

Disability Identity and use of Services among College Students with Psychiatric Disabilities

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### Abstract

With the increasing number of undergraduate students with psychiatric disabilities enrolling in college, and the disproportionately high attrition rates in this group, the current study aimed to understand these students' experiences and identify barriers that they face in higher education contexts. Specifically, whereas past research suggests that students' endorsement of a "disability identity" impacts the proactive utilization of valuable academic accommodations and promotes students' academic success, little is known about the meanings that underlie students' disability identity and how it is formed, shaped, and maintained within the college context. The current phenomenological study investigated the processes by which five undergraduate students with psychiatric disabilities in a large public research university made meaning of their disability, and how their disability identity motivated their use of disability support services. The analysis of a series of interviews with each student highlighted the dynamic nature of students' disability identity and its formation through interactions with others and through participation in various activities and experiences in the college context.

*Keywords:* College students with psychiatric disabilities, identity, motivation

### Disability Identity and use of Services among College Students with Psychiatric Disabilities

The number of students with psychiatric disabilities enrolling in and attending colleges and universities in the United States is increasing (Belch, 2011; Maxwell, 2014; NCES, 2009). Yet, students with psychiatric disabilities are less likely than their peers to graduate from college (Breslau, Sampson, & Kesser, 2008; McEwan & Downie, 2013; Wessel, Jones, Markle, & Westfall, 2009). While many colleges and universities provide a number of campus-based services to students with disabilities or mental health issues, many students fail to make effective use of these services (Megivern, Pellerito, & Mowbray, 2003). Research indicates that students' endorsement of having a disability as an aspect of one's identity has implications for their use of disability support services as well as for academic persistence and success (Beart, 2005; Marshak et al., 2010; Megivern, 2002; O'Shea & Meyer, 2016; Shattuck et al., 2014). However, research on the processes of disability identity formation or the role of the college context in shaping students' endorsement of a disability identity is scarce. By highlighting lived experiences and focusing on meaning making, the current study aimed to develop a deeper understanding of the processes underlying the formation of disability identity among college students with psychiatric disabilities.

### **College Students with Psychiatric Disabilities**

According to the U.S. Department of Health and Human Services, approximately 18.6% of adults in the United States had a mental health disorder as defined by the DSM-IV TR in 2012. While the highest percentage of adults with mental health disorders were individuals between the ages of 26-49 (21.2%), 19.6% of adults between the ages of 18 to 25 were found to have a mental health disorder. Additionally, the number of adults aged 18-25 with mental health disorders increased from 18.5 to 19.6 percent between 2011 and 2012. The term 'psychiatric

disability’, which is often used interchangeably with ‘serious mental illness’, refers to a mental impairment that limits or impairs one or more major life activities (ODEP, 2014). The most common psychiatric disabilities reported in college populations as well as the general population include depression, bipolar disorder, eating disorders, anxiety, schizophrenia, and post-traumatic stress disorder (APA, 2014; NAMI, 2012).

Evidence suggests that increasing numbers of individuals with psychiatric disabilities are choosing to enter postsecondary institutions, with students with psychiatric disabilities constituting the largest subgroup of students with disabilities on college campuses in the United States today (Maxwell, 2014; NCES, 2009). A recent study from the American College Counseling Association (2012) found a “steady increase” in the enrollment rate of students with severe psychological disorders (p. 5). Increases in enrollment of students with diagnosed psychiatric disabilities may be the result of several factors, including changes in federal regulations, such as Section 504 of the Rehabilitation Act, the Individuals with Disabilities Education Act (IDEA, 2004), and the Americans with Disabilities Act of 1990 (ADA, 1990; 2009), as well as advances in technology, pharmaceuticals, and treatment and awareness of mental illness (Collins & Mowbray, 2008). Furthermore, many mental health disorders are first diagnosed in individuals between the ages of 15 and 21 (NAMI, 2014), which coincides with the age of most traditional college students.

Even with advances in identification and treatment of psychiatric disabilities in the United States and institutions of higher education, the cyclical and often obscure nature of mental illness presents challenges to those interested in identifying, treating, or studying psychiatric disabilities. In addition, many psychiatric disabilities go undiagnosed, and many students with psychiatric disabilities fail to receive treatment or make effective use of available

services. According to the National Alliance on Mental Health (2014) approximately 70% of college students reported experiencing a “mental health crisis” while attending college; however, only half of these students disclosed their experiences to someone at their institution. Thus, even with the increased attention that psychiatric disabilities have received in the literature and in popular culture, treatment for serious mental health issues is underutilized in the general population and within institutions of higher education (NAMI, 2013a).

Underutilization of treatment is a significant issue, as the impact of having a psychiatric disability in college can be pervasive. Researchers have found as many as 86% of students with psychiatric disabilities do not complete college (Collins & Mowbray, 2005). College students with psychiatric disabilities have lower graduation rates than both their non-disabled peers and their peers with other types of disabilities (McEwan & Downie, 2013). The literature suggests that students with psychiatric disabilities face a multitude of barriers in college (Belch, 2011; NIMH, 2014) that often involve an interplay between personal and contextual factors, including complications related to adapting to and navigating through the college environment; understanding and addressing issues related to the disability, such as cognitive or mental impairment, stigmatization, academic self-confidence; and issues with social and peer relationships (Hartley, 2010). While many students without disabilities face barriers upon the transition into college such as the differences in academic support and increased academic pressure, these issues are greatly exacerbated for students with psychiatric disabilities due to the nature of their disability’s symptoms.

### **Students’ Use of Disability Support Services**

In an attempt to address the needs of students with disabilities, many colleges and universities provide a variety of services and accommodations to students who choose to register

their disability with the university. Typical services include extended time on exams, assistance with course selection and reduction in course load, stress management, time management, note-taking services, and peer support programs (Collins & Mowbray, 2005; Maxwell, 2014; Salzer, Wick, & Rogers, 2008). Research has found that making early and effective use of disability support services can improve academic outcomes in students with disabilities (Hudson, 2013; Lightner, Kipps-Vaughan, Schulte, & Trice, 2012). Even so, many students choose not to make use of disability support services while in college. Some estimates indicate that less than 40% of students with disabilities identified themselves as such in college, with only 24% of self-identified students making use disability services (Wagner, Cameto, & Knokey, 2009). In response to these estimates, researchers have turned their attention towards understanding students' decision-making and use of campus based disability support services.

Research points to both individual and structural impediments to students' utilization of campus-based disability support services, such as fear of stigmatization (NAMI, 2014), lack of familiarity with available services, and perceived lack of competence of the staff in working with students (Collins & Mowbray, 2005; Megivern et al., 2003). Research also points to students' disability identity processes as pertaining to their decisions to utilize or not utilize disability support services (Marshak, Van wieren, Ferrel, Swiss, & Dugan, 2010; Megivern, 2002; NAMI, 2014; O'Shea & Meyer, 2016). For example, many students who had been recipients of disability services or special education services in high school express desire to distance themselves from the stigmatized label of their disability upon entering college, while still other students reject the integration of their disability into their emerging identities as college students (Timmerman & Mulvihill, 2015). According to Beart (2005), individuals often reject the label "disabled" because they do not have access to adequate definitions or meanings of disability as a

category, or because they are deterred by the negative emotional impact of belonging to a stigmatized group. In order to invoke their rights to utilize disability support services, students must disclose their disability to the university and navigate through the disability support system (Kupferman, 2014). It is estimated that approximately 90% of students with psychiatric disabilities fail to make use of these services as a result of choosing not to disclose their disability and register with disability services (Megivern, Pellerito, & Mowbray, 2003).

While stigma about disability continues to be an issue, researchers have found that endorsement of disability identity is associated with positive academic and social outcomes. Prior research has indicated that disability identity positively relates to students' motivation, self-efficacy, self-advocacy, and proactive use of disability support services (Marshak et al., 2010). Students who psychologically endorse disability as a component of their identity report higher levels of motivation and self-efficacy, particularly as it relates to making effective and strategic use of support services (Marshak et al., 2010; Shattuck et al., 2014). An early study by Megivern (2002) explored the relationship between students' disability identity and their use of campus based disability support services and found that students were more likely to make effective use of services if they considered their psychiatric disability to be a component of their identity. However, researchers have found that individuals often fail to endorse disability identity because they struggle to understand confusing and often stigmatizing terminology and diagnostic criteria and are deterred by the negative emotional impact of claiming membership to a stigmatized group (Beart, 2005). The literature points to issues pertaining to students' understanding and meaning of disability identity as important in understanding their use of disability support services.

### **Disability Identity**

Peoples' identity provides a framework through which they interpret and navigate experiences and negotiate and make important decisions related to personal goals, values, beliefs and actions in different life domains (Berzonsky, Macek, & Nurmi, 2003, Eccles, 2009; Marcia, 1966; Schwartz, Zomboanga, Weisskirch, & Wang, 2010; Shattuck, et al., 2014; Yoder, 2000). Students' identity reflects their psychosocial resources (Adams, Berzonsky, & Keating, 2006) to cope with experiences and decision-making in the academic domain, and has been found to frame important characteristics and processes central to academic learning and well-being including self-efficacy, goal setting, and self-regulation (McCaslin, 2009; Roeser & Peck, 2009), and to be related to overall academic achievement (Lounsbury, Huffstetler, Leong, & Gibson, 2005). While identity development has important implications for motivation and well-being among all learners, the complicated processes involved with developing a sense of self that includes identification with a disability (Riddell & Weedon, 2014) renders it vital to academic success for students with disabilities (Beart, 2005; Megivern, 2002; Wang & Dovidio, 2011).

Disability identity has been defined as the personal acceptance and endorsement of a formal diagnosis or label assigned by a practitioner or doctor (Megivern, 2002), a sense of belongingness or commitment to a community or group of people with disabilities (Nario-Redmond, Noel, & Fern, 2014), and as a static understanding of the self as disabled, positioned within the larger social structure (Rapley, 2004). Disability scholars have emphasized the role that social interactions play in shaping disability identity, within the larger social-cultural construction of the meaning of disability (Beart, 2005; Olney, Brockelman, Kennedy, & Newsom, 2004). Researchers have employed a number of methodological approaches, ranging from narrative analysis (Valares, 2010; Yee, 2013) to closed surveys (Shattuck et al., 2014), to investigate the relationship between disability identity and various psychological, social, and

motivational processes. Studies have highlighted the importance of disability identity, pointing to associations between disability identity, motivated action, decision-making, and behavior (O'Shea & Meyer, 2016; Wang & Dovidio, 2011).

There is growing evidence to suggest that disability identity is constituted through exposure to naturally occurring communicative interactions and other contextual factors presented in the environment (Renshaw & Choo, 2012; Riddell & Weedon, 2014). Still, much of the literature frames and measures identity as a static or stable category, implying that disability identity and its integration into the sense of self are stable and similar across people with a disability identity (Shattuck et al., 2014), thus undermining the dynamic nature of disabilities and the contextual nature of identity formation and meaning making. For instance, many studies have employed closed ended items aimed at assessing whether or not a person accepts the label of disability into their identity (Darling & Heckert, 2013; Nario-Redmond, Noel, & Fern, 2013; Shattuck et al., 2014). This approach reifies the perspective that identification with a disability involves the endorsement of a static category and largely overlooks the variety of meanings of disability and the fluid nature of disability identity. Recent literature suggests that disability identity is best understood as a dynamic construct rather than a binary category, and a person's endorsement of this identity and its meaning are likely to vary depending on social-contextual experiences (Riddell & Weedon, 2014; Valeras, 2010).

A movement in the field of critical disability studies calls for a paradigm shift in the ways disability is defined and treated in research, practice, and theory, arguing that models defining disability as a personal deficit or individual limitation should be replaced by social constructionist models, which attend to the role of societal, cultural, and contextual factors in creating and maintaining disability (Goodley, 2012; Hicky-Moody & Crowley, 2014; Oliver,

1986; Swain, French & Cameron, 2003). These views advance a social model of disability, which challenges normative assumptions concerning disability and identity, emphasizing fluidity over binary constructs (Goodley, 2011), and describing disability identity as one of many socially constructed categories that are available to a person at any given time and can be primed through social interaction (Wang & Dovidio, 2011). This accentuates the person's agency in forming and endorsing disability identity, as people have the option to endorse a variety of identities simultaneously (Riddell & Weedon, 2014). Moreover, it implies that the salience of any one component of the identity is not fixed, but is, instead, determined by participation within the social context. This framework has been instrumental in emphasizing the role that contexts play in shaping and maintaining disability and identity, and in underscoring the importance of inclusive practices.

### **Disability Identity from a Sociocultural Perspective**

Different identity theories vary in their emphases on the stability versus the dynamism of identity and on the role of contextual characteristics and processes versus on individual differences in the process of identity formation (Kroger, 2007). Aiming to understand and investigate the construction of disability identity among college students with psychiatric disabilities within the college setting, we adopted a theoretical framework that, more than others perhaps, attends to the context in the processes of identity formation: the sociocultural theory on identity. This perspective views identity as the continuously emerging product of social interactions and participation in the social-cultural contexts of the individual's life. Contexts involve discourse and cultural symbols that provide the tools for meaning negotiation (Mead, 1932). From the sociocultural perspective, disability identity formation will revolve around the local terms and meanings of words such as disability (Holland & Lachicotte, 2007). A stable

identity reflects not an inherent characteristic of the person but similarity of language use and meanings across time and experiences in the environment.

Emerging research on disability identity supports this perspective by accentuating the role that discourse, language, and interactions within the social structure play in influencing students' meaning of disability and framing identification with the disability (Riddell & Weedon, 2014; Valares, 2010). The discourse surrounding disability frames the generation of personally meaningful definitions of what it means to have a disability and provide essential information regarding the content of disability identity. Thus, in order to better understand how students conceptualize and identify with their disability, we situated our investigation at the contextualized meanings involved in the construction of college students' disability identity.

### **Current Study**

The current study aimed to address the gap in knowledge concerning college students' meaning making of their disability, the way the meaning is shaped by discourse and participation within different college institutions and contexts, and how it relates to the formation of disability identity and the use of college disability support services. In addition, whereas much of the literature devoted to understanding disability identity has focused on physical or intellectual disabilities, the current study focused on the understudied but growing population of college students with psychiatric disabilities (Beart, 2004; 2005; Nario-Redmond et al., 2013; Valeras, 2010). The construction of disability and disability identity may be more complicated for persons with psychiatric disabilities than with other types of disabilities (Mulvaney, 2000). For instance, in contrast to physical disabilities, psychiatric disabilities are often treated and discussed using psychological rather than medical terms, positioning them as subjective issues problem that

involve the individual's psychological deficit, and little research has foregrounded the social context in constructing these types of disabilities (Anastasiou & Kauffman, 2013).

Consequently, the purpose of the current study was to investigate the processes by which undergraduate students with psychiatric disabilities make meaning of and form disability identity within the sociocultural context of college. Furthermore, as the development of identity organizes thoughts, actions, and experiences, an additional goal of the current study was to investigate how the construction of disability identity relates to motivation and personal agency for action within the specific learning environment. Understanding these processes, as well as the shared and individual meanings of disability identity, has the potential to inform educators, practitioners, and theorists about the nature of disability identity while allowing unique insight into the experiences and decisions of college students with psychiatric disabilities.

#### Research Questions

1. What does it mean to college students to have a psychiatric disability?
2. How do undergraduate students with psychiatric disabilities construct disability identity within the context of higher education?
3. How do the sociocultural construction of disability identity and the personal goals and beliefs of college students with psychiatric disabilities relate to motivated action and use of campus based support services within the college environment?

#### **Method**

In the current investigation, we employed interpretive phenomenology, a qualitative approach to inquiry that focuses on the ways by which people make sense of their lived experiences in relation to a particular phenomenon (Lichtman, 2013; Moustakas, 1994; Smith, Flowers, & Larkin, 2009). The interpretive approach to phenomenology is grounded in an

epistemological belief that the nature of reality cannot be understood outside of the social context within which it is constructed (Larkin, Watts, & Clifton, 2006). According to this position, knowledge cannot be separated from its context; thus, the search for universal truths and realities is deemphasized. Hence, a successful interpretive phenomenological analysis will describe both shared patterns and individual nuances in the phenomenon of interest (Smith et al., 2009). This epistemological position, which prioritizes gaining insight into individuals' understandings, perceptions, and lived experiences over a focus on causality, outcomes, or consequences, was adopted in the current study to examine the lived experiences and socially constructed meanings of disability.

### **Procedure and Participants**

We selected participants using maximum variation sampling, a purposeful sampling technique that maximizes the opportunity to obtain data along dimensions of different categories (Coyne, 1997). The goal of the purposive sampling is not generalizability to the population, but analytic generalization from the diverse cases to the emerging conceptual understanding of the phenomenon (Curtis, Gesler, Smith, & Washburn, 2000). Criteria for selection of the initial pool of participants included self-report of a psychiatric disability or mental health disability (we did not require a formal diagnosis), current enrollment in classes at the university, interest in understanding the nature and meaning of the phenomenon, and willingness to participate in a series of interviews about the phenomena under investigation. After securing approval from the university's Institutional Review Board, participants were recruited via a recruitment email distributed by the director of the office of Disability Resources and Services (DRS) to a Listserve of students registered with psychiatric disabilities, and flyers that were posted in various campus-based centers around the university, such as the writing center, wellness center,

and various dorms and classroom buildings. Both the recruitment email and the flyer described the purpose and intent of the study, expected involvement, benefits and risks of participation, eligibility criteria, and the researchers' contact information. Interested students were asked to contact the researcher to schedule a time for an initial interview. Participants who completed the interview series were offered a 25-dollar gift card.

The first 15 students who met the inclusion criteria and contacted the researcher to express interest in participating in the study were interviewed. These students comprised a purposefully selected heterogeneous group that varied in race, major, diagnosis, and gender. Given the rich diversity of the first 15 students interviewed, the decision was made to end the period of open enrollment. Five students' cases were selected for further analysis on the basis of their collective diversity along dimensions that have previously been identified in the literature as relevant to understanding issues pertaining to disability identity in college students. Specifically, we prioritized the inclusion of undergraduate students with diversity in race/ethnicity, gender, type of psychiatric disability, and declared academic major. Participants highlighted in the analysis include: Sara, a White, female secondary education major with panic disorder; James, a White, male engineering student with bipolar disorder; Shawna, an African-American, gender-queer medical sociology student with PTSD; Christi, a Latina theater major with bipolar disorder; and Darcy, a White, female social work major with PTSD and an eating disorder. Pseudonyms are used to protect participants' privacy.

### **Interview Protocol**

The first author conducted three in-depth interviews with each participant that employed Seidman's (2006) protocol. The first interview, which began with the framing question: "Tell me about how you learned that you had a psychiatric disability", addressed participants' early

experiences with their disability, diagnosis, and decisions to enroll in and attend college. The second interview focused on the participant's present-day lived experiences as college students with psychiatric disabilities. The second interview began with the framing question: "What is it like to be a college student with a psychiatric disability?" and centered on topics pertaining to participants' relationships with others within the college environment, experiences related to coursework and attending classes, and use of campus services. The third and final interview, which began with the framing question: "Given what we have discussed in the previous interviews, how do you understand the experience of being a college students with a psychiatric disability?" focused on the participant's reflective meaning-making, and participants were asked to reflect on the experiences they shared and discussed in the first two interviews. Central topics included the meaning students made of having a psychiatric disability and utilizing support services. Each interview lasted between 60-90 minutes and was conducted in a private office on campus. Whereas the interviewer began each interview with a general guiding question that framed its focus, the interview protocol was flexible and followed the participant's topics and emphases to allow the participant to develop a meaningful personal narrative (Creswell, 2008).

The interviewer prioritized and monitored participants' comfort throughout the interview process and took measures to ensure participant wellbeing to the extent possible. Participants were informed of the general interview guide and structure prior to signing the informed consent and prior to the commencement of each of the three interviews to facilitate participants' familiarity with the interview structure, to give participants additional opportunities to ask questions or express concerns about the interviews, and to allow the participants to make more informed decisions about the direction or redirection of the content of the interviews, and participants were encouraged to contact the interviewer or the principal investigator with

questions or concerns about their participation in the study at any time before, during, or after their interviews.

### **Data Analysis**

Data analysis followed established interpretive phenomenological techniques, as described by Smith, Flowers, and Larkin (2009). The first step of analysis involved transcribing the data verbatim in their entirety. The next step of interpretive phenomenology involves becoming immersed in and familiar with the data by listening to the audiotapes while reading and re-reading the interview transcripts. The next step of analysis involved exploratory coding of content and language. The following step of the analysis involved examining the original transcripts and initial notes for emergent themes and patterns, which reflected the participants' descriptions as well as the analysts' interpretations. Next, abstraction (identifying patterns between themes) and polarization (examining oppositional relationships between themes) were used to more closely examine and search for patterns, relationships, and clusters of emergent themes. This process highlighted the shared and convergent higher-order qualities between participants' experiences while also attending to idiosyncratic and divergent experiences. Finally, themes and superordinate themes were organized along a theoretical framework that highlighted the processes related to the formation of disability identity and students' experiences with meaning making and use of services.

This process (transcription, immersion in the data, initial coding, and identifying themes) was repeated consecutively for each of the participants' set of interviews. Adhering to this systematic process helped to ensure that the researcher addressed each interview on an individual basis, allowing new and unique themes to emerge (Pietkiewicz & Smith, 2014; Smith, et al., 2009). Throughout each of these steps, tentative thoughts and observations were recorded

elsewhere to maintain focus on the participants' words and remain actively engaged with the data (Smith et al., 2009). While a central component of interpretive phenomenological analysis is the researcher's interpretation of the participants' experiences, we took measures to ensure that the account of the narratives and analysis were credible and authentic. In order to monitor the potential influence of prior conceptions and experiences on the interpretation of participants' narratives, the first author acknowledged and recorded thoughts, previous experiences, and biases throughout the process of data collection and analysis. She revisited and checked her recorded thoughts and biases throughout the analysis when she identified or constructed themes, and paid close attention to the role of her thoughts and biases in her interpretations. In order to increase credibility and trustworthiness of the findings, we used peer debriefing (Creswell & Miller, 2000)—a doctoral candidate in Educational Psychology with a background in Special Education and expertise in qualitative research on students with disabilities was recruited to review and interpret the data and provide alternative insights and raise challenges of the primary researcher's interpretations. In addition, the second author acted as an independent auditor of the analyses (Smith et al., 2009) and reviewed the data and critiqued the emerging themes and superordinate themes.

Upon completion of initial data analysis, member checking was used to increase the trustworthiness of the findings. During the member checking process, the first author contacted each of the participants and arranged a time for a private interview either in person or over the phone. The researcher shared with the participants the transcripts, themes, and the tentative interpretations of the thematic analysis, and participants were asked to offer redirection or confirmation of the findings. Each of the participants expressed agreement with the researchers' account and interpretation of their interview data. Finally, in an effort to develop confidence in

data saturation, the interviews from participants that were not selected to be part of the final sample were skimmed for negative cases or instances that would present confirming or disconfirming evidence. No other cases provided insight that enhanced the scope of the conceptualization. After the process of data analysis was completed for all of the participants' interview data and the participants provided feedback about the themes during member checking, connections and patterns across cases were examined. The relationships between themes were further examined, and some reorganization and relabeling took place as clusters of themes highlighted higher order concepts pertaining to the central research questions.

### **Findings**

The interpretive phenomenological analysis of the five participants' interviews highlighted five interdependent themes related to the lived experiences of college students regarding the formation of their disability identity: (1) Psychiatric disability integrates individual and contextual characteristics; (2) College context is a catalyst for disability identity exploration; (3) Interactions with others in college shape the meaning of disability identity; (4) Disability identity is dynamic; and (5) Disability identity relates to the use of campus services. The themes are organized along a principal framework that highlights the meaning students make of being a college student with a psychiatric disability, the processes related to the construction of disability identity, and the participants' experiences and meanings related to using campus-based services. Below, each of the themes are described and discussed in detail. In keeping with the interpretive phenomenological approach, the findings section provides an interpretive account of a close analysis of the participants' narratives, without reference to extant literature with the purpose of organizing and presenting the results as a dialogue between the researchers' interpretation and the participants' original narrative (Smith et al., 2009).

**Psychiatric Disability Integrates both Individual and Contextual Characteristics**

The first theme pertains to the ways in which the students defined ‘psychiatric disability’ as valid products of personal and contextual attributes. Students’ definitions depicted psychiatric disability as a construct that exists within the interplay between intrapersonal, interpersonal, and institutional contexts. This theme reflects a struggle that many participants spoke of in emphasizing the meaning of disability as a contextual, rather than dispositional attribute. Shawna reflected on the meaning of disability and the role of the academic structure in creating and defining disability:

I don’t really consider it a ‘disability’ in terms of like there’s something ‘bad’ or ‘wrong’ with me; it’s like, my life has presented itself in such a way that I don’t have a choice in the matter...I think it’s my issue with calling it a disability because it’s in reference to a structure I don’t have control over, deciding what is the best way to grade, to grade me...if the structure is different, then I wouldn’t be getting bad grades, and so it wouldn’t be a disability.

Defining disability in its relation to contextual factors had meaningful implications for students in terms of evaluating the legitimacy of their disability. Several of the students felt that attributing their disability to personal factors conjured feelings of personal weakness and deficit, and that foregrounding the features of the social structure or environment that establish and maintain the disability provided a sense of control and strength. For example, Sara recalled: “situating my anxiety in the context of what has happened to me and what is happening now as opposed to just seeing it as an inner fault...that was essential in making sense of what having anxiety means to me.” Similarly, Shawna remembered thinking of her anxiety as a problem she

should be able to “get over” and “should be able to fix”, and feeling that her inability to overcome the symptoms associated with her disability was indicative of personal failure.

The interplay of individual and contextual attributes and processes as formulating the meaning of having a disability manifested also in students’ experiences in which the legitimacy of their disability was questioned or invalidated by others. Several participants recalled skepticism from others surrounding the legitimacy of psychiatric disabilities and mental illness in general, and a tendency from others to downplay psychiatric symptoms and dismiss them as indicators or symptoms of a personal deficit or a personal weakness. For instance, Christi explained that she feels anxious about disclosing her disability to professors because she fears they will perceive it as a personal weakness, stating, “sometimes you don’t want to open up because it’s a fear of all of a sudden you’re seen as weak”. Interestingly, students described the term ‘disability’ as useful in validating their personal experiences in such cases, and registering with campus-based disability support services was seen as a way of making real and legitimate their experiences with their disability. Shawna reflected, “I have to have a letter from the disability resources center to even be taken seriously. Like, that is the only way I’m protected by law, but it also legitimizes my experiences... To have anxiety, that’s not legitimate; that’s not a disability, that’s just you being lazy and wanting to be dramatic.” Similarly, Sara reflected on the term ‘disability’, stating “I think it give it that rightful recognition that this is something real that happens to people.”

Sara also talked about how conceptualizing her anxiety disorder as a personal weakness can be damaging or even shaming, and that ‘documenting’ the existence of a psychiatric disability lends validity to her experiences with anxiety, taking the onus of personal blame off of the person. In Sara’s words:

It's like 'oh this kid can't handle life, or this kid has coping issues etc.' when it's like a real documented problem that you're having just like any other illness but some people don't see it that way, so it's challenging to discuss it I guess... And I view it as, I have anxiety, and this is legitimate, this has reasons, this is documented, but I'm going to need help and support, and I need to support myself in taking control of this thing that I have.

As seen in Sarah's quote above, students' personal definitions of psychiatric disability had direct implications for their decisions to disclose their disability within the particular college context and make use of disability support services. Darcy stated that the reason she hadn't sought out disability-related services and accommodations earlier was because she "didn't know that PTSD counted as a disability." Similarly, Shawna said, "I didn't know that my anxiety, which is a major part of why I was struggling with exams, was considered enough of a disability to receive help through DRS." In this way, knowledge about the disability and its causes and meaning making about its contextual implications are interconnected and impact students' decision making, particularly related to the utilization of support services.

Overall, the five participants did not define their psychiatric disabilities as a psychological or personal characteristic, but as manifesting their relationship to contextual factors, and stressing that the disability is often created or maintained by specific contextual structures or contextual factors including DRS definitions and others' perceptions and expectations. Students' perceptions of these social-structural factors influenced and informed their own experiences, their personal definitions of disability, and their decisions to disclose.

### **College Context is a Catalyst for Disability Identity Exploration**

The students' narratives indicated that experiences in college act as catalysts for identity exploration. Participants spoke of experiences afforded to them through their participation in the

college environment that served as ways to explore and negotiate their identities. For Shawna, participating in discussions and joining different groups on campus where she integrated her knowledge about disability, sociology, and mental health in meaningful reflections, fostered an exploration and negotiation of her own identities related to gender, disability, and sexuality:

Yeah, like college was an awakening experience, as college is, but for me for lots of different reasons...I ended up coming out to myself in terms of like sexuality um even learning what different terms meant (small laugh) and um got really into feminism and I think that was my connection to – that was my avenue into social life was joining a feminist group on campus and having dialogues in class and being like ‘oh I think about these things all the time, I’m not actually that weird, there are people who think about these things’.

Pertaining to disability identity, in particular, feelings of invisibility emerged as a shared component of students’ experiences. Participants indicated that they had either had very few opportunities to share their stories and experiences with other students with psychiatric disabilities, or had never had the opportunity to relate to another student with a similar disability. The absence of shared experiences often made more difficult the process of understanding one’s own experiences, made it more difficult to battle stigmas, and could further intensify the symptoms associated with many psychiatric disabilities such as anxiety, loneliness, isolation, and depression. Interestingly, all of the participants in the current study expressed a desire to relate more to other students with psychiatric disabilities. Feeling as though one belongs to a community of others (with psychiatric disabilities) that remains invisible results in missed opportunities for communication surrounding the disability, further enforcing the isolated nature of having a psychiatric disability and depriving students opportunities for further redefining and

making meaning of the disability and negotiating identity. For instance, Sara projected that such opportunities could lead to a more advanced and well-developed understanding of disability:

Sharing experiences with other people even if it's an authority figure like a teacher, a friend, a classmate, if you can find another person who is experiencing something like you are, you realize this is something real that happens and can help you get to recovery and coping and controlling. Solidarity.

Students who had the opportunity to relate to others with psychiatric disabilities, described these experiences as transformative in helping them make sense of their experiences, providing critical language and definitions for key terms related to the disability, and facilitating identity exploration.

The findings suggest that acquiring new content knowledge about mental health and disability played an important role in promoting identity exploration of disability identity, while writing about disability and the experiences of being a student with a disability was an important way in which students negotiated identity. For instance, learning in courses about mental health, disability, and the role of social structures or settings in creating or maintaining disability was a critical process in influencing and reshaping some students' conceptualization of disability as a contextual rather than dispositional attribute. Darcy, who plans to pursue graduate studies in social work, reflected on how the content she learned in these courses influenced the way she defined and understood disability:

It's also because of school and social work. Like you're supposed to look at the person and the environment, and not just focus on like their immediate behaviors, but like where they came from and their feelings, and what kind of factors influence their mind.

For Darcy, it was through her experiences in “school and social work” that she learned to conceptualize a person’s experiences with disability as part of the larger context in which their experiences have been situated. Other participants reported learning more about their disability through staff and resources at DRS, interactions with other students with disabilities, or through their mental health counselors.

Writing about disability, its formation, and its meaning as a medium for identity exploration took place not only in formal courses. For example, Sara described how writing poetry and sharing it on campus and with her peers and friends at school has helped her to make sense of her emergent identity as a college student with a psychiatric disability, stating:

I spend a lot of time with my poetry, which is my biggest hobby, coming to terms with it and writing about it and how it feels...I just explore what it means to me because it can be very confusing sometimes...So writing about it is a way to kind of share that experience, and also come to terms with it myself.

Understanding one’s disability and endorsing disability identity often involve learning about and becoming knowledgeable about the condition itself or issues surrounding mental illness in general. The analysis of the narratives suggests that for the participating students, triggers and opportunities within the college context to learn about and explore the disability played a meaningful part in shaping their meaning making and identity related to their disability, and that such learning and exploration were empowering.

### **Interactions with Others in the College Context Shape the Meaning of Disability Identity**

Corresponding with formal and informal opportunities for learning and identity exploration, another central theme throughout participants’ narratives was the role of interactions with important figures in the college context such as professors and peers as shaping the meaning

of disability, negotiation of endorsing it as central to one's identity, and their use of campus-based support services. The narratives emphasized the role that language and terminology plays in communicating cultural values and beliefs regarding disability, for example, the way professors discussed accommodations, which communicated attitudes and assumptions. Professors' tone and terminology was interpreted by participants as ableist or intolerant of disability and diversity. This manifested already in written communications, for example, by the language used in the course syllabi. Shawna recalled such an experience with a professor of chemistry: "Before anything has come out of his mouth, the syllabus has gone around and I'm looking at it and it's got in big bold letters 'There will be no make-up exams even if you're sick; Just don't get sick'. So basically, you're saying there is no room for human error; and if that's how you think about life, then I don't know how I can talk to you in any way...it can be exhausting at times." The face-to-face interactions were as apparent in the narratives in positioning students with psychiatric disabilities within a set of assumptions and expectations that shaped their feelings of inclusion and belongingness. Christi reflected: It's when talking to like a higher authority like professors or therapists or whatever, that you feel like you have to prove yourself all of a sudden, like you say like 'but I'm ok. I'm not nuts'...just because of the way society views bipolar.

Complementing negative social interactions that invalidated participants' experiences and identities were positive social interactions. For example, the participants who had the opportunity to relate to other students with psychiatric disabilities described these experiences as transformative in helping them make sense of their experiences, providing critical language and definitions for key terms related to the disability, and facilitating identity exploration. Especially because the validity of psychiatric disabilities and the experiences of students with psychiatric

disabilities are often dismissed or undermined, interacting with and relating to other students with psychiatric disabilities provided one way of validating their experiences. Participants indicated that disclosure to the college disability services became much more than a way of requesting accommodations, as it open paths for meeting and interacting with others with similar experiences that were central to validating and making visible personal experiences that are often undermined and questioned. Sara reflected on her disclosure and initial concern about endorsing her disability, and how social interaction with other students with psychiatric disabilities through the DRS, and with other students in college, shaped her meaning of the disability and her identity:

But now I see it as this is a huge part of who I am. When it comes to the end of the day I find myself thinking about it and talking about it a lot with people in college. I think it also helps that I have a lot of friends here who are either psychology majors or are also struggling with this identity of themselves having a psychiatric disability, so I guess because that conversation is happening a lot more in college it's become a lot more important or prevalent to me and that's why I'm focusing on it in my life more now.

Participants differed in the expression of opportunities for validating such social interactions. But, all of the participants expressed a desire to share their experiences and relate to other students with psychiatric disabilities, and all expressed feelings of isolation and solitude associated with having an 'invisible' disability. The narratives emphasized participants' feeling that relating with others with psychiatric disabilities is an important way to validate experiences and make meaning of disability, while a lack of these experiences further enforced feelings of isolation and missed opportunities for making meaning and negotiating identities. Shawna remarked "For me, I feel like it would be legitimized if I had talked to other people who have a

similar disability...Especially college students, because you're talking about what to expect in your college experience." Sara also explained, "If you can find another person who is experiencing something like you are, you realize this is something real that happens, and can help you get to recovery and coping and controlling." Similarly, James expressed a desire to learn about how other students with his disability make sense of it and learn to be successful in college:

I don't know how other students with this particular disability deal with this day to day.

I've never even talked to probably anybody else that's had this same illness, and gone through DRS, and either succeeded in school or not.

Thus, the analysis suggests that interactions with others at college can be crucial in influencing students' construction of meaning and identity pertaining to the disability. The majority of the participants recalled conversations with others that informed personally meaningful definitions of their disability, informed their understanding of key terms related to the disability, and influenced the way they made sense of their experiences. These interactions were with different individuals holding variety of roles including other students, professors, DRS staff, or mental health counselors and therapists. Notably, even those participants who had opportunities to talk to others about their disability expressed a strong desire to relate to other students with psychiatric disabilities, suggesting that opportunities for these types of interactions are uncommon and highly desirable.

### **Disability Identity is Dynamic**

Unlike its common treatment in prevalent research as a static construct, students' narratives surrounding disability identity suggested that they defined their own disability identity as transient, and the presence of a disability itself as something that exists in a fluid dynamic

with the environment. For example, Sara explained that her identification with the term ‘disability’ is temporary and constantly changing:

For me it depends on the day, because on days where I do feel like it’s like the hugest deal in the world and this is all I can think about and I’m struggling with the concept of it, then it feels like I have a disability.

The analysis suggests that the way students understand their disability and the endorsement of disability identity are also related to their underlying assumption about the stability of the disability and to the presence and intensity of symptoms that allow or hinder perceiving it as partial and transitory. Christi described how changes in the way she defined herself and endorsed her disability identity were contingent on her experiences of psychiatric symptoms:

So that’s how I distinguished it in the past, like you know, to try to make sense, I had to get stable first in order to distinguish what I have and who I am isn’t the same thing. It’s just what I have. And for the longest, when I was depressed and manic I thought ‘I am bipolar’. Like my name means I am bipolar. Like that’s it. I’m nothing else. I’m just the condition. And that’s a lot, that’s really – bad – like it’s really heavy and really sad. So it’s nice to be able to like distinguish it and be like ‘ok, I have this, but it’s not forever’.

Similarly, James explained that the way he understands his disability and the extent to which he integrates it into his sense of identity is largely dependent on the fluctuating symptoms and salience of the disability itself:

I mean sometimes like when you have an – like – whether you own your identity as gay or black or – or having a disability – you know – there’s plenty of months and time in my life where I didn’t have to worry about this. I didn’t have to worry about this being a

central thing that needs to be considered day-to-day. That's just the case now because I'm so stressed out.

The analysis indicates that negotiation of disability identity is dynamic and involves the students' perception of the interplay between fluctuating symptoms and contexts. These findings highlight again the contextual factors that influence disability and disability identity as students' experiences, meaning of their disability, and endorsing their disability as part of their identity were influenced by contextual features and situations (e.g., stressful evaluations) that triggered psychiatric symptoms.

Students' understanding of disability identity as dynamic also manifested in their considering it as one of many or multiple possible endorsed identities that could cohere or conflict with each other. This negotiation was salient in the narratives of participants who were experienced tension between their identities as successful students and as having a disability and need for special accommodations. Sara, for example, resolved to see herself as a strong student despite of her psychiatric disability: "It is a part of me, but it does not take away from me in any way. It doesn't make me lesser." Similarly, Shawna recalled feeling that her identity as a person with a disability conflicted with and challenged her identity as a strong student, and the "shame" she felt when the symptoms of her disability impacted her academic performance: "I remember walking out of the library in tears, and just got really depressed where I questioned who I was as a human being."

Despite participants' general progression towards defining disability identity as one transient aspect of the self, several participants recalled experiences in which they felt that their identities as individuals with psychiatric disabilities were seen or treated as the most salient aspect of their identity. Participants shared experiences in which they felt that mental health

counselors, parents, peers, and professors reduced their identities to that of a person with a psychiatric disability, undermining or even ignoring their own conception of themselves as a person with a multifaceted, dynamic, and rich identity. Participants indicated how damaging this might be to their emergent sense of selves, and their own understanding of and endorsement of their disability identity. Participants explained that coming to see disability identity as a dynamic and acceptable part of their life story that integrates with their other identities has implications for their overall sense of self and wellbeing. Christi explained, “Just because X amount of people have bipolar condition doesn’t mean that they all will act the same way. We’re still humans, we’re still people, we’re unique. We’re very different and I like to establish that.” Thus, participants voiced a heartfelt conviction that endorsement of disability identity does not and should not detract from their own and others’ perceptions of them as multifaceted and complex people with rich identities.

### **Disability Identity Relates to Use of Campus Services**

Finally, the analysis suggested a reciprocal relationship between students’ disability identity and their use of disability support services in college. The extent to which students chose to utilize disability support services was related to the ways in which they endorsed disability as a meaningful component of their identity and defined psychiatric disabilities, particularly with regards to seeing the psychiatric disability as a real and valid condition. Reciprocally, interactions with staff at DRS were identified as being instrumental in shaping students’ understanding of their experiences with the psychiatric disability and fostering identity construction. Shawna recalled a conversation she had with the staff at disability resources and services that involved reframing and reconceptualization of her experiences, her disability, and the impact of her disability on her academic performance.

She [the staff person] was calling back to that [story I told her about my anxiety], like then, that is a real disability and you do have the right to get support with that. Meaning, you should be able to still get graded on knowing the material or reporting back on the material, analyzing it, without it being a danger to your physical health if that's how much your anxiety affects you. That's why it's called a disorder. That's why it is a mental health or mental illness, that it affects your health in a negative way when you're triggered or whatever. Um, and so I was like 'ok, well this is like a legit thing'.

Similarly, both Sara and Darcy reported on how conversations with the campus-based mental health and disability services staff helped them develop a better understanding of their specific disability-related needs and become more comfortable utilizing accommodations and services. Darcy recalled how conversations with staff at DRS and her therapists helped her redefine her disability as a temporary and transient, rather than an integral, permanent aspect of her identity, which consequently, made it easier for her to make sense of her disability and helped her understand and accept her need for disability services:

I guess just making me more aware of what PTSD was and that it wasn't like me it was just like it can make you think certain things and stuff so it like it seemed more like something else and not just like me changing, so I was more comfortable with like seeing it as a disability and then knowing that I could recover from it. That I wasn't like signing a contract that said I would have to have this disability forever.

Several of the participants shared similar stories in which utilizing support services enacted and prompted further understanding and endorsement of their disability identity. Sara, who made regular use of campus-based counseling services and identified as a student with a psychiatric disability, but was not registered with DRS, explained that therapy was an influential

agent in supporting the development of her emergent understanding of her psychiatric disability, what it means to her sense of self, and what it means to use disability services:

I just wasn't aware, and I don't think I would have felt comfortable being aware of that [DRS] before therapy because therapy was also very helpful in making that switch from 'I am' to 'I have'... So, I don't think I would have been comfortable knowing about them in the opposite way.

The analysis suggests that using support services can be appreciated as one way that students make decisions and take actions that are aligned with their endorsed identities. Similarly, using services and interacting and having conversations with support staff (i.e., mental health counselors at staff at DRS) were impactful in shaping and informing students' personal meanings of disability and the construction of disability identity.

### **Discussion**

Much of the theory and research on individuals with disabilities has focused on individuals with physical disabilities. Increasingly, scholars have called to expand the conceptualization and empirical investigation to psychiatric disabilities as well (Muvaney, 2000). Whereas physical disabilities are often conceptualized and investigated from a medical perspective, the definition and treatment of psychiatric disabilities rely on inherently individual psychological terminology (Anastasiou & Kauffman, 2013; Mulvaney, 2000; Stein et al., 2010). Additionally, these definitions have been so far left to those without disabilities (Swain, French, & Cameron, 2003), and only very rarely accounted for the perspectives of individuals with psychiatric disabilities (Mulvaney, 2000). The current study on the meaning of disability and of disability identity among college students with psychiatric disabilities provides warranted and necessary insights for the development of a more comprehensive and progressive understanding

of these disabilities and the experiences of people who have them. In the sections below, we discuss the findings of the current study in the context of prior literature on disability identity and the experiences of students with psychiatric disabilities and their implications for theory, practice, and future research.

### **What it Means to College Students to Have a Psychiatric Disability**

The phenomenological analysis of the narratives of the five students with psychiatric disabilities portrays the meaning of the disability as dynamic, relational, and contextual. Students with psychiatric disabilities seem to engage in continuous meaning making of the nature of their disability. Inherent to students' personal definitions of disability were negotiations of the authenticity and legitimacy of psychiatric disabilities, which manifested both within each student and between students and others. Students' conceptions of psychiatric disabilities, as well as their perceptions of others' beliefs about psychiatric disabilities as "real" or not, impacted what it meant for them to be a college student with a psychiatric disability, and what actions they believed they were able to take. Furthermore, students experienced the meaning of disability as influenced by the interplay of their personal and unique characteristics with the specific contextual and situational features of the college environment. Students perceived contextual events and opportunities to elicit and mediate learning about their disability and trigger psychiatric symptoms that strongly influenced their experiences of the disability in the college context.

This dynamic, relational, and contextual definition of disability stands in contrast to a common definition of psychiatric disability in the literature as a solely individual-psychological construct (Shattuck et al., 2014). Notably, this perspective has been coming under critique. Increasingly, scholars from critical disability studies have been viewing disability from a social

constructivist perspective, which considers disability a culturally and historically situated phenomenon (Oliver, 1986; Oliver, 2013), and rejecting the medical model, which frames disability as a personal pathology or deviance (Thomas, 2007). Researchers have proposed that the way individuals with disabilities align their conceptions of disability with these models has implications for the shaping of their identity (LoBianco & Sheppard-Jones, 2007; Valeras, 2010). When individuals with disabilities adopt the definition of disability set forth by the medical model, they are often less likely to accept their disability as a positive part of their identity, instead conceptualizing disability as a “personal tragedy” (Swain, et al., 2003, p.1). The social model of disability has the potential to challenge the socio-historical cultural values and conceptualizations of disability as a personal limitation or tragedy, moving towards a perspective that underscores the role of context in creating disabling structures (Crow, 1996). The findings of the current study on the definitions of psychiatric disabilities by people who have them correspond with this social constructivist perspective.

### **Construction of Disability Identity within the College Context**

The dynamic, contextual and relational conception of the disability provided the foundation for the formation of students’ disability identity. Students’ self-definition as a person with a psychiatric disability, and the meaning of having such a disability, changed and shifted in response to various personal and contextual events and processes. Students’ formation of identities as having a psychiatric disability was influenced by formal and informal social interactions with professors, student peers, and disability professionals, that delivered expectations and socially positioned the students as less or more legitimate members of the college community, and shaped self-perceptions, sense of belonging, and feelings of worth. Additionally, participation in different activities, experiences, and courses offered within the

college context promoted knowledge and understanding of the disability and its relationship with the context, scaffolded meaning-making and identity exploration regarding having a psychiatric disability in college, and fostered more developed and personally meaningful understanding of one's own identity as a person and student with a psychiatric disability. Moreover, students' negotiated their disability identity as one important and meaningful, but not all encompassing, aspect of their multifaceted and dynamic identity whose salience shifted in response to contextual characteristics and situational events.

Parallel to the literature on the meaning of disability, earlier accounts of disability identity framed it as a stable and primary component of the identity of the person with the disability (Charmaz, 1983; Bury, 1991; Finkelstein, 1993; Rapley, 2004). This perspective has been critiqued, and newer conceptualizations view disability identity as a fluid and dynamic social construction (Fuller, Georgeson, Healy, Hurst, Kelly & Riddell, 2009; Kraus, 2008; Riddell & Weedon, 2014; Renshaw & Choo, 2012) and as a transient rather than a permanent aspect of identity (Riddell & Weedon, 2014; Shattuck et al., 2014; Watson, 2002). The findings of the current study corroborate this dynamic and contextual nature of disability identity. These findings are also consistent with current literature that highlights the role of discourse and language in constituting disability identity. Studies demonstrate how disability identity is constructed "moment-by-moment" through communicative interactions between people such as teachers and parents in everyday situations using local discourse about the meaning of the disability (Renshaw & Choo, 2012; Riddell & Weedon, 2014). Furthermore, the findings of the current study are consistent with previous studies which have found encountering others' stories and learning about the social perspectives of disability can be empowering, as sharing stories and narratives bolsters awareness and provides individuals with additional opportunities to explore

and construct identities (Peers, 2012; Smith, Bundon, & Best, 2016). The results of the current study suggest that students' disability identity manifested as complex, dynamic, contextual, and relational, and to have reciprocal relationships with manifestation of the psychiatric disability symptoms, with students' actions that create or constrain opportunities for social interactions with others, and with changing levels of endorsement of having a psychiatric disability.

### **Relationship between Disability Identity and Use of Campus Services**

Students experienced their disability identity as closely related to the meanings of disability support services in college and to their use of these services. Interestingly, students perceived the relations between their emerging disability identity and their use of support services as reciprocal and dynamic rather as unidirectional. Whereas students felt that endorsement of their disability into their identity prompted their disclosure and use of services such as meeting with professional staff and receiving accommodations, these services were highly influential in furthering exploration and deepening the meaning of having a psychiatric disability, which in turn, facilitated further use of those and other services.

The burgeoning literature on college students' disclosure and use of disability support services recognizes identity as an important contributing factor (Collins & Mowbray, 2005; Field, Sarver, & Shaw, 2003; Lynch & Gussel, 1996; Madaus & Shaw, 2006). Students who identify as a person with a disability are more likely to make effective use of disability services (Hadley, 2011; Marshak et al., 2010; Timmerman & Mulvihill, 2015). The current findings expand on this literature by underscoring the more complex and reciprocal relationship between students' emerging dynamic disability identity and their use of support services. Some theorists have postulated that universities have the potential to impose their institutional definitions and conceptualizations of disability on students, rather than allowing the students to construct their

own meanings of disability (Hutcheon & Wolbring, 2012). For example, requiring documented evidence (i.e., diagnosis of a psychiatric disability from a practitioner) before deeming students eligible for academic accommodations defines disability as a medical condition. As this disregards students' own meanings of having a disability, and requires them to align their conceptualization with the medical model, it can be disempowering, potentially undermine more adaptive constructions of disability identity as transient and complex, and interfere with students' corresponding adaptive and flexible use of support services. The flexible and complex relationship between students' exploration and formation of their disability identity and their use of support services imply a benefit of corresponding flexible and fluid models of college support services for students with psychiatric disabilities.

### **Implications for Theory, Research and Practice**

The findings of the current study offer insight into the sociocultural process of identity for college students with psychiatric disabilities. These insights can be useful in informing theory and research, and in offering recommendations to college staff and faculty who work with students with psychiatric disabilities. Theoretically, the findings of the current study provide support for the sociocultural construction of identity by illustrating the contextual, situational, social, and cultural influences on students' construction of their disabilities and their identity and offering insight into the value of extending this theoretical framework to the study and investigation of psychiatric disability identity. Importantly, the findings of the current study contribute to the conceptual definition of disability identity by building on the perspectives of the students with psychiatric disabilities themselves; a voice that has largely been missing from the literature on individuals with psychiatric disabilities.

The theoretical emphasis on the social-contextual conception of psychiatric disabilities and identity disability findings calls for investigating additional questions on the nature and formation of identities and of action among college students with psychiatric disabilities. Of particular note in this regard is the investigation of the complex and dynamic relationship between students' perceptions and experiences of the academic environment, their formation of their disability identity, and their motivated use of services and pursuit of academic goals. Research should pursue questions relating to the factors and mechanisms by which personal, cultural-contextual, and social-situational characteristics and processes integrate to manifest with different types of disability constructions and identities and more and less adaptive motivations, actions, development, and wellbeing. For example, future research could include an exploration of the relationship between students' situated identity construction, perceptions of the academic environment, and their professional and academic goal structures. Furthermore, given the relationship between educational experiences, health, and wellbeing in college students with psychiatric disabilities, a second line of research should include a focus on identifying the mechanisms by which the sociocultural context of college and students' identities impact decision-making and motivated action related to engagement in modifiable health behaviors, such as making effective and proactive use of available health services.

Finally, the theoretical insights and empirical findings point to several practical avenues for those practitioners and educators who aim to support these students' academic and professional engagement and growth. First, the findings emphasize that students' definitions and endorsement of their disability as dynamic, contextual, and relational were facilitated by opportunities in college to learn about these disabilities. Prior research has found that many college students with disabilities have poor or underdeveloped understandings of disability and

their own specific disabilities in particular (Marshak et al., 2010; Trammel & Hathaway, 2007). Knowledge about the disability and one's identity as socially anchored is central to the construction of an adaptive identity for individuals with disabilities (Kraus, 2008; Terenzini & Pascarella, 1991; Watson, 2002). The findings imply that colleges would do well to provide formal and informal opportunities for students to learn about their and others' disabilities and about the purpose and scope of disability resources and services. Such activities could scaffold students' learning towards a multifaceted and contextual definitions of psychiatric disabilities and the self-construction of disability identity that legitimize the authenticity of students' disability experiences while locating them within contextual and situational circumstances that facilitate adaptive attributions and regulatory capacities.

Second, the participating students underscored the important role that messages they received from others in the environment through syllabi, websites, and in-person conversations regarding the dominant conceptualizations of disability, cultural stigmas, values, and expectations informed their own definitions of disability and construction of disability identity. These messages were couched within and further contributed to the discourses surrounding cultural expectations and perceptions of students with disabilities. Many disability support services already engage in efforts to change the discourse in college campuses about disabilities, providing workshops to faculty and graduate students instructors, and establishing regulations regarding accommodations. More has been done in this regard in relation to physical disabilities. In light of the maintained cultural differences in perceptions of different types of disabilities, psychiatric disabilities are worthy of specific efforts. Practical implications may include working with the college community—students, faculty, and staff—to develop an understanding of the nature and characteristics of psychiatric disability, and the implicit and explicit assumptions,

conceptualizations, and messages communicated about psychiatric disabilities in higher education. It seems critical that key figures in the college context (e.g., disability services staff, counselors, professors) are cognizant of their own conceptualizations of psychiatric disabilities and the messages that they communicate to students. Relevant emphases include setting tones of inclusion, encouraging students' use of services, and employing responsible language and approaches aimed at ensuring that students feel comfortable in exploring and constructing a sense of identity related to their disability and academic goals and values.

Third, while social interactions and conversations with others were identified as a critical venue for disability identity construction in this and in previous research, the current participants still felt as though they lacked the opportunity for such interactions, particularly those in which they can relate to other students with psychiatric disabilities. Research acknowledges the lack of opportunities of students with disability to share experiences and establish a sense of belonging (Brockelman, 2009; Dowrick, Anderson, Heyer, & Acosta, 2005; Gilson et al., 1997; Megivern, Pellerito, & Mowbray, 2003; Onken & Slaten, 2000; Salzer, 2012; Weiner & Weiner, 1996). The social stigmas that surround disabilities have historically limited the opportunities for individuals with disabilities to create a community that engenders a sense of belongingness (Conner, 2012; Marshak, Van Wieren, RaekeFerrel, Swiss, & Dugan, 2010), which ultimately creates a "culture of isolation" (Gilson et al., 1997, p. 12). This can be particularly problematic for students with psychiatric disabilities, since social connections, interpersonal relationships, and peer support has been identified as a highly important factor in combatting feelings of isolation and promoting disability identity, school participation, self-esteem, and academic success (Hartley, 2010; Nario-Redmond, Noel & Fern, 2013; Orr & Goodman, 2010). The results of the current study corroborate these findings. Particularly in light of the often-conflicting messages and discourses

that students receive regarding disability, arranging for accessible social networks and supportive interactions with other students with psychiatric disabilities may be particularly salient and influential in molding students' adaptive meanings, definitions, and identity construction.

Due to the methodological approach employed in the current study, the study is limited in its focus on students with self-identified psychiatric disabilities in a university within the Northeastern United States. Future research should include diverse populations in order to offer insight into the contextualized processes related to identity construction among students with psychiatric disabilities in other settings (e.g., community colleges, technical colleges, and graduate and professional schools as well as colleges and universities in varied geographical regions). Additionally, identity processes as they relate to disability extend beyond just those with psychiatric disabilities. The current study is limited in its ability to draw comparison between students with psychiatric disabilities and students with other types of disabilities. Nevertheless, a major finding of the current study was that students with psychiatric disabilities reflected that their disability is perceived as less valid, legitimate, or real than other types of disabilities. This had important implications for students' meaning making, identity construction, and use of services. It is unclear whether or not these concerns and experiences extend to other students with disabilities. Hence, one area that should be further explored through additional research involves exploring the divergences and convergences in experiences between these groups with regards to the sociocultural construction of disability identity.

### **Conclusion**

The current study provides insights into the phenomenological experiences and formation of identity among college students with psychiatric disabilities. The findings highlight the dynamic and contextualized nature of students' identity formation around having a psychiatric

disability in college, and more specifically, how students' negotiate the meaning of the psychiatric disability and their personal characteristics and experiences of having a psychiatric within the specific contexts within which they live. Of particular significance to theory and educational practice are insights into the role that student participation within the discourse and through social interactions plays in shaping their meaning making and disability identity formation. The findings can provide guides to college disability services when planning efforts with university administrators, faculty, students, and the students with disability themselves to support the adaptive learning and negotiation concerning the meaning of psychiatric disabilities and adaptive ways to promote the motivation, learning, development, and academic success of students with these disabilities.

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