ambition of this study was to expand the scope of knowledge for DSS professionals and to offer insight into the lived experiences of students with invisible disabilities. Existing research identified that DSS professionals are in an ideal situation to support this population’s academic success while concurrently supporting the academic faculty that may be unequipped to deal with the extremity of issues that may present throughout a semester for a student with an invisible disability.

It is important to recognize the value of student voice when conducting research. The findings of this study would not be possible without representation of the group being assessed. What will forever remain true for any research seeking to gather knowledge pertaining to the lived experiences of any vulnerable population is the need to listen to those individuals about what they have truly experienced. In this study, multiple new avenues of exploration have opened because of the willingness of a few to share their experiences, strength, and hope for the future of research pertaining to students with invisible disabilities. By recognizing the added value of student voice in qualitative research we are able to address the challenges and barriers faced by the many vulnerable
populations of students and take action to improve the inclusion, diversity, equity, and access of all students in higher education.

Findings from this study will add to the totality of existing literature that has explored the experiences of students with invisible disabilities in higher education, especially considering the importance of self-disclosure in both the transition from K-12 as well as the entire process of requesting accommodations. The participants’ ability to overcome the challenges they shared and come out on the other side of the experience with a positive take away was inspiring.
References


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Appendices
Appendix A
Semi-Structured Interview

Demographic Information:
- What is your current age?
- What gender do you identify with?
- What ethnicity do you identify with?
- What is your current class standing?
- How many years have you been in college?
- What college do you belong to?
- What is your major?

Research Question 1: What factors contributed to student disclosure of an invisible disability to the class instructor?

The conceptual framework for Question One focuses on each individual’s recollection of the process and factors that contributed to the experience. This information will offer insight into possible similarity of factors that contribute to a student’s self-disclosure.

- If you feel comfortable, could you please describe your invisible disability?
  - How does it manifest itself?
- Could you please describe how your invisible disability impacts your education?
  - What are the normal situations that trigger some type of reaction that requires an accommodation?
  - How often are you affected by your invisible disability?

- I’d like to hear, in your own words, your description of the class situation in which you felt it necessary to disclose your invisible disability.
  - What was the class?
  - I don’t need to know who the instructor was, but please provide your description of the instructor.

- Had you had any interactions with the instructor before taking the class? Please describe.
  - Did your self-disclosure happen in-person, through a Zoom meeting, or potentially an email or phone conversation?

- What series of events occurred prior to your self-disclosure? Was a request for academic accommodations involved?
  - Did you submit your request for accommodations through the DSS office prior to your disclosure?
  - Did you disclose additional information about the circumstances surrounding your request?
• Were you questioned about the impact of your disability? If questioned, did you fully disclose the impact of your disability to the instructor?
  o Was this an isolated incident in this class?

Research Question 2: How did the student navigate the process of disclosure?

The conceptual framework for Question Two focuses on how the student made decisions about the process of self-disclosure and the outcome. This information will describe how the students navigate these experiences when they present.

• Now that you have described the class situation and circumstances surrounding your disclosure, I’d like to hear your description of the process.
  o Who did you disclose to? Was it the instructor, a teaching assistant, or perhaps someone else?

• Did you discuss the experience with anyone else in a professional setting? For example, did you discuss the situation with your DSS coordinator? Or did you discuss this situation with anyone else from the department? Were others around at that time? Do you think anyone else in the class overheard the conversation?
  o Did anyone behave differently than you would have expected them to? How?

• In your own words, could you please describe what transpired after your disclosure?
  o Did your disclosure affect the outcome? If so, how?
  o How did this experience impact your requests for accommodations afterward in this course?

Research Question 3: How did the student perceive the process of disclosure?

The conceptual framework of Question Three focuses on each individual’s perceptions of the experience of self-disclosure. This information will offer insight into possible perspectives and experiences common to students with invisible disabilities.

• Recall the moments when you were asked about your disability. Try to tell me what you were feeling.
  o What emotions were you feeling at that time?
  o What emotions did you feel afterward?
  o What do you recall saying and doing?

• After your disclosure, did you discuss the experience with your friends or family?
  o What were those situations like for you?
  o Did anyone behave differently than you would have expected them to? How?
• Did this experience have a psychological or emotional impact on you in anyway?
  o If so, how?

• As you look back at your experience, would you have reacted differently?
  o How did this experience impact your requests for accommodations in future courses?
  o What advice would you offer someone who is in a similar situation?

• Is there anything else that you would like to add to your statement here today?
Appendix B
DATE: May 6, 2021
TO: Janet Usinger, PhD
FROM: University of Nevada, Reno Institutional Review Board (IRB)

PROJECT TITLE: [1751552-1] Self-Disclosure by Students with Invisible Disabilities: A Narrative Study
REFERENCE #: Social Behavioral
SUBMISSION TYPE: New Project
ACTION: DETERMINATION OF EXEMPT STATUS
REVIEW TYPE: Exempt
DECISION DATE: May 6, 2021
REVIEW CATEGORY: Exemption Category # University Flexibility Policy

An IRB member has reviewed this project and has determined it is EXEMPT FROM IRB REVIEW according to federal regulations. Please note, the federal government has identified certain categories of research involving human subjects that qualify for exemption from federal regulations.

Only the IRB has been designated by the University to make a determination that a study is exempt from federal regulations. The above-referenced protocol was reviewed and the research deemed eligible to proceed in accordance with the requirements of the Code of Federal Regulations on the Protection of Human Subjects (45 CFR 46.104) and University policy.

Reviewed Documents
Advertisement - Carter, S._Recruitment Email.pdf (UPDATED: 04/22/2021)
Application Form - Carter S._Exempt IRBFlex Min Risk No Federal Support.pdf (UPDATED: 04/22/2021)
Consent Form - Carter, S._Consent Video-Photo Release.pdf (UPDATED: 04/27/2021)
Consent Form - Carter, S._Consent Form.pdf (UPDATED: 04/22/2021)
Other - Usinger Approval as PI 4-30-21.pdf (UPDATED: 05/6/2021)
Other - Carter, S._Recruitment Consent by Department.pdf (UPDATED: 04/22/2021)
Questionnaire/Survey - Carter, S._Interview Guide.pdf (UPDATED: 04/22/2021)
University of Nevada, Reno - Part I, Cover Sheet - University of Nevada, Reno - Part I, Cover Sheet (UPDATED: 04/29/2021)

If you have any questions, please contact Christine Wallace at (775) 327-2372 or at crwallace@unr.edu.

Sincerely,
Richard Bjur, PhD  
Co-Chair, UNR IRB  
University of Nevada Reno

Janet Usinger, PhD  
Co-Chair, UNR IRB  
University of Nevada Reno

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Nevada, Reno IRB’s record.
Appendix C
Student Email Invitation to Participate

Dear Student

I am conducting a research project to gain an understanding of the emotional impact that having to self-disclose an invisible disability to an instructor has on student well-being. The study will collect a personalized account of the experiences that students with invisible disabilities have in relation to being questioned about their own unique health and challenges. The research questions that will guide the study are:

1. What factors contributed to student disclosure of an invisible disability to the instructor of an undergraduate class?
2. How did the student navigate the process of disclosure?
3. How did the student perceive the process of disclosure?

If you have had interactions with one of your instructors that necessitated self-disclosure for a disability accommodation and are willing to share your experiences, please contact me at shanecarter@unr.edu, or by phone, (775) 682-8730.

Shane

Shane Carter
Doctoral Candidate
College of Education
University of Nevada
Appendix D
Title of Study: Self-Disclosure by Students with Invisible Disabilities: A Narrative Study
Principal Investigator: Janet Usinger, Ph.D., usingerj@unr.edu
Co-Investigators / Study Contact: Shane Carter, M.A., shanecarter@unr.edu, (775) 682-8730

GENERAL DISCLAIMER

You are being invited to participate in a research study. Before you agree to be in the study, read this form carefully. It explains why we are doing the study; and the procedures, risks, discomforts, benefits and precautions involved. At any time, you may ask the researcher to explain anything about the study that you do not understand.

You do not have to be in this study. Your participation is voluntary. If you do not agree to participate, you will receive the care you would have received if the study was not taking place. Your status as a DRC student or your relationship with the DRC will not be impacted in anyway, whether you choose to participate or not. Take as much time as you need to decide. If you agree now but change your mind, you may quit the study at any time. Just let the researcher know you do not want to continue, and your participation will end with no questions asked. Your mental and emotional safety is my utmost concern and I do not want you to continue in any situation that you are not comfortable.

RESEARCH SUMMARY

You are being invited to participate in a research study focused on your own unique experience as a student with an invisible disability in the classroom. The intent of this research is to learn more about the classroom experiences of students with invisible disabilities, particularly: 1) what types of experiences influence your decisions about self-disclosing your disability; 2) what experiences have played a role in decisions to self-disclose your disability to your instructors or professors; and 3) If negative experiences occurred, what are the individual experiences pertaining to you receiving classroom accommodations?

We are doing this study to gain a better understanding of the emotional and psychological impact of your experiences with self-disclosing and how you are affected by these decisions. Benefits of research cannot be guaranteed but we hope to learn more about the individual experience of students with invisible disabilities. Previous research has identified the self-disclosure process can be very personal for some students. Therefore, it
is important to gather information about the factors that contributed to a student self-disclosing and how the student navigated and perceived the overall process.

We are asking you to be in this study because you have previously self-disclosed to the disability support services office on campus that you have been diagnosed with or identify as having an invisible disability. The criteria set for participation in this study are as follows: a) over 18 years of age; b) enrolled full time as an undergraduate student; c) self-identify as having an invisible disability, d) willing to participate in an interview about an experience or situation that you felt forced to self-disclose your disability to a professor who either questioned your disability or need for an accommodation.

We expect to enroll 10 to 12 participants who will be interviewed via Zoom. Volunteers who choose to be interviewed will also be asked to conduct a brief follow-up interview after data analysis to ensure the validity and reliability of interview content and also to provide participants to add or retract any statements made during the original interview.

The first interview will take about 30-45 minutes of your time, with the follow-up interview lasting 15 minutes; you will participate twice over a 2 week period.

If you agree to be in this study you will be asked to provide basic demographic questions regarding your age, sex, gender identification (open-ended question), race, ethnicity, class standing, number of years in higher education, academic college, and academic major. Collecting this information will help identify a holistic picture of your experience as a student with an invisible disability, attempting to account for the intersectionality of the identities that we all share, but also make you uniquely who you are as a person and scholar. Additionally, you will be asked about your experience of self-disclosure as a student with an invisible disability and the impact that experience had on you.

If anything about the study changes or if we want to use your information in a different way, we will tell you and ask if you if you want to stay in the study. We will also tell you about any important new information that may affect your willingness to stay in the study.

**RESEARCH RISKS AND BENEFITS**

If you participate in this study, you may experience emotional distress or triggers as you recount the situation and experiences that led to self-disclosure of your disability to an instructor or professor. If that does occur, I would like you to let me know. I have a streamlined process established with the counselors in Counseling Services who are ready and willing to assist you in navigating the emotions that come up. In the event that these interviews result in any type of emotional distress, treatment will be available.

We cannot promise you will benefit from being in this study, but you may experience a level of catharsis and validation from being able to share your experience. Additionally,
being able to share your experience has the potential to positively impact the lives of other students with invisible disabilities who have similar experiences with self-disclosure to ensure that those students recognize that they are not alone in both experience and impact. No costs are associated with participation in this study. You will not receive any payment for being this study.

The researcher, and the University of Nevada, Reno Institutional Review Board, will have access to the study records. Your identity will remain confidential with only myself and you knowing that you participated in the study. I will treat your identity with professional standards of confidentiality and protect your private information to the extent allowed by law. I will do this by not requesting any personally identifiable information from you. I will not use your name or other information that could identify you in any reports or publications that result from this study.

The researchers do not have any monetary interest tied to this study. This research is being conducted for a doctoral dissertation and partial fulfillment of the requirements for the degree of Doctor of Philosophy in Education with an emphasis in Educational Leadership.

At any time, if you have questions about this study or wish to report an injury that may be related to your participation in this study, contact Janet Usinger, PhD, usinger@unr.edu.

You may discuss a problem or complaint or ask about your rights as a research participant by calling the University of Nevada, Reno Research Integrity Office at (775) 327-2368. You may also use the online Contact the Research Integrity Office form available from the Contact Us page of the University’s Research Integrity Office website.

If you agree to participate in this study, you must sign this consent form. We will give you a copy of the form to keep.

Participant’s Name Printed

Signature of Participant Date

Signature of Person Obtaining Consent Date
Semi-Structured Follow-up Interview

- What feelings and thoughts do you have regarding our initial interview?
- How accurate is the transcribed record of our initial interview?
- Do you agree or disagree with the clusters and themes identified from the interviews that were conducted?
- As you recall our initial interview, can you think of any information that you would like to add to the descriptions of your experiences?
- Is there anything to add to your reactions of your experience? Their interactions and outcome?
- Finally, are there any details that you think that I should provide to this study regarding the process of self-disclosure for a student with an invisible disability?