IDENTITY OF COLLEGE STUDENTS WITH PSYCHIATRIC DISABILITIES AND USE OF SUPPORT SERVICES

A Dissertation
Submitted to
the Temple University Graduate Board

In Partial Fulfillment
Of the Requirements for the Degree of
DOCTOR OF PHILOSOPHY

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May 2016

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ABSTRACT

Given the increasing number of undergraduate students with psychiatric disabilities enrolling in college and the disproportionately high attrition rates among this group, it is important that researchers understand the experiences of these students and identify and address the barriers to higher education that face this population. While most college campuses make a number of modifications, accommodations, and services available to students with registered disabilities, researchers suggest that many students with psychiatric disabilities fail to either register or make effective use of such services. Research has found that the endorsement of disability identity impacts the proactive utilization of valuable academic accommodations and promotes students' academic success. However, little is known about how disability identity is shaped and maintained within the context of college. Still, even less is known about the experiences of students with psychiatric disabilities or how they construct meaning pertaining to their disability within college. The current study explored the processes by which undergraduate students with psychiatric disabilities make meaning of their disability identity through interaction and participation within the college context. Furthermore, I explored students' decisions regarding disability disclosure and the utilization of support services as one means of understanding a motivated action indicative of disability identity. I employed an interpretative phenomenological approach to gain insight into the perceptions, meaning making, and lived experiences of undergraduate college students with psychiatric disabilities regarding the contextualized construction of disability identity. The results of the analysis suggest that disability identity is dynamic and constructed through interactions with others and participation in various activities and experiences presented

in the college environment. These findings contribute to the literature on identity formation in college students with psychiatric disabilities and provide important implications for theory, research, and practice.

Dedicated to

Sean

ACKNOWLEDGMENTS

First and foremost, I want to thank my advisor, Dr. Avi Kaplan, for challenging me while always providing me the encouragement and guidance I needed to challenge myself. His expertise and enthusiasm are truly inspiring.

I am very grateful to my excellent committee members Dr. Catherine Schifter, and Dr. Yasko Kanno. Their insight and thoughtful feedback helped to bring this dissertation to fruition. I want to give special thanks Dr. Ken Thurman, who was an invaluable source of wisdom, guidance, and motivation throughout this process.

I want to express my deep appreciation to the participants who volunteered to be a part of this study. Their openness and willingness to share their stories is what made this dissertation possible and worthwhile, and their strength and courage continues to be an inspiration to me.

My close friends and colleagues are deserving of special recognition here for turning a potentially solitary journey of writing into one filled with friendship, support, and laughter. This journey would not have been as rich or fulfilling without them.

I am forever indebted to my parents for instilling and fostering in me a love for learning and a sense of curiosity. I have them to thank for my drive to discover what is just past every bend.

Finally, I want to thank my amazing husband, who has been an endless source of love, patience, and support. His humor and good spirit always endured, even when my own faltered. This dissertation is a product of his unwavering belief in me.

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CHAPTER 1

INTRODUCTION

While the exact numbers are difficult to obtain, research indicates that the number of college students with psychiatric disabilities is increasing (Belch, 2011). In fact, students with psychiatric disabilities make up the largest subgroup of students with disabilities enrolled in U.S. colleges today (Kupferman, 2014). According to a national survey of campus counseling centers, 87% of directors report seeing an increase in the number of students receiving services for severe psychological disorders. Moreover, they report, 24% of the students seen at campus counseling centers in 2012 were prescribed psychiatric medications, up from 9% in 1994 (ACCA, 2012). Substantial changes in federal regulations aimed at promoting equal access to education (such as the American with Disabilities Act of 1990), along with advances in assistive technology, pharmaceuticals, and rehabilitation counseling make postsecondary education more accessible to students with disabilities and may account for the recent increased enrollment (Collins & Mowbray, 2008). Additionally, an increase in the public's general awareness of mental health issues may lead to more recognition and diagnoses of psychiatric disabilities, particularly among the young adult population (Olfson, Blanco, Want, Laje, & Cornell, 2014; Powers, Wegmann, Blackman, & Swick, 2014).

Though college seems to be more accessible to students with psychiatric disabilities than it has been historically, unique barriers to full participation and success still exist. Clear evidence of this is that individuals with disabilities in general remain underrepresented in both higher education and positions of employment (Collins & Mowbray, 2005; Kinoshita, et al., 2013) and have lower graduation and persistence rates

in higher education than their nondisabled peers (Koch, Mamiseihvili, & Higgins, 2014; Wessel, Jones, Markle, & Westfall, 2009). Federal law prohibits discrimination against individuals with disabilities in institutions or organizations that receive funding in any form from any Federal department or agency (Office for Civil Services, 2006). As such, many colleges are required to provide reasonable accommodations to students with disabilities. When used strategically and appropriately, these accommodations have been shown to be an important and advantageous tool for success among students with disabilities (Troiano, Leifeld, & Trachtenberg, 2010). However, in order to evoke their rights and obtain these accommodations, students must first formally disclose their disability status to the institution. As a result, many students fail to make effective use of the services and accommodations available to them. Researchers have estimated that as many as 90% of students with psychiatric disabilities fail to receive necessary accommodations as a result of choosing not to disclose their disability to their university (Megivern, Pellerito, & Mowbray, 2003).

Research has examined the factors related to disability disclosure and proactive use of campus services among individuals in higher education. This research shows that the fear of stigmatization or social isolation from peers and/or faculty is a major barrier to success for college students with psychiatric disabilities and may impact their use of accommodations and services (Megivern, et al. 2003; Dowrick, et al, 2005; Salzer, 2012; Brockelman, 2009). Additionally, the literature indicates that issues of identity related to disability impact students' motivation and proactive use of valuable disability support services (O'Shea & Meyer, 2016; Marshak et al., 2010; Megivern, 2002). Specifically, research shows that students who accept their disability as an aspect of their identity have

higher levels of self-efficacy and are more likely to make effective use of support services than students who do not consider their disability to be a component of their identity (Marshak et al., 2010; Shattuck et al., 2014).

According to the literature, identification with disability has implications for students' motivation and success in higher education (Beart, 2005; Megivern, 2002). Given the relationship between disability identity and academic achievement, in conjunction with the persistent underrepresentation of students with disabilities in higher education, it is crucial that researchers understand how students come to identify with their disability within the setting of higher education. Additionally, since the transition into and navigation through college place high demands on students' motivation and often involve a period of identity exploration, a look at how these processes play out specifically in the context of higher education is warranted. Furthermore, attempts to understand these phenomena specifically as they relate to college students with psychiatric disabilities are scarce. Since students with psychiatric disabilities comprise the largest and fastest-growing subpopulation of students with disabilities in higher education today, researchers should work towards developing a more comprehensive understanding of the factors related to identity formation among individuals in this population. Establishing a deeper understanding of the processes underlying identity formation among college students with psychiatric disabilities has implications for service providers, practitioners, and educators, and may prove valuable in directing and guiding future research on this important topic.

Although there is a developed body of literature on identity and the influence it has on students' academic success, little is understood about how the specific context of

higher education shapes students' understanding and meaning of 'disability', and constitutes identity construction. There is some evidence to suggest that identity as it pertains to the disability is constituted through exposure to discourse and other contextual factors presented in the environment (Riddell & Weedon, 2014). This indicates that an investigation of the social setting may be essential in understanding disability identity. Consequently, research that closely examines the role of the context of higher education in influencing the identity formation processes of students with psychiatric disabilities is justified. While a number of theories exist for explaining identity exploration and formation, not all of these theories attend to the influence of context in constituting identity. One theoretical perspective appropriate for framing investigations into the construction of identity among college students with psychiatric disabilities is the sociocultural theory on identity.

Sociocultural approaches to identity advance the notion that identities are the products of peoples' interactions within the surrounding social-cultural environment (Kroger, 2007). Identity, from this perspective, embodies a contextually constructed sense of self, which is formed in relation to cultural roles, statuses, and practices (Holland & Lachicotte, 2007). Moreover, identity acts as a source of motivation for action, particularly with regards to actions that socially reaffirm the identity. Hence, understanding the process by which students identify, or choose not to identify, with their disability, and in what ways they identify with their disability, may provide insight into student motivation to disclose disability status and effectively utilize disability services and accommodations. Research should examine the ways that the context shapes and maintains students' formation of their disability identity, and how this identity organizes

and motivates identity-related action as it pertains to students' decisions to disclose and make use of disability support services.

The purpose of the current study was to investigate the construction of disability identity among college students with psychiatric disabilities. Additionally, this research examined the relationship between disability identity and students' motivation to disclose and utilize campus-based services. A sociocultural perspective on identity was used to analyze the formation of disability identity as a socially constructed, defined, and maintained phenomenon. Viewed from this perspective, negotiation of disability identity emerges and unfolds within the sociocultural context, and meaning of the disability and disability related needs is constructed through engagement with social experiences and activities within the academic environment. This study employed an interpretative phenomenological approach to gain insight into the perceptions and lived experiences of college students with psychiatric disabilities with regards to the construction of disability identity. This research has the potential to contribute to the dearth of literature on college students with psychiatric disabilities by enhancing our understanding of how students make meaning of their disability within the context of college, how this meaning influences identification with the disability, and how disability identity organizes and motivates action.

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?

CHAPTER 2

REVIEW OF THE LITERATURE

In the following section, I provide a comprehensive review of the literature on identity and disability among college students with psychiatric disabilities. The review presents a discussion and critique of the literature pertaining to the barriers to success faced by college students with psychiatric disabilities, the relationship between disability identity and the motivation to use or underuse campus-based support services and accommodations, and what is known regarding the contextual construction of identity. A review of literature on theories and conceptualizations of identity, identity construction, and disability are presented. Furthermore, empirical and theoretical approaches to defining and understanding disability identity are discussed. This review aims to provide a synthesis and critique of the current knowledge of identity and disabilities in college and highlights gaps in the extant body of literature. Key terms pertaining to the central research questions are defined and discussed within the context of the study.

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. In comparison to mental health disorders, 9.6 million adults in the United States additionally met the criteria for a serious mental illness/psychiatric disability in 2012,

with 4.1 percent of adults aged 18 to 25 falling into the category. Common psychiatric disabilities include anxiety, depression, bipolar disorder, and schizophrenia (ODEP, 2014). The distinguishing characteristics of mental health disorders are abnormalities in cognition, emotion, behavior, and interpersonal relationships (WHO, 2014). It is estimated that approximately 42 million American adults have an anxiety disorder, while approximately 14.8 million have major depression, 6.1 million have bipolar disorder, and approximately 2.4 million live with schizophrenia (NAMI, 2013a). It is important to note that the terms psychiatric disability and psychological/mental health disorders do not denote the same experiences; that is, not everyone who has a psychological or mental health disorder has a psychiatric disability. Understanding the differences between these two terms is important, and as such, the clinical and theoretical definitions of both terms are discussed in the following paragraphs and in the definitions of key terms located at the end of this chapter.

Mental Disorder and Psychiatric Disability Defined

There is often some confusion over the terms used to discuss mental illness, both in common nomenclature and in the literature; however, important distinctions between the terms exist and have important implications for treatment, practice, legal policy, and individual experience. The term “disorder”, which is used in the Diagnostic and Statistical Manual of Mental Disorders for the purposes of identification and diagnosis, is popularly used by the medical community to define a psychological, biological, or developmental dysfunction that results in clinically significant disturbances in cognition, emotion, or behavior (NCLD, 2014). This definition notwithstanding, it has been argued that a clearly demarcated and consistent operational definition does not exist for mental

disorders (Stein et al., 2010). There has been a great deal of discussion surrounding the dichotomization and labeling of normal versus pathological, and the classification of mental disorders (as defined in the DSM) continues to change and evolve with changes in normative cultural experiences and expectations. Despite criticism, and recognizing the difficulty in distinguishing the boundary between normality and pathology, the DSM defines mental disorder as a manifestation of biological, psychological or behavioral dysfunction that leads to personal distress and is not associated with a response to a situational event (Stein et al., 2010). This definition, while fundamental in guiding and shaping decisions regarding treatment approaches for individuals experiencing psychological distress, also holds that conflicts between the person and their environment do not constitute a mental disorder unless they are otherwise associated with the other criteria.

The terms "psychiatric disability", "mental health disability" and "serious mental illness" are typically used interchangeably and refer specifically to mental impairments that substantially limit or impair one or more major life activities (ODEP, 2014). In the current study, psychiatric disability is defined as any mental illness or condition that compromise an individual's ability to function in major life activities (NIMH, 2010). The Americans with Disabilities Act (ADA) of 1990 defines a "disability" as any physical or mental impairment that substantially restricts one or more major life activities, a record of having such physical or mental impairment, or being regarded as having such a physical or mental impairment. A primary difference between the terms "disorder" and "disability" is that disability is a legal term generated by federal laws aimed at protecting individuals' rights to accommodations and modifications. Therefore, it is possible for

someone to have a disorder that does not qualify as a disability under the federal definition, and these terms may be used differently depending on the context and the objective (i.e., accessing medical treatment versus accessing accommodations). Another important difference emerges, however, upon closer examination of the term 'disability' and its connotations and conceptualizations, particularly in disability studies literature. Much of the current literature on disability in disability studies maintains that disability is a socially constructed product of an individual's interaction with disabling structures, requiring consideration of the context in defining disability (Shakespear, 2006). This conceptualization of disability stands in stark contrast to the clinically endorsed definition of mental disorder, which posits that the disorder exists within the individual, independent of environmental factors or events. This distinction has implications for the ways that disability is understood, experienced, and defined; however, it has most commonly been discussed in the literature pertaining to physical impairments and physical disability.

While a great deal of literature has focused on defining and reconceptualizing disability from a social constructionist framework, the literature largely focuses on those with physical disabilities. Some theorists have argued that theorists, researchers, and practitioners have historically defined psychiatric disabilities as problems that exist within the individual, or as personal problems, giving little consideration to the social construction of these particular types of disability (Mulvaney, 2000). Indeed, some researchers have challenged that the domain of research aimed at investigating mental illness and disability has failed to develop a conceptualization of disability that corresponds to the social model of disability. However, as disability is often used as a

legal term pertaining to individuals' access to social structures, a definition of psychiatric disability that is multifaceted and multidimensional enough to allow for the interplay between the person and environmental contexts is warranted. Relatedly, one concern surrounding the treatment of people with psychiatric disabilities in research and practice has been the historical assumption that people with mental illness cannot provide reliable insight into their own experiences (Mulvany, 2000). In essence then, the power to construct, or add insight into the construction of labels is taken away from those being labeled. Authors have pointed out that the field of disability studies has not yet successfully connected personal experience to structural and social issues in the study of psychiatric disabilities. Since these issues have implications regarding the definition, conceptualization, and participation of individuals with psychiatric disabilities, further research in this area is warranted.

Despite the number of individuals with diagnosable mental health disorders and psychiatric disabilities in the United States, treatment for these issues is underutilized in America. Approximately 60% of adults reported receiving no treatment related to their mental health disability in 2012, with minority populations receiving services at about half of the rate of white Americans (NAMI, 2013a). Delays between the first onset of psychiatric symptoms and the time that an individual first receives services have also been found to be significant, sometimes spanning over a decade (NAMI, 2013a). It is important to note that many psychiatric disabilities are cyclical in nature and frequently coexist with other disorders of mental health, making them particularly difficult for professionals and individuals to diagnose, and monitor. While there is clear indication that significant issues related to mental illness affect many Americans, obscurity

surrounding mental health, mental illness, and disability can make these issues difficult to identify, treat, and study empirically.

Despite the relative ambiguity of both the nature of psychiatric disabilities and the language surrounding them, research on individuals with psychiatric disabilities has seen increased attention over the past several decades in areas of social sciences and health professions. Researchers have worked to design effective treatments and identify barriers to successful employment and participation in educational institutions and community life. Moreover, as young adults are one of the subgroups with the sharpest incline in the number of individuals diagnosed with serious mental illness and psychiatric disorders, it is no surprise that we have also seen an increase in the number of college students with psychiatric disabilities (Singh, 2011).

College Students with Psychiatric Disabilities

Evidence suggests that increasing numbers of individuals with psychiatric disabilities are choosing to enter postsecondary education. According to a recent study done by the American College Counseling Association (2012), campus counseling centers report a "steady increase" in the enrollment rate of students with severe psychological disorders (p. 5). Students with psychiatric disabilities comprise the largest group of students with disabilities enrolled in institutions of postsecondary education (Maxwell, 2014; NCES, 2009). The primary diagnoses seen on college campuses in the United States coincide with the national reports on mental diagnoses; the most commonly identified disorders are depression, bipolar disorder, "other" (including personality disorders, eating disorders, schizoaffective disorder and autism spectrum disorder),

anxiety disorders, schizophrenia, and post-traumatic stress disorder (American Psychiatric Association, 2014; NAMI, 2012).

The increased rate in enrollment of students with diagnosed psychiatric disabilities may be the result of several factors. For instance, a number of changes in federal regulations pertaining to students with disabilities have been sanctioned in the past two decades, including Section 504 of the Rehabilitation Act, which protects against discrimination based on disability, and the Individuals with Disabilities Education Act (IDEA, 2004), which ensures that children with disabilities under the age of 21 receive special education and related services (idea.ed.gov), or the Americans with Disabilities Act of 1990, which provides civil rights protections and promotes equal opportunities for individuals with disabilities (ADA, 2009). Moreover, advances and accessibility of counseling and treatment, along with advances in technology and pharmaceuticals may lead to increased participation of students with disabilities (Collins & Mowbray, 2008). There may also be a rise in the number of college-aged individuals receiving diagnoses, as public awareness of mental health issues and psychiatric disabilities continues to spread (Collins & Mowbray, 2005; NAMI, 2014). As 75% of mental health impairments are diagnosed by the age of 24, and many psychiatric disorders are diagnosed between the ages of 15 and 21 (NAMI, 2014), the age of onset is likely to coincide with the traditional student's entrance and progress through postsecondary education.

The impact of psychiatric disability on academic success in higher education can be formidable and pervasive. Approximately 70% of college students with mental health impairments reported that they had experienced a "mental health crisis" while on campus, with over half relating that they had not divulged this information to anyone at their

institution (NAMI, 2014). In other studies, students cited symptoms of depression and anxiety as being among the most significant barriers to their academic success (American College Health Association, 2012). Furthermore, results of a study conducted by the National Alliance on Mental Illness in 2012 revealed that 64% of the young adults who were not attending college named mental health concerns as the reason they were not enrolled (NAMI, 2014). This suggests that many students with mental illness and psychiatric disabilities who may have otherwise considered pursuing a postsecondary degree chose not to enroll in college due to apprehension about the impact that the symptoms of their mental illness or disability might have on their ability to perform and succeed in college.

Even with the recent increase in the enrollment of college students with psychiatric disabilities, many of these students never make it to graduation (Breslau, Sampson, & Kesser, 2008). As a result, individuals with psychiatric disabilities remain underrepresented in both higher education and in positions of employment (Kinoshita, et al., 2013). The personal and social costs of attrition rates are high. Research has shown that an individual without a college degree is estimated to earn approximately one million dollars less over their lifetime than someone with a degree (Adams, 2011). Because obtaining a college degree is an important component in securing employment, the high college attrition rate among students with psychiatric disabilities is likely to contribute to the underrepresentation of these individuals in the workforce. These statistics indicate that barriers to higher education persist for college students with psychiatric disabilities, and that further inquiry into the nature of such barriers is warranted.

Research has indicated that individuals with a disability, in general, are less likely to obtain a college degree than their nondisabled peers (Wessel, Jones, Markle & Westfall, 2009), while students with psychiatric disabilities are more than twice as likely as their nondisabled peers to drop out of college (Cooper, Michaels, & Gavilan, 1990). In fact, in addition to having lower graduation rates than their non-disabled peers, college students with psychiatric disabilities have significantly lower graduation rates than students with other types of disabilities (McEwan & Downie, 2013). This suggests that students with psychiatric disabilities face additional or unique barriers to success in higher education, beyond those associated with having a physical or learning disability. Evidence has shown that as many as 86% of students with a psychiatric disability drop out of college prior to finishing their degree (Collins & Mowbray, 2005).

Barriers to Success for College Students with Psychiatric Disabilities

The college environment presents a host of challenges and barriers that impact persistence and success among college students with psychiatric disabilities. As a result, this population is susceptible to a number of risk factors associated with poor academic performance and resilience. Barriers and risk factors often exist as an interplay between the individual and the environment, and frequently include complications related to adapting to the college environment, such as differences in academic support between high school and college and increased academic pressure and competition; factors related to the disability, such as cognitive or mental impairment, stigmatization, and low academic self-confidence; and issues related to social and peer relationships (Hartley, 2010).

Many of the barriers that face college students with disabilities also face students without psychiatric disabilities as they enter and navigate through college; however, for students with psychiatric disabilities, these issues may be exacerbated by the fluctuating symptoms of their disability (Hartley, 2010). For instance, psychiatric symptoms may impede metacognition, concentration, and cognitive functioning, and may thus interfere with students' ability to engage in self-regulated learning. As self-regulation is a key component of successful learning, particularly in the college context (Cohen, 2012), students with a diminished capacity for planning, organizing, and self-regulating may be at a disadvantage with regards to setting and pursuing their academic goals. In addition to the symptoms of the psychiatric disability itself, many psychotropic medications induce side effects (e.g., difficulty concentrating, drowsiness, and fatigue), which can result in decreased stamina and ability to focus in class or on assignments (Belch, 2011; NIMH, 2014). As a result of these symptoms and side effects, students with psychiatric disabilities may struggle to engage in or complete tasks necessary for academic success in college such as those related to concentration, note-taking, reading comprehension, time-management, and tasks that involve memorization and organization (Hartley, 2010).

Performance on academic tasks can impact students' self-concept and motivation to learn. According to Weiner and Weiner (1996) the effects of diminished capacities for self-regulation and cognitive control can lead students with psychiatric disabilities to adopt low self-confidence and self-efficacy for learning and may further reduce motivation and the proactive use of learning strategies. Research has suggested that students with psychiatric disabilities are at an increased risk for developing negative beliefs about their own learning and are more likely to believe that they have limited

control over their learning (Hartley, 2010). As negative beliefs about agency and learning can impede students' proactive engagement in the pursuit of academic goals, the development of such beliefs may further stymie the progress of college students with psychiatric disabilities.

It has been argued that a culmination of individual and environmental factors work together to decrease resilience and persistence among college students with psychiatric disabilities, thus increasing the risk of dropping out (Hartley, 2010). Moreover, researchers estimate that many potential students with psychiatric disabilities who have considered college foresee significant obstacles to academic success related to symptoms of their disability and choose not to enter college in the first place (Kessler, Foster, Saunders, & Stang, 1995). Thus, the preconception of barriers and obstacles affiliated with postsecondary education may act as a deterrent for millions of adults with psychiatric disabilities. In light of these serious concerns, a number of studies have attempted to directly investigate and address the individual and environmental barriers to academic success that face this group.

Megivern, Pellerito, and Mowbray (2003) investigated the perceived experiences of college students with serious mental illness and the barriers that exist for these students in higher education. Participants included 35 former college students who had all been diagnosed with a psychiatric disability before the age of 25; all participants had prior experience with college, had withdrawn from college enrollment at least once in their lives, and reported experiencing symptoms of serious mental illness concurrent with their college enrollment. Participants were only included in the sample if they were under the age of 45. Respondents reported having diagnoses of psychotic disorders, bipolar

disorder, major depression, and/or generalized anxiety disorder. Semi-structured interviews focused on participants' pre-college backgrounds and experiences in and after college. Ninety percent of the respondents in the sample reported that symptoms of their disability led to social problems or isolation in college. Participants also recounted that symptoms of their illnesses interfered with academic activities, concentration, and motivation. Most of the respondents reported utilizing some form of mental health services, either campus or community based. This study provided useful insight into the barriers that are perceived to exist within the college environment; however, it was limited in that the study sampled participants who had already left college. A sample consisting of students who are currently experiencing the transition to or involvement in the college environment might yield different results, as these students would be describing their lived experiences and its framing of their decision-making. This might result in the development of a more realistic perspective into the shared experiences of college students with psychiatric disabilities and their decisions, choices, and behavior in college.

Indicating that there is some degree of difference between the reported experiences of prior and current students, Salzer (2012) compared the experiences of former and current college students with serious mental health issues against a normative sample of college students using the College Student Experiences Questionnaire (CSED 4th Edition). All participants had completed at least one semester of college. The sample consisted of 449 respondents (278 former college students and 171 current college students) from 357 different colleges and universities across the United States. Respondents had received diagnoses including bipolar disorder, major depression, and

psychotic disorders. The questionnaire assessed student engagement, satisfaction, perceived effort of engagement in activities, and relationships within the academic community. The results of the study indicated that former students with mental illness were significantly less engaged with campus activities and less satisfied with their college experiences than currently enrolled students with mental illness. Compared with the normative group, both former and current students with mental illness reported less involvement with campus facilities and poorer relationships with students, faculty, and administration. The findings of this study support the literature on the presence of perceived social issues, such as poor relationships with peers and faculty on campus, as barriers that face students with serious mental illness within the college environment.

A more recent study by McEwan and Downie (2013) examined the barriers to success perceived by college students with psychiatric disabilities in comparison to a group of college students with learning disabilities (LD). Participants with psychiatric disabilities included 28 freshman students who had a documented psychiatric disability and registered with the college's office of disability services. These participants presented with mood disorders, anxiety disorders, mood-anxiety dual diagnoses, and psychotic disorders. Similarly, 28 first year students who registered with the office of disability services with documented learning disabilities constituted the LD group. Graduation rates, GPA, cognitive and academic skills, and experienced distractors were analyzed. The authors found significantly lower graduation rates in students with psychiatric disabilities; however, GPA and reported cognitive and academic skills were not significantly different between the groups. Significant differences in the types and severity of distractors were found between students with learning disabilities and students

with psychiatric disabilities. A major barrier that faced students with psychiatric disabilities was accessing and utilizing disability support services. Timing of disclosure and self-referral may have played a role in these findings, as the authors found that over 60% of the students with psychiatric disabilities waited to self-refer to disability services until late in the semester when their academic success was already in jeopardy. The authors also found that 75% of the students with psychiatric disabilities in the sample were diagnosed with their mental illness after leaving secondary school, resulting in minimal prior experiences with disability services, while 94% of students with learning disabilities entered college with a diagnosis and support structures related to their disability already in place. These results reveal differences between students with psychiatric disabilities and students with other types of disabilities in the ways support services are sought out and utilized. Furthermore, the results suggest that the lower graduation rate among students with psychiatric disabilities is not a reflection of poorer cognitive or academic skills, and that these students face a myriad of unique barriers to academic success. Further research aimed at understanding the barriers associated with use of services and overall academic success in students with psychiatric disabilities is needed.

An earlier study conducted by Brockelman in 2009 established that GPA among college students with psychiatric disabilities is not impacted by the presence of the disability, but that motivational factors and psychosocial barriers unique to this population may negatively impact academic success. Brockelman examined the relationships between mental illness and grades among college students, using the frame of Self-Determination Theory (SDT; Baard, Deci, & Ryan, 2004). The sample consisted

of 375 undergraduate students at a large university in the Midwest. Of the students in the sample, 42 reported having a psychiatric diagnosis. Diagnoses included depression, anxiety disorders, ADHD, obsessive-compulsive disorder, bipolar disorder, eating disorders, and posttraumatic stress disorder. The research aimed to investigate whether self-determination and/or mental illness predicted lower GPA. The results indicated that the presence of a mental illness were not predictive of GPA; however, self-determination and the satisfaction of psychological needs for autonomy, competence, and relatedness were related to GPA. The authors concluded that students with psychological disorders who are more self-determined are more likely to succeed academically than those with low self-determination. This indicates that, while psychiatric disorders themselves are not predictive of students' grades in college, successful academic outcomes are likely to be impacted by student engagement, motivation, and other factors related to self-determination.

A review of the extant literature on college students with psychiatric disabilities indicates that these students face a multitude of challenges and barriers related to adapting to and navigating through postsecondary education. As such, educators and practitioners have turned their attention towards the identification of effective and useful services and accommodations that can provide support to students with psychiatric disabilities and promote student success. In an attempt to address these barriers, most college campuses provide a variety of accommodations and resources. Recent research indicates that one way to foster student success and increase retention rates among students with psychiatric disabilities is to promote and encourage students' use of these resources (Hartley, 2010).

Disability Services and Accommodations

There have been substantial changes in legislation pertaining to college students with disabilities. Historically, the recommended course of action for college students with psychiatric disabilities was (sometimes mandatory) withdrawal from university studies (Hoffman & Mastrianni, 1991; as cited in Hartley, 2010). Changes in legislation have resulted in greater accessibility and equality for people with psychiatric disabilities. Today, students with psychiatric disabilities have the right to receive accommodations aimed at promoting their continued academic success. Specifically, the Americans with Disabilities Act of 1990 prohibits discrimination against individuals with recognized physical or mental disabilities. Additionally, Section 504 of the Rehabilitation Act of 1973 mandates that institutions of postsecondary education make available reasonable accommodations that provide equal access for qualified students with disabilities (Office for Civil Rights, 2006). Often housed in independent offices, the purpose of these resources is to provide students with the disability-related services and accommodations needed to support their continued academic persistence and success in the college environment. Services offered by college and university support centers vary; however, many provide accommodations such as note-taking services, test-taking accommodations, extended time on exams and assignments, alternative forms of assignments and study resources, assistance with course selection and reducing course load, stress management, time management, and peer support (Collins & Mowbray, 2005; Salzer, Wick, & Rogers, 2008; Maxwell, 2014).

Research indicates that access to and use of disability support services can be instrumental in promoting academic success among college students with disabilities.

Moreover, making early and effective use of services early on in their college career has been found to further support students' academic success. A study conducted by Lightner, Kipps-Vaughan, Schulte, and Trice in 2012 found that, among college students with learning disabilities, students who received services earlier in their academic careers performed better than students who waited to seek out services. Similarly, Hudson (2013) found that among a sample of 423 undergraduate students with disabilities attending a large research university between the years of 2002 and 2004, disclosure of the disability during the first year was associated with higher graduation rates. The timing of graduation for students with disabilities was also associated with disclosure; for every additional year that students failed to disclose their disability and seek support services, graduation was delayed by approximately half a year. Research suggests an association between use of services and other adaptive behaviors in college students. For instance, students who make effective use of services have been found to possess higher levels of self-advocacy and motivation to seek help from campus-based services beyond those that are associated with disability (Trammel & Hathaway, 2007). These findings support the tenet that, while disability services are effective and important structures set in place to facilitate academic success among college students with disabilities, timing of disclosure and access are important issues to consider.

College Students' Use of Disability Services

Even though federal law mandates that students have access to services that protect against unfair discrimination, it is the students' responsibility to identify and understand their particular disability-related needs, and to identify and request appropriate academic accommodations (Hartley, 2010). Thus, not only are students

required to disclose their disability to invoke their right to accommodations, but they are also tasked with recognizing their specific needs for accommodations and modifications related to the disability and navigating the disability support system (Kupferman, 2014). Research has found that a large number of students with disabilities do not make use of disability support services in college, even though they are eligible to receive such services. One way to gain insight into the number of students with disabilities who choose not to identify themselves to the university as having a disability or make use of services is to examine differences between the use of services in high school and college. One such study found that less than 40% of students who were recipients of such services in high school identified themselves as students with disabilities in college, with only 24% of those students actually making use of disability support services in college (Wagner, Cameto, & Knokey, 2009). A number of studies over the past few decades have sought to identify factors related to students' decision-making and motivation related to their use of disability support services in institutions of postsecondary education.

Research points to both individual and structural impediments to students' utilization of campus-based disability support services, such as a perceived lack of knowledge and awareness of psychiatric disabilities among the staff of disability centers (Collins & Mowbray, 2005), perceived lack of competence of the staff in working with these students (Megivern et al., 2003), and fear of stigmatization (NAMI, 2014). Additionally, some studies have found that the greatest barriers related to students' use of disability support services involved issues pertaining to students' identity. 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).

Salzer, Wick, and Rogers (2008) built on previous literature by examining how college students with mental illness utilize campus-based accommodations and how the patterns in use have changed over time. An Internet survey was administered to former and current college students with psychiatric disabilities. Former students had departed from college an average of 10.7 (SD = 9.5) years before participating in the survey. Diagnoses for participants in the survey included bipolar disorder, major depression, schizophrenia, anxiety disorders, and 'other'. Likert scales were used to measure students' familiarity with accommodations, frequency of, and challenges to, use. The study showed that familiarity with services is positively correlated with use. Furthermore, in comparison with students who were enrolled at the time of the survey, former students reported being significantly less familiar with the services that were offered to them at their college or university. Former students were also significantly less likely to have made use of campus-based services while at their institution than the sample of students enrolled at the time of the survey. The results of this study indicate that there has been an increase in awareness of psychiatric disabilities over time, and that increased awareness will likely lead to more effective use of services and accommodations.

An earlier study by Megivern (2002) explored barriers to the effective use of campus-based disability services and accommodations and how they relate to the degree to which disability had become an important component of the identity. This research

specifically examined the relationship between students' disability identity and their knowledge of and use of accommodations and services in higher education. Participants included 57 students who had a diagnosed psychiatric illness that interfered with their academic performance. Participants were recruited from a subject pool consisting of introductory psychology students at a public university. Semi-structured interviews were conducted with each of the participants. Interviews focused on the impact psychiatric symptoms had on academic performance. Additionally, a 4-point scale was used to assess the degree to which the psychiatric disability was considered to be a significant aspect of the identity. The study found that students are more likely to use accommodations and services if they understand their psychiatric disability to be a component of their identity. Based on these findings, Megivern suggested that service providers work to aid students in understanding and accepting their disability.

In an attempt to understand how issues of identity impact students' use of accommodations and services, Marshak, Van Wieren, Ferrel, Swiss, and Dugan (2010) interviewed 16 college students with various disabilities using semi-structured interviews. The results, again, confirmed that issues of identity, social stigmas, awareness of disability services, usefulness of services, and interactions with faculty were found to be themes related to barriers of service use for this population. Specifically, failure to identify with the disability was the most frequently reported barrier to students' use of disability support services. Issues related to identification with the disability stemmed from students' aversion to adopting an identity they perceived as being heavily stigmatized and the desire to avoid integrating the presence of a disability into the identity. Furthermore, results indicated that, for some students, the meaning of being a

person with a disability conflicted with the endorsement of their identity. In particular, students reported a high degree of desire for self-sufficiency, and perceived self-sufficiency as discordant or in conflict with adopting the identity of a person with a disability. This study provides valuable insight into the relationship between disability identification and students' use of support services. Furthermore, the results of the study imply that students' meanings of the term 'disability', along with their conceptions of how these labels are perceived by others in the social context, play roles in determining whether or not they identify as someone with a disability.

These studies show that, despite their effectiveness in ameliorating some of the issues and challenges that face college students with psychiatric disabilities, many students fail to make effective use of available support structures. An examination of this literature reveals that a myriad of personal and structural issues impact students' use of services and that students' decision to disclose their disability and use services is a complex process involving students' identity, knowledge of resources, and perceptions of the environment.

Disclosure of Psychiatric Disabilities

Disclosure of disability status is a prerequisite for the procurement of federally mandated services, and researchers estimate that approximately 90% of students with diagnosed psychiatric disabilities fail to use services because they do not disclose their disability status (Megivern et al., 2003). Much like the decision to register and make use of disability support services, the decision to disclose one's disability often involves an assessment of a number of social, contextual, and individual factors. A national survey conducted by the National Alliance on Mental Illness (2012) found that the reasons

students decided to disclose their disability included: accessing accommodations, accessing clinical services and supports, perceiving oneself as a role model and agent in reducing the stigma associated with mental health disabilities, educating students and faculty on issues pertinent to mental health, and avoiding institutional disciplinary action and/or financial aid. Students who did not disclose their disability indicated that fear of the impact that disclosure would have on the ways that students and faculty perceive them was the main reason they chose not to disclose. Additionally, students chose not to disclose because they did not feel they had the opportunity to disclose, they did not feel that the diagnosis impacted their academic performance, they did not know that disclosure was a necessary precursor to securing accommodations, and they worried about the confidentiality of their disclosed mental status.

Additional research has documented the role that fear of stigma plays as a deterrent to disclosure. Hartley (2010) found that fear of stigmatization can lead to reluctance from students to disclose to professors and peers, and that these decisions can have real educational outcomes. Fear of disclosing to professors can beget further academic frustrations, since the lines of communication are never opened regarding needs as they pertain to specific learning outcomes. Additionally, fear of disclosing to peers can present educational barriers if it results in or involves reluctance to request help, such as asking for notes after missing a class or losing concentration in class, or joining supportive study groups. As peer support has been found to be instrumental in combatting feelings of isolation and in promoting resilience among students with psychiatric disabilities (Markey, 2008; as cited in Hartley, 2010), choosing not to disclose may have adverse consequences on students' social integration experiences. However, despite the

pervasive stigma that often accompanies psychiatric disabilities, research has indicated that failure to disclose is associated with reduced overall well-being and increased anxiety and stress, particularly related to social interactions (Nario-Redmond, 2013). Researchers posit that concealing a disability induces additional stress on the perception of relationships, because the individual fears that others will learn of their disability status.

In addition to the fear of stigma related to psychiatric disabilities, students' understanding of their disability and their recognition of the psychiatric symptoms related to their disability have been found to impact their decision to disclose. As noted previously, symptoms of psychiatric disabilities fluctuate over time, and the fluctuating and somewhat ambiguous nature of psychiatric disabilities and their symptoms can complicate the processes of diagnosis and identification (Singh, 2011). Psychiatric disabilities are complex and multifaceted and often involve a complex interplay of biological, social, and psychological factors. Furthermore, depending on situational factors, students may experience an increased or decreased need for certain campus-based supports and accommodations related to their disability. For instance, Collins and Mowbray (2005) noted that the need for disability-related supports might be highest during periods associated with increased stress, such as during midterm and final exams. This indicates that the salience of a disability, and thus students' understanding of their disability, is largely impacted by situational and environmental factors. Furthermore, students' decisions to disclose, register, and make use of disability support services may be contingent on their developing understanding of their own context-specific needs related to their disability.

A body of research has emerged that focuses on investigating how identification with a disability impacts students' decisions to disclose their disability and utilize disability support services. Researchers have found that failure to identify with a disability, because the label is either misunderstood or threatening, can negatively impact students' help-seeking behaviors and self-advocacy. As noted, Megivern (2002) found that students are more likely to make use of services if they understand their psychiatric disability to be a component of their identity. Beart (2005) provided a comprehensive review of the literature regarding the integration of disability into individuals' identity and the implications that identity integration has on self-advocacy. According to Beart, individuals often fail to adopt the label of "disabled" because they do not have access to adequate definitions or meanings of disability as a category, they struggle with understanding confusing terminology and diagnostic criteria, and are deterred by the negative emotional impact associated with belonging to such a group. This literature suggests the meaning of disability and individuals' identification and understanding of disability is shaped, in part, by their interactions with various aspects of the environment. Furthermore, the literature supports the notion that the endorsement of disability with one's identity promotes self-advocacy and support seeking behaviors both within and outside of the college context. The review of the literature on disability suggests that identification with a disability is a complex phenomenon that involves transient aspects of the individual and the environment, and that students who adopt disability as a component of their identity are more likely to benefit from disability services than students who do not (O'Shea & Meyer, 2016; Marshak et al., 2010; Megivern, 2002).

Theoretical Framework

There is currently a great deal of interest in understanding the development and negotiation of identity. Identity provides a framework through which people interpret and navigate experiences and make important decisions related to personal goals, values, and beliefs (Berzonsky, 2003, Eccles, 2009; Marcia, 1966; Schwarts, Zomboanga, Weisskirch, & Wang, 2010). As such, a person's identity is paramount to understanding one's purpose and direction in life (Berzonsky, 2003) and has important implications for decision-making and participation in academic, occupational, and relationship domains (Shattuck, et al., 2014; Yoder, 2000). Additionally, theorists have argued that identity is conceptually related to important processes involved with adaptive learning, such as self-efficacy, goal setting, and self-regulation (McCaslin, 2009; Roeser & Peck, 2009). Among college students in particular, identity development is related to the adaptive development of psychosocial resources (Adams et al., 2006), and overall academic achievement (Lounsbury, Huffstetler, Leong, & Gibson, 2005). This research demonstrates that identity is not only fundamental to development, but is also related to academic engagement, motivation, and learning.

While identity development has implications for motivation among all learners, the processes involved with developing a sense of self that includes identification with a disability can be particularly complicated (Riddell & Weedon, 2014); however, it can impact the motivational processes that are vital to academic success for students with disabilities (Beart, 2005; Megivern, 2002; Wang & Dovidio, 2011). Namely, whether or not students identify as a person with a disability leads to the timely procurement of necessary services and accommodations that facilitate students' engagement with the

academic environment. Consequently, researchers interested in promoting the participation of students with psychiatric disabilities have turned their attention towards developing a more comprehensive understanding of disability identity development. In the following paragraphs, I present an overview of the prominent conceptual frameworks of identity. I then provide a review of the theoretical and methodological approaches to investigating disability identity. Finally, I present discussion of understanding disability identity from a sociocultural lens.

Conceptual Frameworks of Identity

The study of identity has been a popular pursuit among theorists from a variety of domains, including psychology, education, linguistics, and gender, race, and disability studies. Furthermore, theorists within each domain have often approached the inquiry from a myriad of perspectives. A number of theoretical frameworks exist for conceptualizing and measuring identity, with different frameworks foregrounding different aspects of identity development. The term identity itself has been assigned many definitions (Gee, 2000) and the phenomenon it represents has been referred to using a variety of terms such as 'self', 'ego', 'I', and 'me' (Kroger, 2006). The somewhat disparate frameworks of identity can lead to a degree of theoretical and empirical confusion (Holland & Lachicotte, 2007); however, it has also further advanced the literature on identity by contributing knowledge and generating a multifaceted and complex understanding about what it means to develop a sense of self. This insight has engendered a profusion of research on the content and processes that constitute identity and the important implications this phenomenon has on development.

The literature on identity is demarcated by distinctions about the fundamental constitution of identity. It is fragmented by the diverse theoretical viewpoints concerning the processes of identity formation and the expectation of commitment. Much of the literature differentiates between identity *content*, *processes*, and *structures* (Berzonsky, 2003), sometimes foregrounding one over the others and sometimes investigating the relation between identity content, identity processes, and identity structures (Berzonsky, Macek, & Nurmi, 2003). Identity content typically refers to the personal goals, values, and characteristics that constitute one's sense of self, while identity processes characterize the processes related to the construction of the identity, and involve organizing personal goals, values, and beliefs into integrated identity structures. Commitment to such identity structures is indicative of an internally consistent sense of identity. A number of prominent theories on identity suggest that the presence of this integrated identity structure is imperative for adaptive development (Schwarts, et al., 2010). However, an important distinction has been established within the scholarly community involving the proclivity towards a coherent and integrated sense of self. Specifically, some degree of disagreement exists regarding the existence of a coherent and integrated sense of identity (Côté, 2006; Gergen, 2001; Holland & Lachicotte, 2007). This differentiation has important implications for understanding identity development and guiding further research inquiries.

In both common and scientific discourse, the term identity has widely been associated with the seminal work of Erik Erikson (Shwarts, et al., 2010), who represented identity as an integrated and coherent sense of self. Erikson (1968) described identity as a sense of self that holds continuity across multiple contexts and experiences. Erikson

noted that identity is "shaped in flexible response" to the changing environments presented throughout the lifespan (Penuel & Wertsch, 1995, p. 83), and posited that disturbances in the psychosocial structure can disrupt the sense of identity, leading to identity *crises*. Erikson spoke of identity crises as important moments or events that act as catalysts for identify formation. Crises consist of physiological, psychological, and social changes that provide individuals with the continued opportunity for identity exploration and formation as they seek coherent identity (Kroger, 2007). It is through the experience of the identity crisis that an individual works to integrate (or reintegrate) their sense of self into a coherent identity. Therefore, central to Erikson's approach is the notion that individuals are inherently troubled by discrepancies in identity and work towards achieving an integrated, enduring, and consistent sense of self (Holland & Lachicotte, 2007).

The Eriksonian perspective of identity emphasizes the self (Holland & Lachiocotte, 2007). Alternative approaches to understanding identity have emerged that call for the adoption of a sociocultural perspective in which identity is conceptualized as a product of the cultural context. With roots in sociology and anthropology, the sociocultural perspective on identity is one well-established framework that has been used to explain how individuals' identities are shaped within contexts. According to this perspective, identity is a social product that is developed in relation to engagement in life roles, statuses, and cultural persona, and the sense of self and identity act to organize motivation and action (Holland & Lachicotte, 2007, pg. 104). Consequently, the focus of identity formation is not on the barriers and opportunities related to achieving a coherent

identity, but on how individuals form identities in relation to their engagement within particular contextual factors.

Identity from a Sociocultural Perspective

The sociocultural perspective of identity is commonly associated with G.H. Mead, who founded the theoretical school of symbolic interactionism. The basic premise of symbolic interactionism is that meaning is constructed and derived from social interactions and modified through interpretative processes (Blumer, 1986). According to Mead (1934), the self is a social structure, derived from social experiences. Mead contended that the self is "not so much a substance as a process in which the conversation of gestures has been internalized within an organic form" (p. 8); hence, the self exists only in relation to others. Here, identity is a product of the ways in which an individual perceives others' perceptions of him or herself, and is the product of the social context in which the individual's interpretations are situated. In comparison, Erikson's approach to identity posits that identity is a process that involves an interaction between the individual and their communal culture (Erikson, 1968; Gleason, 1983) emphasizing the self, as the individual navigates social structures, interactions, and cultural norms to form a sense of identity. In comparison to the Eriksonian perspective on identity, Meadian identities are:

> social and cultural products through which a person identifies the self-in-activity and learns, through the mediation of cultural resources, to manage and organize himself or herself to act in the name of an identity. Identities are personally significant, actively internalized, self-meanings, but first and foremost, in contrast to Erkison's view, they are formed in relation to collectively produced social identities (Holland & Lachicotte, 2007, p. 114).

The Meadian concept of identity explains that identity is formed through culturally and historically situated participation with various roles and positions (Holland

& Lachicotte, 2007). According to this perspective, then, unity and coherence of identity are not expected or emphasized. Alternatively, coherence of self is seen as the result of a coherent sociocultural experience (Holland & Lachiocotte, 2007; Kroger, 2007). That is, if stability is observed within an individual's sense of self, this stability is attributed not to the personal need to achieve a coherent and stable identity, but as the result of some level of social and cultural stability in the transmission and presence of culturally and collectively developed discourses and actions.

Identity, from the sociocultural perspective, is comprised of the possibilities and limitations available to an individual within a given context (Kroger, 2007). While the identity emerges from social experience, it provides one with a socially negotiated sense of self that can be used to organize action to the extent that the individual is likely to engage in behaviors that confirm a specific identity (Holland & Lachicotte, 2007). Accordingly, significance and meaning are ascribed to certain activities and actions associated with the identity, and meaning is assigned to various artifacts in a way of organizing identity. For instance, Holland and Lachicotte (2007) give the example of a person who has identified as an alcoholic through their participation with Alcoholics Anonymous. This process of identity development allows individuals to control and organize their thoughts and behaviors as they come to see certain actions and artifacts (e.g., a sobriety chip) as meaningful and valued.

The work of L.S. Vygotsky is similar to the conceptualizations of self and identity described by Mead, in that Vygotsky viewed identity as a continually produced sociocultural product (Holland & Lachicotte, 2007). Vygotsky's ideas about identity as the product of social interaction are similar and compatible with Mead's, and further

emphasize the role of the individual in actively internalizing and constructing their interpretations, therefore clarifying the degree of agency the individual holds in constructing identity (Holland & Lachicotte, 2007). Proponents of this theoretical perspective argue that contextual factors such as language and action are particularly paramount in orienting the sense of self. In fact, sociocultural theorists propose that identity exists primarily as a product of social discourse. Hence, variations in feedback concerning the self are likely to trigger changes in the sense of self (Kroger, 2007).

Theorists who subscribe to the sociocultural perspective reject the expectation for a coherent and stable sense of self and instead contend that stability and consistency in the identity indicate stability in the messages, contexts, and experiences afforded by the environment (Holland & Lachicotte, 2007). This perspective is well-aligned with the current theorizing on disability identity, which positions identification with the disability as a fluid and dynamic construct that is constantly constituted and reconstituted through participation with various contexts. According to this standpoint, it is not presumed that disability identity will be integrated into the coherent sense of self; instead, commitments to disability identity are considered the result of discourses and experiences provided to the individual through interaction and participation with the context. One way in which individuals have agency in the sociocultural perspective is through semiotic mediation, which allows the person to control and organize behaviors and meanings (Holland & Lachicotte, 2007, p. 110). Semiotic mechanisms such as psychological tools, language, and symbols, which are sociocultural products, are thought to be important in mediating the sociocultural and individual (John-Steiner & Mahn, 1996), and are central to the construction of identity (Holland & Lachicotte, 2007). Emerging research on disability

identity highlights the role that discourse plays in shaping the meaning of disability, suggesting that disability identity may be constituted through interaction with specific discourses and situated actions. Therefore, the sociocultural perspective of identity provides one coherent theoretical framework for conceptualizing, investigating, and measuring the meanings that students make of being a college student with a psychiatric disability.

Disability Identity

While there has been increased scholarly attention to identity within disability studies, this bourgeoning body of literature largely lacks a consistent and systematic conceptualization and assessment of identity as it relates to disability. Disability identity has been conceptualized as both a personal and a social identity (Beart, 2005) that embodies the acceptance of a formal diagnosis or label given by a qualified practitioner (Megivern, 2002). It has also been defined as a sense of belongingness or commitment to the disability community (Nario-Redmond, Noel, & Fern, 2014), and as individual's identification with a social group (Riddel & Weedon, 2014; Wang & Dovidio, 2011). Identification with a social group involves processes of self-categorization, or those processes involved with cognitively assigning oneself to a group based on comparisons with another group (Turner & Reynolds, 2012). Subsequently, a number of methodological approaches have been employed to investigate the development of disability identity, ranging from narrative analysis to survey questionnaires (Yee, 2013; Shattuck et al., 2014; Valares, 2010). Disability scholars have used these different conceptualizations of disability identity to investigate the relations between identification with the disability and psychological, social, and motivational processes (e.g., self-

esteem, utilization of adaptive psychosocial resources), and have provided a cogent argument for the importance of this emergent strand of research.

Early accounts of disability identity viewed it as a static understanding of the self, positioned within the larger social structure (Rapley, 2004). However, disability scholars have recently explored the social construction of disability, emphasizing the role that social interaction plays in shaping identity (Beart, 2005; Olney, Brockelman, Kennedy, & Newsom, 2004). This viewpoint characterizes disability identity and identity formation as dynamic and multidimensional processes that unfold throughout the lifespan (Shattuck et al., 2014). Furthermore, scholars have recently described disability identity as one of many socially constructed categories that are available to a person at any given time, and have found that this component of identity can be primed through social interaction (Wang & Dovidio, 2011). This accentuates the degree of choice that exists in endorsing one's 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 structure.

Recent research has found that disability identity plays an important role in shaping motivation and behavior. According to Wang and Dovidio (2011), different aspects of a person's identity may be salient at different times, and priming different aspects of a person's identity within a given context can impact that person's thought patterns, motivation, and behavior. The authors employed an experimental design involving 116 postsecondary students with various disabilities. Students were randomly assigned either to a condition in which their identity as a college student was primed or

their identity as a person with a disability was primed. The students were then asked to complete measures of autonomy-related thoughts, help-seeking attitudes, and stigma-consciousness. Results revealed a direct link between priming disability and autonomy-related thoughts and an indirect link between priming disability and attitudes towards help seeking. Specifically, priming students with their student identity activated autonomy-related thoughts, while priming students with their disability identity did not activate autonomy-related thoughts. Furthermore, increases in autonomy-related thoughts among all participants were found to be associated with a decrease in help-seeking behavior. This study highlights the role that salient identity-related perceptions play in shaping thoughts and actions among students with disabilities; however, help-seeking attitudes were narrowly defined in this study and did not include measurements of attitudes and related behaviors in "disability-relevant" domains. Additionally, this study did not illustrate the ways that identity processes are primed through interactions within various contexts, and discounts the likelihood that, within a given context, a person's identity as a college student may be primed simultaneously with an identity as a person with a disability. Future research on this important topic should aim to establish an understanding of the ways that real-world contexts prime varied and sometimes conflicting aspects of a person's identity, and the influence this has on motivated action.

Work by Renshaw and Choo (2012) illustrated the contextual construction of disability. According to these authors, disability is "an accomplished social and situated phenomenon that is actively constituted through the communicative practice of people in everyday contexts" (p. 47). Furthermore, these authors posit that the meaning of disability and identity is constructed "moment-by-moment" through naturally occurring

communicative interactions between key players within the social structure. The findings illustrate the particular role that discourse between teachers and parents play in shaping students' meaning making as it relates to their disability.

More recent research has focused on uncovering the social and contextual factors that contribute to the shaping of an individual's identity as it relates to their disability, as there is growing evidence that identity as it is related to the disability is constituted primarily through social forces. A recent study by Riddell and Weedon (2014) investigated the role that discourse plays in shaping students' understanding of their identity. These authors found that conflicting discourses surrounding the meaning of 'disability' can impact the way students adopt the identity of a 'student with a disability'. Specifically, where discourses of disability as an individual deficit are adopted rather than discourses of difference, students are more likely to endorse this discourse and, in turn, to reject the identity of a disabled person. This study highlights the importance of interactions with the social context in shaping the way that disability is experienced and endorsed as a part of the identity.

The literature on disability identity suggests that identification with a disability affects students' navigation through the college environment and impacts their motivation for action. While some recent research suggests that the social context plays a role in shaping a students' identity, little is understood about how participation in and interactions within the college environment shapes disability identity and how disability identity relates to the use of campus-based support systems. As identity exploration and formation have been found to be related to the development of psychosocial resources for college students (Adams, Berzonsky, & Keating, 2006), it is important to understand the

implications that disability identity has on students and how this relates to adaptive adjustment to college. Future research should focus on exploring how students' identity construction is constituted through participation in the sociocultural context of the college environment, and how this construction interacts with personal goals and beliefs to impact learning and motivation within the college context.

Even though disability identity is currently considered by most researchers to be a transient construct constituted through interactions and participation with the social structure, empirical studies chiefly measure disability identity as the endorsement of a static category. That is, disability is typically conceptualized and measured as a category or role that suggests some degree of stability and is integrated into the stable sense of self. Many studies employ closed-ended dichotomous or Likert-type items that ask people to report whether or not, or the extent to which, they accept the label of their disability (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; this approach largely overlooks the fluid nature of disability identity.

Diversely, some researchers have utilized qualitative methodologies to explore individuals' identification with their disability (Ridell & Weedon, 2014; Valeras, 2010) and have yielded rich and meaningful data regarding participants' constructions of disability identity. The results of this research further suggest that disability identity is not a binary category (i.e., disabled versus not disabled), instead presenting it as a fluid construct that can be emphasized or deemphasized depending on the social context and the person's experiences (Valeras, 2010). This research has laid the foundation for

further investigations into the social construction of disability identity that systematically take the transient nature of identity into account. Narrative approaches to exploring the construction of and identification with disability have the potential to be well aligned with the prominent view that disability is not experienced as a stable construct, but instead embodies a dynamic construct that is constituted through interaction with various personal and social forces. Future research of this nature is warranted.

Disability Identity from a Sociocultural Perspective

Disability scholars have adopted a multitude of definitions and conceptualizations of identity when investigating students' identification with their disability. Early approaches to understanding disability identity resemble Erikson's description of identity as a relatively stable characteristic or sense of self, in which one works to integrate this component of their self into a coherent identity structure (Kroger, 2007; Rapley, 2004). Additionally, studies on disability identity have often defined and assessed identity as the internalized acceptance of a 'disabled' label from a practitioner (Beart, 2005; Megivern, 2002). However, empirical emphasis of accepting a label as ascribed by a practitioner undermines the potential role that various contextual factors play in influencing identity, and overlooks the multitude of sources (e.g., parents, friends, teachers) that inform one's meaning of and identification with disability. The socially constructed and endorsed meanings of the words 'disability' and 'disabled' are crucial influences on one's acceptance or rejection of disability identity (Valeras, 2010); therefore, investigating the ways students make meaning of the term disability and come to identify with this aspect of their self, necessitates a consideration of the social and personal forces that shape students' meaning-making process within particular social and cultural contexts.

Proponents of the sociocultural approach assert that identity is a social product, forged through participation and interactions within various contexts. Contexts, according to this orientation, involve language and symbols (Mead, 1932; Holland & Lachicotte, 2007). Emerging research on disability identity supports this ideology by accentuating the role that discourse, language, and interactions within the social structure play in influencing students' meaning of disability and directing identification with the disability (Riddell & Weedon, 2014; Valares, 2010). Engagement with discourses surrounding disability incite 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, inquiry would be best situated at the level of the sociocultural influence on the construction of disability identity.

Purpose of the Current Study

The literature on students with disabilities provides a promising foundation for future researchers interested in identifying and ameliorating the context-specific barriers to success that face many college students with psychiatric disabilities. Research on disability identity and the utilization of disability services shows that identity can impact and shape students' actions and thoughts with regards to their use of disability support services and can positively impact factors related to academic persistence and success. Despite the recent focus on the social construction of disability identity, little is known about how people make meaning of their disability, how this meaning is shaped by discourse and participation with different institutions and contexts, and how it relates to the formation and integration of disability identity.

There is a paucity of research on the role of the context in constructing identity and how identity relates to learning goals and organizes learning-related motivation and action among college students. College is associated with a variety of new and unique demands for students' psychological processes related to motivation and identity, and identity formation has been found to impact college students' adaptive adjustment and success in college (Adams, et al., 2006; Lounsbury et al., 2005). Thus, it is particularly important that these processes be further investigated among college students with disabilities.

Furthermore, much of the research that has been conducted on disability identity has largely focused on physical or intellectual disabilities (Beart, 2004; 2005; Nario-Redmond et al., 2013; Valeras, 2010). The literature on students with psychiatric disabilities in general, and on identity development as it relates to individuals with psychiatric disabilities specifically, is sparse. While the overarching literature on disability identity provides a useful foundation for understanding this phenomenon, researchers are cautioned against assuming similarities among different groups of people with disabilities (Mulvaney, 2000). The dearth of literature further adds to the systematic marginalization of individuals with psychiatric disabilities. As students with psychiatric disabilities make up the largest subgroup of college students with disabilities (Kupferman, 2014), understanding the lived experiences of this group as they relate to the construction of disability identity and its role in motivating action should be a goal for future research. Thus, one important objective of the current study is to expand upon the literature on disability identity by extending it to individuals with psychiatric disabilities.

Theorists have postulated that looking specifically at issues pertaining to the construction of disability and disability identity are more complicated when investigating psychiatric disabilities than other types of disabilities (Mulvaney, 2000). Perhaps to an even greater extent than other types of disabilities, psychiatric disabilities have been conceptualized as problems that exist within the individual, regardless of their social context. Since psychiatric disabilities are defined in inherently psychological terms, the focus on the social construction of these disabilities is often less clear than it is with other types of disabilities (Anastasiou & Kauffman, 2013). The degree of contention surrounding issues of terminology and categorization of what is normative and what is pathological in mental health and illness make it both particularly difficult and important to study these processes within the realm of psychiatric disability. As a result, the conceptualization and labeling of psychiatric disabilities has often not included the individuals' experiences of illness. In essence, the power to construct and define labels has been taken away from those being labeled. The current study aims to contribute to the literature not only by focusing on processes related to meaning making and identity construction in a largely understudied, yet growing population, but also because the methodological approach employed in the current study privileges participants' voices of students with psychiatric disabilities as collaborators in the research process.

Research has largely failed to adopt a coherent and established theoretical framework for explaining the role that the context plays in shaping identity as it relates to disability. A comprehensive framework that is congruent with the emerging thinking on disability identity is needed to guide future investigations among various populations within specific contexts. Given the gap in literature on the sociocultural construction of

disability identity and the recent and emerging perception that the context is fundamental in influencing the construction of identity, a final goal of this study is to propose the adoption of a solid theoretical framework for directing future research and practice.

The Current Study

The current study aims to develop an understanding of how college students with psychiatric disabilities construct meaning of their disability within the sociocultural context of college. Viewed from a sociocultural perspective, students' negotiation and understanding of their disability identity emerges and unfolds through interactions within the context, and meanings of their disability and identity are constructed through their participation in educational and social activities within the college environment. As the development of identity organizes one's thoughts and experiences and provides a lens from which to observe and interpret the actions of oneself and others, a goal of the current study is to look specifically at how the construction of identity relates to motivation and sense of personal agency at the level of motivating action within a specific learning environment. Accordingly, students' decisions regarding disclosure and utilization of support services were examined as one means of understanding a situated action indicative of the endorsement of disability identity. Understanding these actions, as well as the meanings of being a student with a disability, may allow unique insight into the experiences and decisions of the students.

Definitions of Terms

In order to provide conceptual clarity to the terms under investigation in the current study, definitions of each of the terms in the current study's research questions are presented below. In many cases, a number of definitions exist in the literature to

define the same term (e.g., identity), and these definitions exist in varying degrees of congruence. While it is the primary purpose of this study to explore the ways in which students themselves make meaning of select terms and define constructs related to their disability, a brief discussion of each term and the way it is used in the current study is presented here in an attempt to avoid theoretical confusion.

Disability

The Americans with Disabilities Act (ADA) of 1990 defines a disability as any physical or mental impairment that substantially limits one or more major life activities. Additionally, individuals who are regarded as having such impairments fall under the same category and protections. This definition will be adopted in the current study.

Psychiatric disability

"Psychiatric disability" is defined by the National Institute of Mental health (2010) as a mental illness or medical condition that compromises an individuals' ability to function in major life activities (Holley, 2000). The types of psychiatric disorders seen increasing in higher education settings primarily include; major depression, mood disorders, anxiety disorders, Autism, Asperger's, personality disorders, and psychotic disorders (Holley, 2000, pg. 75). One of the primary differences between mental illness and a psychiatric disability is that the diagnosis of a psychiatric disability requires an individual to be unable to cope with the demands of daily life (Belch, 2000). However, it is important to note that the boundaries between mental illness, psychological disorders, and psychiatric disabilities are not precise or exact (Singh, 2011). For the current study, a psychiatric disability will be any temporary or permanent impairment related to mental

health or illness that affects an individual's ability to function in one or more major life areas (i.e. school, work, personal).

Identity

Identity refers to the characteristics, traits, roles and membership in relationships and groups that define who a person is, and acts as a meaning-making lens (Leary & Tangney, 2012). A number of theoretical approaches have been proposed to define and investigate issues pertaining to identity and, as such, a number of conceptual and theoretical definitions of identity exist in the extant literature. For the purposes of this study, identity was defined from a sociocultural lens. G. H. Mead (1934) defined identity as self-understanding that is constantly being reshaped and redefined in fluid response to the interaction between the individual and the environment, and is used to inform behavior and interpretations (Holland & Lachicotte, 2007; Mead, 1934). This is in contrast to other prominent models of identity, such as the one proposed by Erik Erikson (1959), which posit that individuals achieve identity development during progression through a number of developmental stages. As one of the primary purposes of the current study is to explore the ways in which college students construct disability identity within the context of higher education, Mead's definition of identity is adopted to highlight the contextualized construction of identity.

Disability Identity

While a great deal of literature and a number of conceptual definitions exist for identity, and a number of theories exist in relation to the identity development among underrepresented groups that focus on the construction of identity related to gender, ethnicity, and sexual orientation, the literature has not yet provided a clear conceptual

definition or empirical approach to exploring or investigating disability identity. Despite the lack of a clear conceptual definition of disability identity, many disability scholars have characterized disability as a social construction, where disability is the product of a dynamic relationship between the person and a disabling environment. Thus, in the current study, disability identity is defined through a sociocultural lens, highlighting the contextualized and fluid nature of disability; disability identity is defined as the person's endorsement of disability as a component of their identity and is formed through the interplay between the person and environment. This involves the beliefs and values the person holds regarding disability, the process through which these beliefs and values are formulated, and the way the person organizes and makes sense of their disability identity. Previous studies have referred to the endorsement of disability identity as an individual's decision to accept the label of their disability and integrate it into their identity. This approach is indicative of an underlying assumption that identity is stable while much of the current literature on disability identity suggests that it is fluid and dynamic. Endorsement of disability identity refers in the current study to the extent to which individuals make continuous decisions to identify themselves as a person with a disability.

College Context

The current study investigates processes related to identity construction within the college context for students with psychiatric disabilities. As such, it is important to make clear what is referred to as the college context. For the current study, the investigation of identity formation and construction focuses specifically on the ways in which these processes are influenced by participation in the context of college. As such, participants

were recruited who were actively enrolled in campus-based classes at the time of the study. That is, these students were enrolled in and taking traditional style classes at the time of the study. While students were of a variety of majors, years in school (e.g., freshman to senior), and ages, all of the students were enrolled at the undergraduate level at the same university during the same time period.

Campus-based Support Services

For the purposes of the current study, campus-based support services refer to any services or resources available through the university that aim to provide academic, learning, mental health, or professional support to the currently enrolled student body. These services, which are typically open to students with and without documented disabilities, include mental health counseling, health and wellness counseling, and various domains of academic tutoring. Disability support services refer to the accommodations that are available at most community colleges and four-year institutions of higher education for students with documented disabilities (Collins & Mowbray, 2008). These services, characteristically available through independently housed disability resource centers, include (but are not limited to) test-taking accommodations, referrals, organization of support groups, career/vocational counseling, note-taking, and tutoring services.

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?

CHAPTER 3

METHOD

As the purpose of the current study is to investigate the lived experiences of college students with psychiatric disabilities, an interpretive phenomenological approach that incorporated in-depth interviews with a purposeful sample of participants was utilized. Interpretive phenomenology is a qualitative approach that is aimed at developing insight into the ways people make sense of their experiences with a particular phenomenon (Lichtman, 2013; Moustakas, 1994; Smith, Flowers, & Larkin, 2009). Born from the desire to capture experiential data in psychological studies, this approach has been used effectively in a number of studies across domains including clinical, counseling, and educational psychology. A fundamental feature of phenomenological inquiry is the focus on participants' understandings, perceptions, and experiences with phenomena (Smith et al., 2009). Consequently, research questions aligned with the phenomenological approach focus on sense making and meaning making rather than on concrete causes, outcomes, and consequences (Smith et al., 2009).

Phenomenological inquiry embodies an approach to understanding phenomena at the level of meaning making (van Manen, 2007). The primary purpose of phenomenological inquiry is to understand the essential meaning of people's lived experiences with a phenomenon (Moustakas, 1994; Smith et al., 2009; van Manen, 1990). The focus of a phenomenological study is a person, "who in the context of the particular individual, social, and historical life circumstances, sets out to make sense of a certain aspect of human existence" (van Manen, 1990, p. 31). As such, a successful phenomenological analysis will reveal both shared patterns and individual nuances in

data, concurrently illustrating the shared meanings and the individuality of participants' experiences (Smith et al., 2009).

Inherent in interpretive phenomenological analysis (IPA) is the use of and negotiation between both emic and etic perspectives throughout the analysis, as the researcher attempts to analyze and make sense of the ways that participants make sense of their lived experiences with a specific phenomenon (Pietkiewicz & Smith, 2014). Interpretive phenomenology is both descriptive and interpretive. That is, while the focus of phenomenology has historically been on providing a description of the essence of participants' lived experiences with a particular phenomenon, interpretive phenomenology involves the negotiation of meaning between the data and the researchers' interpretations of the data. Hence, the fundamental concern of interpretive phenomenology is to attend to, understand, and describe the participants' experiences; however, a second aim of this approach is to engage in and present an interpretive analysis in which the researcher places the participants' descriptions and meaning making of their experiences within the larger social, cultural, and theoretical context (Larkin, Watts, & Clifton, 2006). Integral to interpretive phenomenology is the notion that knowledge is advanced through the researcher's interpretation of the participants' views. Smith et al. (2009) discussed the move towards an overtly interpretative analysis, stating:

> This abstract style of thinking is critical in moving the analysis beyond the superficial and purely descriptive. IPA is avowedly interpretive, and the interpretation may well move away from the original text of the participant. What is important is that the interpretation was inspired by, and arose from, attending to the participant's words, rather than being imported from outside (p. 90).

An interpretive phenomenological approach is appropriate for the current study as the goal of this research is to understand the experiences of contextualized construction

of identity for college students with psychiatric disabilities. The value of an interpretive phenomenological approach is that it has the potential to enhance our perspectives by contributing knowledge and understanding that are situational, relational, and formative (Smith et al., 2009; van Manen, 2011). It is my hope that adopting an interpretive phenomenological approach allows for the development of deeper insight into the lived experiences of college students with psychiatric disabilities and sheds light on the ways in which these students construct meanings of their disability and disability identity within the college context.

Research Design

Participant Selection

Consistent with the interpretive phenomenological approach, a purposeful sample was selected based on participants' capacity to offer insight into the lived experiences under investigation (Ashworth & Chung, 2006). Purposive sampling involves selecting participants based on conceptually or theoretically driven sampling criteria (Curtis, Gesler, Smith, & Washburn, 2000). The goal of purposive sampling in a qualitative approach is not to make claims about the generalizability of the sample to a given population, but to draw analytic generalization regarding the degree to which the cases fit with the theoretical and conceptual constructs (Curtis et al., 2000). As such, criteria were identified to govern the selection of cases based on prior literature. My goal was to select cases that had the potential to provide meaningful insights into lived experiences of college students with psychiatric disabilities.

Participants were selected using maximum variation sampling, a sampling technique that maximizes the opportunity to obtain data along dimensions of different

categories (Coyne, 1997). Disability scholars have suggested that the experiences involved with disability identification and the consequences of disability acceptance may be different across different groups, emphasizing the importance of selecting diverse samples. For instance, race and gender differences have been found to influence decisions regarding disability acceptance, identification, and disclosure (Shattuk et al., 2014; Valeras, 2010). Additional characteristics that have been identified in the literature as important dimensions for understanding disability identity include time since diagnosis or onset, type of disability, the presence or absence of a comorbid disability, and the severity of the disability (McEwan & Downie, 2013; Megivern, 2002). Research that has focused specifically on college students with disabilities has suggested that both year (Shepler & Woosley, 2012) and major (Shattuk et al., 2014) are important considerations in understanding the experiences of students with disabilities. As diversifying the sample based on these previously identified dimensions may allow for more inclusive insights into the phenomena under examination, my strategy for sampling was to obtain a diverse sample with regards to these characteristics.

While the process of selecting cases was guided by a predetermined set of dimensions based on the conceptual framework and the participants' perceived ability to provide insight into the phenomena, additional inclusion criteria were used to guide sampling selection for all participants. Only students who self-reported that they had a psychiatric disability or mental health disability were included in the sample. A formal diagnosis of such disability from a qualified practitioner was not required to meet this criterion. Eligible participants were also currently enrolled in classes at the university at the time of their participation in the study. Given the focus on the context in constituting

identity, my goal was to generate a sample that is homogeneous in that all participants were currently enrolled students at the same university. It is preferable in interpretive phenomenological inquiry to select a sample that is homogenous with regards to contextual factors relevant to the central aims of the study, as this allows the researcher to then "examine, in detail, psychological variability within the group by analyzing the pattern of convergence and divergence which arises" (Smith, Flowers, & Larkin, 2009, p. 50). Thus, this decision was made, not to privilege only the voices of students at one particular university, but because selecting a homogenous sample allowed for the close examination of the nuances and details of the lived experiences of participants. Finally, in addition to having lived experience with the phenomena under inquiry, essential criteria for participation in a phenomenological study included: interest in understanding the nature and meaning of the phenomenon, willingness to participate in a series of interviews regarding lived experiences with the phenomenon, and willingness to be tape or audio recorded and/or to grant the researcher permission to publish data obtained from interviews (Moustakas, 1994).

Participant Recruitment

The researcher worked with key university staff members, including the director of the Disability Resources and Services (DRS) center, to recruit participants for the study. The director of DRS compiled a list of currently enrolled undergraduate students who had registered with DRS indicating that they had a psychiatric disability. The director then sent an email to these students containing details of the study (purpose, intent, expected involvement, benefits/risks of participation, and eligibility criteria) and the researchers' contact information. Interested participants were invited to contact the

researcher to schedule a time for the interview. A copy of the recruitment email, approved by the IRB, can be found under Appendix A. Interviews were scheduled via email at the participants' convenience.

Additionally, upon obtaining approval from the Institutional Review Board, flyers were made available to students in various campus-based centers that focus on providing academic support and services to students with and without disabilities, such as the university Writing Center and Counseling Center. The purpose of this was to reach and recruit students who may or may not have been recipients of formal diagnoses and/or may not have formally disclosed their disability (a necessary step in registering with the office of disability services). The assistant director of the Writing Center also helped in passing flyers out to students who visited the Writing Center, and left copies of the flyer at the front desk for potentially interested students to take.

In addition to soliciting the assistance of staff from campus-based support centers in disseminating recruitment materials, the researcher posted flyers in various locations on campus in order to reach potential participants who do not make use of such services. For instance, flyers were posted in the student learning centers, various dormitories on campus, and hallways and bathrooms in various classroom buildings on campus. Due to the potentially stigmatizing nature of participation in the current study, care was taken to the extent possible to post flyers in locations that provided some degree of privacy. This allowed for students to consider the flyer and obtain the contact information of the researchers in private. This was one early attempt in ensuring confidentiality to participants who chose to disclose their psychiatric disability for the purposes of participation in the study. All of the flyers were identical and contained the same

information as the recruitment email, including the purpose of the study, eligibility criteria, and contact information for the researcher. The IRB-approved flyer can be found in Appendix B.

Finally, a snowball sampling technique was employed to recruit additional participants. Snowball sampling is a sampling strategy that can be useful in providing access to members of groups, such as college students with psychiatric disabilities, by asking those already participating to refer individuals with relevant experiences and characteristics (e.g., individuals with psychiatric disabilities) to the researcher (Lichtman, 2013). As college students with psychiatric disabilities can be a difficult group to gain access to, a snowball sample has the potential to encourage the participation of more individuals, while also reaching students who may or may not be registered with disability services.

With regards to sample size, interpretive phenomenological studies are typically conducted using a concentrated focus on small, purposeful samples, generally comprised of approximately three to six participants (Smith, et al, 2009). When discussing decisions regarding sample size, Miles and Huberman (1994) encourage qualitative researchers to consider, along with the participants' ability to offer rich insight into the phenomena, practical issues of accessibility and feasibility in terms of resources. While the sample should be able to generate rich information about the phenomena, small sample sizes are conducive to the goals of phenomenological inquiry. In order to select a sample that is appropriate and congruent with the aims of the study and phenomenological inquiry in general, a small sample of five cases, diversified along the previously identified dimensions, was selected for the analysis.

Many more students expressed interest in participating in the study than could be interviewed. As such, the researcher contacted only the first 15 students who responded to the recruitment materials to schedule initial interviews. Any additional students who expressed interest in the study were thanked for their interest and told that we were no longer recruiting participants for the study. Of the 15 students who completed the three-interview series, this dissertation reports on the interviews with five participants who were chosen based on their high ability to provide insights into the phenomena under investigation and their ability to diversify the sample along the previously defined dimensions. The process of selecting five participants involved first identifying an initial case that provided rich and detailed account of the phenomena under investigation; from this case, subsequent cases were selected based on their ability to diversify the sample along the identified dimensions and because they provided detailed, rich, and engaging narratives (Ritchie, Lewis, Nicholls, & Ormston, 2013; Smith et al., 2009). That is, after one case was analyzed, the next case was selected based on the participants' ability to diversify the sample and provide rich and detailed accounts of the phenomena. In total, five participants made up the final sample for the current study. Descriptions of the final sample are provided below.

Participant Profiles

Participant profiles are presented below to provide the reader with additional information about the participants' unique backgrounds and experiences. Information pertaining to participant demographics, personal background and history, and information shared throughout the interviews are described below for each of the five participants in no particular order. Since demographic information was not formally gathered from the

participants (i.e., though the use of a demographic questionnaire), only the information the participants chose to disclose is included, and the amount and type of demographic information shared during the interviews varied between participants. The purpose of these profiles is not to provide an exhaustive and complete description of each participant or their narrative accounts of lived experiences with the phenomena under investigation, but to provide additional information to help the reader place the analyses in context of the participants' larger stories. In order to protect participant privacy and identification, pseudonyms are used in place of the participants' names. Demographic information, particularly as it pertains to the dimensions previously defined as important in diversifying the sample, are presented in Table 1.

Darcy

Darcy is a 22-year-old white female who was in the last semester of her senior year at the time of our interviews. She was majoring in social work and was considering continuing her education and pursuing a masters degree in social work upon her graduation. Darcy identified herself as a person with a psychiatric disability after receiving a diagnosis of PTSD in college. Darcy shared that she was a shy student in elementary and middle school and often kept to herself. She said she had a core group of friends throughout high school; however, she divulged that pressures to fit in with her peer group caused her to develop issues related to self-esteem and body image. She struggled with anorexia during her senior year of high school. Darcy described her anorexia as situation-specific and temporary, recalling that as her peer group changed, her self-image and eating habits gradually became healthier. While Darcy overcame anorexia in high school, she shared that she is currently struggling with a related eating disorder.

Darcy was diagnosed with PTSD after being the victim of a sexual assault on campus during her freshman year of college. Darcy recalled that, after being assaulted, she was faced with the challenge of locating and navigating campus resources such as victim advocacy programs, mental health counseling, and disability support services on her own. Darcy stated that she found the system difficult and complicated to navigate. She said it was challenging and stressful to find and secure resources pertaining to mental health and that for the most part, she found the campus advocates to be unhelpful because they were disconnected from one another. She described them as isolated support providers, but said she had wished that there had been an interconnected network of related support systems. Looking for and securing resources was emotionally taxing and frustrating for Darcy. She reflected that her experiences and knowledge acquired through her social work program helped her understand her symptoms and disability, and enhanced her ability and motivation to locate valuable resources on campus and in the community. Darcy identified as a strong student and as a self and victim advocate. Her commitment towards victim advocacy was aligned with her ultimate career goals of becoming a social worker and working to assist individuals with psychosocial issues. Collectively, Darcy's experiences lead her to develop a peer mentorship program in which students can act as advocates and mentors in helping others navigate through the complicated system of campus and mental health resources at difficult times.

Darcy talked throughout the interviews about how she conceptualized her disability as a temporary component of her identity. She said that she had a difficult time thinking of herself as having a disability since she had not always had one, but had "caught one" through the experience of becoming a victim of trauma. Darcy was enrolled

in a Dialectical Behavioral Therapy[1] program at the time of our interviews, and stated several times throughout our interviews that therapy was a fundamental tool in helping her to understand and define her disability in terms that made sense to her. She explained that while she saw her disability as a part of her identity, she did not think that it defined her as a person. Furthermore, Darcy described and defined her disability as something that was caused by external factors. She divulged that she became more comfortable with identifying herself as a person with a disability as a result of thinking of it as a temporary entity. While she acknowledged that she might always struggle with issues associated with her disability, she said that thinking of her PTSD as a permanent entity threatened her ability to accept it and her motivation to work towards becoming better. At the time of our interviews, Darcy was looking forward to graduating and pursuing graduate studies.

James

James is a 32-year-old white male who had returned to school to pursue a second bachelor's degree in Engineering. James was diagnosed with bipolar disorder in high school after being hospitalized for an acute manic episode. He remembered the environmental and situational stressors that precipitated the episode, and associated the onset of his disorder with fragmented and "polarized" living situations and experiences, which he described in detail in our first meeting.

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[1] Dialectical Behavioral Therapy is a cognitive behavioral approach to therapy that incorporates skill training in the areas of mindfulness, assertiveness, and emotional regulation (NAMI, 2013b). This type of therapy often involves group and individual components. While DBT was developed for the treatment of suicidal individuals and individuals with borderline personality disorder, it is commonly used in the treatment of other disorders.

James described his experiences of being a college student with a psychiatric disability as largely non-linear. That is, his experiences were marked with periods of withdrawal, medical leaves, and hospitalizations. He described his personal history as fragmented between periods of academic and personal wellbeing in which he felt successful, with periods of time that he described as “low points”. During these low points, he said, he felt out of control of his thoughts and behavior, withdrew from classes or school altogether, and lost relationships and jobs. Despite this fragmented history, James identified strongly as a good student and academic success was identified throughout our interviews as being very important to him and his sense of self. James described his academic program as highly demanding and stressful, and he defined his disability in terms of the stress associated with adapting to and succeeding in this program. James considered and defined his disability in terms of its impact on his ability to succeed academically. He defined his disability as a disadvantage and an obstacle at school, and as something that must be dealt with but not necessarily overcome. James conceptualized his disability as a part of his identity that is triggered and made salient by situational factors and associated stressors. He had developed a number of personal strategies (i.e., time management, therapeutic tools and techniques) to identify triggers and maintain his wellbeing.

James spoke of some degree of internal conflict regarding his use of services. Specifically, as he identified strongly as a high achieving student, he often felt self-conscious and wondered if he would still be at the top of his class if he did not have a disability and the associated accommodations related to test taking and assignment modifications. Similarly, he wondered if others who are aware of his use of services

suspect that the services and accommodations provide him with an unfair advantage in their demanding courses.

James described feeling isolated in terms of his psychiatric disability. He spoke several times about a desire to meet other students with similar issues and felt that this would help him make sense of his own journey. James identified his sexual orientation as homosexual, and he compared his identity exploration pertaining to his sexual orientation to his identity as a student with a psychiatric disability throughout the interviews. For instance, he talked about the stigma that is commonly associated with both of these identities, and how he felt that he had challenged the negative stigma associated with homosexuality in his department by coming out and identifying himself as the "only openly gay" male in the Engineering department. He talked about the possibility of 'coming out' to others about his psychiatric disability to help create a space that is more aware and tolerant towards people with mental illness in higher education. James drew parallels here, reflecting that when he came out about his sexuality, he challenged people's "notions" of homosexuality, so he wondered if openly identifying himself as a person with bipolar disorder would also challenge people's notions of disability. At the time of our interviews, James talked hopefully about his goals of graduating with a second bachelors in Engineering and maintaining stability in his health and wellbeing.

Shawna

Shawna is a 30-year-old African American student who was in the final semester of her senior year at the time of our interviews. She defined her gender as gender-queer[2], but explained that she considers herself a female-presenting person and asked me to use

[2] The term gender queer is an umbrella term that denotes the gender identity of individuals whose gender does not fit into the male/female dichotomy (Stringer, 2013).

female pronouns in my descriptions of her. Shawna described growing up in poverty in a small rural town in the Southeastern United States. She reflected on what it was like to grow up as a member of a racial minority group in a community with a predominantly Caucasian demographic. Throughout our interviews, issues related to race, gender, and disability, and their interaction in society were prominent and recurring topics. Shawna had been diagnosed with PTSD, general anxiety disorder, and a learning disability. She described how these disabilities interacted with one another to create a situation in which her ability to perform in school was impeded. Furthermore, she explained that the impact of these issues was more pronounced, noticeable, and damaging for certain types of courses, on certain coursework, and with exams. Particularly, she struggled with focusing on multiple-choice exams in hard sciences.

Shawna described herself as a "good student" who spent hours alone during her childhood and adulthood reading and teaching herself course materials. However, she explained, that even though she was more advanced than other students, she was often "looked over" and held back from moving ahead because she missed a lot of school and, she stated, many of her teachers felt that her social maturity was not developed enough to warrant advancement to the next grade level. Shawna described her mother as a very conservative and religious person and as someone who did not "believe in going to the doctor" or therapists. This resulted in substantial delays in Shawna receiving diagnoses and treatment relevant to mental illness and learning disability until late adolescence.

Shawna described being raised in a context in which multiple and alternative identities (regarding gender, sexuality, disability, etc.) were unacceptable and not tolerated. These were conceptualized as negative categories and considered "bad",

"weird", "strange", or even "sinful". As a result, Shawna failed to explore or embrace many aspects of herself, instead focusing primarily on her academic performance and achievement as a defining and one-dimensional characteristic of her identity. At college, however, she began interacting with others who openly identified themselves as queer, disabled, etc. Shawna found safety and security in her social interactions and friendships in college that fostered and encouraged her exploration of identities she had previously believed were taboo, including her sense of self related to her gender, sexuality, and disability. At first, Shawna describes feeling threatened by others' openness, recalling that she was unable to make sense of their willingness to disclose their personal identification with groups that carried hurtful or negative stigmas. However, over time, these conversations empowered and encouraged Shawna to explore her own identity. In fact, the shared identities between Shawna and her peers in college provided a basis for important social connections, eventually leading to the development of vital social support systems.

Shawna focused much of her narrative on the struggle to understand and make sense of her disability and how this struggle was inherently related to her conceptualization of the origin of the disability. As someone who strongly identified with and valued her worth as a strong student, Shawna searched for a way to make sense of how and why she continued to perform poorly on certain academic tasks. As she learned more about herself and her experiences through interactions with others and through her engagement in therapy, she learned terms to describe her self and experiences. This was instrumental in her making sense of her experiences as a student and how they related to her past experiences and traumas.

Christi

Christi is a 27-year-old Hispanic student who is majoring in Theater. She had recently returned to school after withdrawing from her previous university a few years prior to our interviews. Christi had been diagnosed with bipolar disorder after going through an episode of depression following the suicide of her father when she was in her early 20s. Christi explained that she came from a large family with five sisters and two brothers, in addition to a number of half sisters and half brothers who lived in Puerto Rico. Family was very important to Christi, and she felt very close to her siblings and parents throughout her life. She divulged, however, that her father had a history of mental illness with a diagnosis of bipolar, and was occasionally abusive to Christi's mother. Christi's father committed suicide when she was in her early 20s, triggering a major depressive episode. It was through these experiences that she eventually sought help and was diagnosed with bipolar disorder.

Through our interviews, Christi chronicled a number of periods in which she felt stable, punctuated with periods of instability. Christi herself had attempted to commit suicide at one point, and was hospitalized for several weeks as a result. She talked about this period as a particularly low point in her life story, and discussed how the treatment she endured during this period of hospitalization impacted the way she understood and conceptualized her disability in the early years after her diagnosis. Christi explained that she had been through several types of therapy and had seen a number of different therapists. She reported that her conversations with therapists and with the staff at disability support services were influential and important in shaping her understanding of her disability; however, she recounted that some of the interactions she had were

damaging to her emergent identity. For instance, Christi talked at length about how she sees her disability fitting into and constituting her sense of self. She defined her disability as a part of herself that might be permanent, but dynamic and triggered by particular experiences and stressors. She credited her experiences involving interaction with others (peers, mental health counselors, and disability support staff) in influencing her understanding of her disability and believed that writing and participating in her academic program were activities that helped her make sense of her experiences and negotiate her identity.

During our interviews, Christi expressed that she had been stable for over a year, which, she specified, was the longest period she had been consistently stable in several years. She credited her experiences in mental health counseling, her family supports, and her use of personally relevant and meaningful coping strategies in maintaining her stability. Specifically, Christi kept a blog and a journal of her experiences, moods, reflections, and thoughts. She talked about how important this process of journaling was in allowing her to make sense of her experiences and understand her own disability and identity. She also reflected on how her identity as a student helped to inform and shape her identity regarding her disability, and described how achieving a better understanding of her disability identity has helped her maintain stability.

Christi is a highly motivated student. She is majoring in theater and aspires to become a theater actor upon graduation. Christi is passionate about acting and expressed an immense amount of gratitude for the opportunity she has been given by participating in the theater program. Much like other participants, Christi described her disability in terms of its impact on her ability to maintain stability and succeed in school. She said her

persistence and success in school were indicative of her stability and mental health, and monitoring her progress in school was one way that she assessed her wellbeing. Christi recalled the sense of empowerment that accompanied her own learning about her disability, her disability related needs, and her identity. Still, Christi is highly goal-oriented, and expressed some degree of anxiety about the impact of her disability on her progress towards her goals.

Sara

Sara is a 21-year-old white female who was in her sophomore year at the time of our interviews. She was majoring in Education, with plans to teach high school English upon graduation. Sara grew up in a rural town in the northeast. She attended a private and affluent Catholic school, and disclosed that she had been the victim of bullying during middle and high school. Sara divulged that she had a family history of mental illness; her mother had bipolar disorder and father had panic disorder. She talked throughout the interviews, however, about their lack of communication and acceptance regarding mental illness and their own mental health issues. Sara related that her parents' attitudes towards mental illness shaped her own attitude towards it, stating that their lack of communication and acceptance of mental illness and disability had essentially inhibited her own identification and understanding of her disability.

Sara had been diagnosed with panic disorder after going through what she defined as a "mental collapse" following her first year of college. Sara described her first panic attack, recalling that it came on suddenly and manifested in a number of alarming physiological symptoms such as loss of vision, dizziness, and numbness. Fearing for her life, she remembered relating the experience to her father, who identified it as a panic

attack and dismissed it. Sara did not seek psychological help for her symptoms, but described a period of time over the summer of her freshman year in college in which she sought out medical advice and a battery of medical tests to confirm that the issue was not physiological. She recollected that, at the end of the summer, she returned to school, unsure how she would manage to attend classes and participate at college while enduring the persistent level of anxiety and panic that she was experiencing.

Sara's own understanding of mental health and disability services changed over time, largely due to her interactions with her peers. She confided that early on in her experience with her anxiety, she felt "terrified" of therapy. She described the intense fear and anxiety she had about seeking out therapeutic help and the stigma and judgment she would receive if she were to label herself as person with panic disorder. It was through her interactions with a close friend who had previously benefited from his experiences in therapy that she decided to confront her fears and seek out mental health counseling. Sara remarked several times throughout our interviews on the power that her experiences in therapy had in shaping and influencing her understandings of her disability and identity. She recalled that receiving a diagnosis of panic disorder and identifying herself as a person with a disability was empowering, in that it legitimatized her experiences and helped her make sense of them. At the time of our interviews, Sara questioned her ability to achieve her long term goals of becoming a teacher because she feared that her disability would prevent her from achieving her potential. Nonetheless, Sara was looking forward to commencing with the student teaching component of her program, and felt that her identity as a person with a psychiatric disability did have the potential to give her

unique and valuable insight into the diversity she would encounter as a high school teacher.

Table 1
Demographic Information

Participant Pseudonym	Gender	Race	Year in School	Major	Disability	Time of Diagnosis
Sara	Female	White	Sophomore	Secondary Education	Panic Disorder	College
James	Male	White	Second BS	Engineering	Bipolar Disorder	High School
Shawna	Gender-queer	African American	Senior	Medical Sociology	PTSD	College
Christi	Female	Hispanic	Unknown	Theater	Bipolar Disorder	College
Darcy	Female	White	Senior	Social Work	PTSD; Eating Disorder	College

Procedures

Prior to the interviews, participants were provided with information about the study and asked to sign both an informed consent form and a form granting permission for their interview to be audio recorded. These participant agreement forms can be found in Appendix C and D. Interviews were conducted with each of the participants in a private office housed at the university to promote accessibility and participant comfort. Interviews followed the three-interview guide, as described by Seidman (2006) and elaborated below. While the scheduling of interviews was dictated in part by logistics (i.e., availability of participants), the researcher attempted to schedule each participant's interviews between three days to one week apart, to allow the researcher and the interviewee to process information shared in the previous interview (Seidman, 2006).

Upon completion of the third interview, each student was thanked and asked if they would be willing to be contacted in the future. All students who completed the third

interview were provided with a small incentive in the form of a 25-dollar gift card as appreciation for their time and participation in the study. The purpose of this gift was to express appreciation for participants' time and efforts; the amount of the incentive was chosen to ensure participants choose to participate in the study on a truly voluntary basis and not as a result of the influence of a monetary incentive. This incentive is in accordance with the guidelines set forth by the IRB, as the nature and amount of the incentive are not likely to result in such undue inducement (IRB, 1993). Students were informed about the incentive and requirements for participation in the initial recruitment letter and flyer and in the informed consent document, and had the opportunity to discuss any questions or concerns with the researcher prior to or at any point throughout their participation. Again, students were reminded that while they would not be eligible to receive the incentive, they could choose to withdraw from the study at any point in time without consequence.

Interview Protocol

The researcher conducted a series of open-ended, in-depth, phenomenologically-based interviews (Seidman, 2006). Interviews were conducted with each of the participants to gather rich, detailed accounts of participants' experiences and perceptions. The goal of these interviews was to encourage participants to construct and reconstruct their experiences and engage in a process of exploration regarding the meaning of their experiences related to the phenomenon of inquiry (Seidman, 2006, p. 92). The interviews were informal and interactive, and utilized open-ended questions and prompts to allow the participant flexibility in directing the narrative, focus, and content (Moustakas, 1994).

The researcher utilized a three-interview approach described by Seidman (2006), which consists of three distinct 90-minute interviews with each of the participants. The interviews are distinct in that each interview has a central purpose. The purpose of the first interview in the series is to elicit a focused life history of the participant. Here, the participants were asked to reconstruct their early experiences with their disability in a way that places it in the context of their personal life story. The purpose of the second interview was to focus on the participant's present lived experiences. During this interview, participants were asked to reconstruct concrete details of their experiences of being a college student with a psychiatric disability. In the third and final interview of the series, the participants were asked to reflect on the meaning of their experience. It is important to note that while the purpose of the third interview is to focus on meaning, participants engaged in meaning making through all three interviews, as the processes of story-telling and putting experiences into language inherently involves making meaning (Seidman, 2006). However, the three-interview structure delineated above emphasizes the focus on meaning making in the context of the foundation that has been established by participation in the first two interviews.

Throughout each of the three interviews, the interviewer asked open-ended questions, allowing for a personal narrative to develop, and followed up with additional questions to prompt participants to provide deeper information and understandings regarding the constructs being examined. In alignment with the principles of qualitative research (Creswell, 2008) and the purposes of the current study, guided questions were used sparingly so as not to inhibit the development of participants' personal narratives.

While the researcher developed a set of possible guiding questions prior to conducting the interviews, this guide was used with caution, as the researcher referred to the interview guide only in instances where it would not interrupt or divert the participants' reconstruction of their own experiences (Seidman, 2006). This interview approach allowed for a more jointly constructed interview to develop, as the interviewer was able to respond to situational demands by altering questions and comments, asking for elaborations, and probing participant responses. Thus, while the interview was framed by a guideline, it was largely open to allow the participant to direct the content. See Appendix E for the complete interview protocol.

Data Analysis

Data analysis for the current study followed established interpretive phenomenological analysis techniques (Smith et al., 2009). These steps included preparing the data, conducting a close line by line analysis of the interview transcripts generated by the participants' interviews, identifying themes and patterns that emerged in the close analysis of the transcripts, developing an interpretive account of emergent themes, and organizing themes into a coherent structure. The purpose of this analytic technique was to develop a dialogue between the participants' accounts and the researcher's interpretations of what these accounts might mean. Throughout each stage of the analysis, the researcher was committed to understanding the participants' point of view and personal meaning making within the context of each interview. The results of an interpretive phenomenological analysis represent the researchers' interpretations of the participants' lived experiences and processes related to meaning making. This process

highlighted the shared and convergent higher-order qualities between participants' experiences while also attending to idiosyncratic and divergent experiences.

It is important to note that the analysis of the interview data began during the interview process itself, as the interviews were shaped, modified, and redirected prior to and during the interviews by the researcher and participants. Additionally, speculations and tentative conclusions were drawn throughout the interview process by the researcher, who wrote them down elsewhere. Finally, the processes of analyzing data and writing up the findings often overlap in interpretive phenomenology. As such, throughout the process of writing the results of the analysis, the analytic process became more refined; as higher levels of interpretation and analysis were achieved, some themes were collapsed, reorganized, and relabeled to better reflect the analysis. Each of the steps taken in the analytic process is described in detail below.

Transcription

The first step in data analysis involved preparing the data. Upon completion of the interviews, the researcher transcribed all audiotapes produced from the five participants' interviews. Transcription primarily followed the guidelines set forth by McLellan, MacQueen, and Neidig (2003) in order to achieve a systematic and consistent level of transcription across each of the interviews. Audiotape data were transcribed verbatim and in their entirety, including mispronunciations and noises such as laughter, sighs, and contractions and filler words (e.g., hmm, um, uh huh, etc.). When present, inaudible speech was labeled in square brackets and overlapping speech between the interviewer and interviewee were noted as crosstalk. In order to protect participant privacy and confidentiality, sensitive information (i.e., names, locations) was removed from the

transcripts. Each transcript was labeled with the participants' unique identification number, interview number, date of the interview, and the times in hours and minutes that the interview started and was completed.

Becoming Familiar with the Data

An initial step in interpretive phenomenology involves becoming familiar with the data (Pietkiewicz & Smith, 2014; Smith et al., 2009). In order to become familiar with and immersed in the original data, the researcher read and re-read the interview transcripts before commencing with the next steps of data reduction and analysis. First, the interviews were listened to repeatedly in order to generate the transcripts. Upon completion of the transcripts, the researcher listened to the audio-taped recording of the interviews while reading the transcripts to check for accuracy and to become more familiar with the content of each interview. Tentative thoughts and observations were recorded elsewhere during this process in an attempt to regain focus on the participant's words and remain actively engaged with the data (Smith et al., 2009).

Initial Coding

After reading the transcripts multiple times to become more immersed in the participants' story and more familiar with the content, the researcher conducted initial coding of the data. Initial coding involves conducting a free textual analysis in which exploratory comments and notes are taken during a close line-by-line reading of the transcripts (Pietkiewicz & Smith, 2014; Smith et al., 2009). Maintaining an open mind towards the content of each narrative, notes were made of anything of interest within the transcripts. Care was taken to remain as close as possible to the participants' original meaning and understanding in the initial coding stage. Codes recorded during this stage

included descriptive comments pertaining to the content of the interview, linguistic comments pertaining to the language and speech the participants used (e.g., hesitancy or pauses in speech, laughter, etc.), and conceptual comments about the key meanings and understandings of sections of participant narrative. While care was taken to remain as close as possible to participants' original and explicit meanings throughout the initial coding process, the process involves a degree of interpretation.

Thematic Analysis and Coding

The next step of data analysis involves moving towards a more interpretive account of the narrative as initial codes are analyzed for emergent themes. Emergent themes were identified that captured the participants' original thoughts and phrases while also denoting the researcher's interpretations. Emergent themes corresponding to each interview were then listed in chronological order, and processes of abstraction and polarization were used to examine relationships between the emergent themes for each participant. Abstraction involves identifying patterns between themes while polarization refers to the examination of transcripts for oppositional relationships between themes (Smith et al., 2009). Patterns and relationships were examined between emergent themes, allowing for the emergence of superordinate themes, which captured the shared meanings between the constituent emergent themes. Superordinate and their constituent emergent themes were then organized along a framework that highlights the way students made meaning of their psychiatric disabilities, the construction of disability identity, and the relationship between identity and decision-making with regards to students' use of campus-based services.

Identifying Connections across Cases

The process of transcribing the data, becoming immersed with the data, initial coding, and identifying themes, patterns, and superordinate themes was repeated for each of the five participants' interview series. While it is possible that the themes and tentative interpretations generated from the analysis of the previous interviews influenced the process in later interviews, adherence to this systematic and rigorous process helped 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). Participants were asked to check and reflect on the accuracy of the organization and interpretations before further analysis ensued (see *Member Checking* below), and any pertinent comments, reflections, and elaborations were included in the analysis. Themes and superordinate themes were then compared across each of the five cases, their relationships were examined, and some reorganization and relabeling took place as clusters of themes highlighted higher order concepts pertaining to the central research questions.

Validity and Credibility

Many qualitative researchers have challenged the focus on generalizability, objectivity, and validity in quantitative research, arguing that meaningful insight can be garnered from the inter-subjectivity between researchers and participants (Ferrarotti, 1981; Seidman, 2006). A great deal of literature exists on different strategies used to increase credibility and trustworthiness of qualitative inquiry. Validity in qualitative research has been defined as the degree of accuracy in the inferences drawn to represent participants' experiences (Creswell & Miller, 2000). While the primary goal of most

qualitative inquiry is to acquire rich understandings and insight into participants' experiences, the process of conducting interviews, analyzing data, and forming interpretations of participants' experiences is fundamentally a product of the interaction between the participant and the researcher (Seidman, 2006; Smith et al., 2009). Still, researchers and theorists have proposed a number of methodological strategies and procedures to increase the credibility of qualitative investigations. These procedures include, among other things, member checking, peer reviews, and external audits (Creswell & Miller, 2000).

Validity in the Interview Structure

Seidman (2006) discusses issues pertaining to the validity of the participants' statements and narratives garnered through the interview process. According to Seidman, adherence to the structure of the three-interview schedule enhances the validity of the participants' comments in several ways. The structure of the three interviews, which involves soliciting information from participants about their personal histories related to the phenomena under investigation, places their meaning making and interpretations within the context of their lived experiences. Furthermore, the three-interview structure necessitates multiple meetings between the interviewer and interviewee over the course of several days or even weeks. This allows the researcher and the participant to reflect on the information shared in the context of the other interviews; researchers have the opportunity to compare participants' stories for consistencies across time in the interviews and follow up with participants on inconsistencies in following interviews. Finally, some validity is said to exist in the shared nature of participants' lived experiences. That is, analysis across cases permits the researcher to appreciate

connections and patterns in experiences that speak to the validity of participants' narratives. Taken together, the structure of the interviews and the capability to examine consistencies and inconsistencies within and between cases allows for an enhanced degree of confidence in the validity of the data collected during the interview process (Seidman, 2006).

Member Checking

Member checking was also used to increase trustworthiness (Creswell & Miller, 2000). Member checking, which involves sharing the data and identified themes and interpretations with the participants and asking them to confirm the accuracy of these accounts, has been referred to as a crucial method to establish credibility in qualitative research (Lincoln & Guba, 1985). Once the initial stages of data analysis were completed for all five of the participants, the researcher conducted member checking to increase the trustworthiness of the interpretations and to verify the accuracy of the transcripts, themes, and analysis. This process involved contacting each participant and scheduling a final interview, either in person, if possible, or over the phone. The researcher explained to participants the purpose of the member checking process and reminded the participants that their participation with this was voluntary. All five of the participants agreed to participate in the member checking process. In each case, the researcher shared with the participant the interview data, the identified emergent themes established from the analysis, and the researcher's interpretations of the thematic analysis. Participants were asked to review the data, themes, and interpretations for accuracy and credibility. This process provided participants with the opportunity to reflect on and react to the findings yielded from the analysis of their interview data and to offer redirection or confirmation

of the researcher's interpretations. Each of the participants agreed with the researcher's account and interpretation of their interview data.

Peer Debriefing and Independent Auditing

Finally, the process of *peer debriefing*, which involves recruiting a trained professional from the field who is familiar with the research to review and interpret the data, was used as a way to increase the credibility of the findings (Creswell & Miller, 2000). Recruiting a peer to review and discuss the themes and interpretations of the analysis has the potential of providing additional insights, challenging assumptions, and encouraging further thinking about methods and interpretations. For this process, a doctoral candidate studying Educational Psychology, who had a background in Special Education and had previously conducted both quantitative and qualitative research on students with disabilities, was recruited at the beginning stages of the study. Throughout the process of data collection and analysis, the peer reviewer and I engaged in discussions about the data and emergent analyses, and the peer reviewer provided support, offered alternative insights, and raised challenges and questions to prompt additional thinking and further development of interpretation (Creswell & Miller, 2000). In addition to peer debriefing, the process of data analysis was audited and reviewed by the researcher's supervisor, who acted as an independent auditor (Smith et al., 2009). Completed transcripts, initial codes, emergent themes, and interpretations were shared and discussed with the independent auditor to help further develop and enhance the representation and plausibility of the analysis (Smith et al., 2009).

Research Issues

Limitations and Delimitations

The current study, while exploratory, was ultimately influenced by the constructs of sociocultural identity theory. This theoretical lens likely influenced the analysis of the transcripts and interviews for themes, patterns, and meaningful experiences. According to Smith et al. (2009), it is often useful for researchers working within a phenomenological orientation to have developed some "theory-driven" questions to be answered during the interpretative stage (p. 48). These questions, while secondary to the open-ended primary question that guide the phenomenological inquiry, engage in theory by comparing participants' understandings and experiences to constructs found in the literature and extant research on the phenomenon. However, Smith et al. caution that the researcher needs to take great caution here, as the interpretation of participants' lived experiences through the lens of a theoretical framework involves some degree of inference about the experience that is "external" to the lived experience itself (p. 48). Additionally, while it is believed that this theory is comprehensive and provides an appropriate lens for examining the phenomenon, there may be other, more comprehensive and better-suited theories that were not explored here. For example, theories involved with belongingness, social isolation, self-regulation, and self-efficacy may all be important to consider. Further research is needed to examine the experiences of these students through other theoretical lenses. Additionally, identity processes as they relate to disability extend beyond just those with psychiatric disabilities. As such, future research should attempt to develop a better understanding of the experiences of students with other (e.g., physical and/or

visible) disabilities as they relate to the sociocultural construction of disability identity and the lived experiences of these students as they navigate through college.

Positioning Myself in the Research

My experience and involvement in prior research has shaped and developed my understanding of disability studies. I have experience working with rehabilitation counseling and clinical psychologists as well as faculty members in Special Education, Educational Psychology, and Disability Studies on projects related to disabilities in the adult and college populations. As a result, I am familiar with the literature on these topics, and my prior knowledge and perceptions of this literature have been shaped to some regard by the theoretical thinking and conceptualization dominant in these fields.

In addition to my involvement with research, I have experience with, and interest in, psychiatric and psychological disorders from a clinical perspective, as my background is in mental health counseling. I have worked with adults with a wide range of mental illness and psychiatric disorders in both outpatient and institutional settings, and I have worked with students with a multitude of mental health issues as an instructor and tutor. My knowledge of mental illness, and experience with clinical practice and instruction, give me a perspective of the impacts that psychiatric disorders can have on individuals and families. For instance, I have seen that many of individuals with psychiatric disabilities and severe mental illness struggle to overcome barriers to gainful employment and successful educational outcomes. Furthermore, my employment at the university's writing center has given me the opportunity to be in a position of providing a campus-based service to college students, some of whom have disclosed disabilities (psychiatric and other). Involvement in this experience has influenced my knowledge of the types of

services that are generally available to students, and discussions with students have shaped my opinions of students' motivation to use some campus services (grades, pressure from professors, parents etc.). I believe that these experiences (clinical, academic, research and service) have added to my personal understanding of this topic and have confirmed that this is an important phenomenon to study.

I do anticipate that my clinical and research training impacted the design and expectations of this study. As my focus was primarily on psychological processes framed by motivation theories, I anticipated discovering outcomes that were related to these processes. Also, my knowledge of and experience with individuals with mental illness and college students with disabilities likely impacted my ability to remain objective while conducing the study, as my role (gathering data) was quite different than it has been in the past (providing services) when I have worked with a similar population. However, it was my responsibility and my goal to allow participants to express their stories, so that I could work to explore authentic information regarding the lived experiences of students with psychiatric disabilities. In order to help me achieve this goal, I acknowledged and recorded my thoughts, experiences, and biases throughout the process of data collection and analysis. I revisited and checked my recorded thoughts and biases throughout the analysis when themes were identified and constructed, paying close attention to the influence of these thoughts and biases on my interpretations. While a central component of interpretive phenomenological analysis is the researcher's interpretation of the participants' experiences, measures were nonetheless taken to ensure that my account of the narratives and analysis were credible. Namely, each of the themes and superordinate themes were presented to the participants and checked for accuracy during the member

checking process. Additionally, the independent audit helped to ensure that the process of data analysis was systematic and transparent and the ensuing interpretations were credible (Smith et al., 2009).

Ethical and IRB Issues

The Institutional Review Board (Chapter VI) considers individuals with psychiatric disabilities as a special class of (vulnerable) participants. As such, ethical issues concern participants' capacities to make informed, reasoned decisions (IRB Guidebook, 1993). Furthermore, as disclosure of a psychiatric disability involves discussing sensitive and/or medical information, issues of confidentiality are particularly important. According to the IRB, research should only include individuals from this population when 1) they are the only population that would be appropriate, 2) the research is directly relevant to the population, and 3) no more than minimal risk is involved (IRB, 1993). All sensitive information that was gathered for the research project was safeguarded, and specific and extensive measures were taken to ensure minimal risk, confidentiality, and the well being of participants. These methods were described in detail in the IRB research proposal, which was approved prior to dissemination of any recruitment material.

Participant Well-being

Due to the sensitive nature of the current study, measures were taken to ensure participant wellbeing to the extent possible. For instance, participants were reminded throughout the study that their participation was voluntary and that they could withdraw from the study at any time. Additionally, they were reminded that the content of the interviews was open and dynamic, allowing for them to make continuous decisions

regarding the information disclosed, divulged, and discussed in the interviews. The interviewer took great care to make the participants feel comfortable throughout the interview process by encouraging the participants to discuss what they felt was important, relevant, and meaningful. Participants were informed of the general interview guide and structure at the beginning of the process (prior to signing the informed consent) and prior to the commencement of each of the three interviews. The goal of this was to make participants feel more comfortable in 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. Furthermore, the researcher presented participants with contact information for campus services related to mental health and psychiatric disability that they may or may not have had prior knowledge about prior to the interviews. Finally, 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.

CHAPTER 4

RESULTS

Through the in-depth, phenomenological analysis of the five participants' interviews, five superordinate themes emerged related to the lived experiences of college students regarding the formation of disability identity. A number of emergent themes are nested within each of the superordinate themes, giving description and depth to the superordinate themes, describing and explaining the participants' meaning-making of their experiences and the researcher's interpretation of their experiences. The themes and superordinate 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. A schematic representation of the themes and superordinate themes, along with a representation of their organization are presented in Table 2.

Below, each of the themes are described and discussed in detail, and excerpts from participants' original transcripts are presented verbatim to illustrate each theme and give recognition to the participants' voices. In keeping with the interpretive phenomenological approach, the results section provides an interpretive account of a close analysis of the participants' narratives, without reference to extant literature (Smith et al., 2009). The purpose of organizing and presenting the results this way is to present a dialogue between the researchers' interpretation and the participants' original narrative. The discussion in Chapter Five places the findings of the study in the context of prior literature.

Table 2
Organizing Structure of Superordinate Themes and Emergent Themes

Superordinate Themes	**Emergent Themes**
PD is Personal and Situational	Personal and Situational Attributes
	Psychiatric Disabilities are 'Real' and Legitimate
College is a Catalyst for Identity Exploration	Academic Performance Informs and Relates to Identity
	Identity Constructed through Participation in College
Interactions with Others Shape Meaning and Identity	Cultural Values and Expectations Shape Understanding of Disability Identity
	Feeling Invisible: Relating as a way of Validating
Disability Identity is Dynamic	Disability Identity is Unstable and Situational
	Identities are Multifaceted and Sometimes Conflicting
Identity relates to Use of Campus Services	Reciprocity between Disability Identity and Use of Services
	Relationship between Disability, Goals, and Use of Services
	Disclosure Supports Motivation and Participation

What it Means to College Students to Have a Psychiatric Disability

Psychiatric Disability is Personal and Situational

The first superordinate theme consists of two emergent themes, which are illustrative of the ways in which participants personally defined 'psychiatric disability'. Taken together, these themes encompass the personal definitions of disability and suggest that students define psychiatric disability as an interaction between factors attributed to the person and factors attributed to specific contexts or situations. The first theme reflects a struggle that many participants spoke of in making meaning of their disability as a situational, rather than a dispositional, attribute. The second theme relates to participants' experiences in which they felt that others responded to their disability with skepticism,

often questioning the authenticity or legitimacy of their particular psychiatric disability specifically or psychiatric disabilities in general. Skepticism surrounding the existence of psychiatric disabilities often influenced students' personal definitions of disability and their decision-making regarding the utilization of campus-based services. These themes, which constitute the ways that students made meaning of and defined disability, suggest that participants defined their psychiatric disability in terms of how it related to their environmental context. That is, students' descriptions and definitions of psychiatric disability portrayed it as a construct that exists within the interaction between internal symptoms and external conditions.

Personal and Situational Attributes

Students came to conceptualize and define disability as an interaction between dispositional and situational factors, attributing it to both characteristics that exist within themselves, and features of the social structure or environment. Participants discussed the implications of attributing their disability to internal or dispositional factors, recalling that these attributions conjured feelings of personal weakness, failure, or internal deficit. Conversely, defining disability as something that originated from and exists in relation to situational factors, such as interactions and experiences with others and specific tasks or classroom characteristics, seemed to provide participants with a more empowering construction of disability. For instance, Shawna talked about her personal journey through which she came to conceptualize PTSD not as a personal deficit, but as a reaction to the presentation of specific situational factors, asserting "*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*."

For Shawna, defining her disability in its relation to external and situational factors had meaningful implications for how she made meaning of being a student with a psychiatric disability. She described how she struggled early on to make sense of her symptoms and experiences with the psychiatric disability, initially conceptualizing it as a personal deficit or an inability to cope with the stressors presented by her life, and recalled her prior definitions of disability as a personal problem she should have been able to overcome:

> You have a problem and you need to get over it. And so that's how I always thought about anxiety and when I ended up with more anxiety I would think 'I should be able to fix this. What's wrong with me that I can't fix this?'

Similarly, for Sara, a student with panic disorder, learning to see her disability as a situational rather than a personal or dispositional attribute was particularly meaningful. She 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*."

Furthermore, it is interesting to note that this theme also emerged in the narratives of participants who had been diagnosed with psychiatric disabilities more commonly perceived as having stronger neurological and organic associations. James, who had received a diagnosis of bipolar disorder in early adolescence, reflected on the role that environmental stressors and situational variables played in creating his disability:

> I always said back then, and maybe still now, that it was that point where there was so much stress happening, where I was put in these different positions socially, and like all my worlds were sort of coming together, and other stressors involved, and then I was hospitalized for it.

Students with a variety of different psychiatric disabilities defined disability as a construct created through an interplay between personal and environmental factors.

Situational factors were identified by participants as important and integral to their personally endorsed definitions of psychiatric disability.

Moreover, many of the participants defined their psychiatric disability based on its relation to and impact on academic successes and failures, pointing to the academic structure (or situations presented therein) as creating or maintaining the disability. This theme further indicates that students' personal definitions of psychiatric disability often involved not only the internal symptoms associated with the disability, but also the interaction between those symptoms and environmental or situational factors. Several participants indicated that the presence of the disability itself became evident only in the context of school. Changes in academic performance seemed to be critical in informing participants about the presence of a psychiatric disability or the distinction between a psychiatric disorder and disability. For instance, James reflected on what it meant to him to be a college student with a psychiatric disability, stating:

> I mean, for some other student that doesn't have to think about any of these things - if we think about all the testing problems, and this and that - doesn't have to worry about not making it through the semester, it's just not easy because there's so many factors that could affect me. Where, yes, I can be stable for six months or a year or two years, but then there's a lot of things that can pull me out of sync.

Thus, the interaction between symptoms and the college context, along with the resultant interference on the ability to perform well on academic tasks, was integral in the construction of students' personal definitions of disability. For instance, Shawna reflected on the role of the academic structure in creating disability:

> 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.

The analysis suggests that participants defined psychiatric disability as a construct comprised of both personal and situational factors, and more specifically the interplay between the two. The results that emerged from the analysis illustrate the importance of understanding and taking into consideration students' personal meaning and definitions of their psychiatric disability, and how these meanings can change over time (often moving from personal to situational attributions). Furthermore, disability was defined by its relation to and impact on the students' college context, suggesting that consideration of the context in which students derive meaning is central to understanding their personally endorsed definitions of disability.

Psychiatric Disabilities are 'Real' and Legitimate

The results of the analysis highlighted in participants' narratives the personally meaningful and relevant definitions of their psychiatric disabilities as 'real' disabilities. The majority of the participants shared experiences in which the legitimacy of their disability was questioned or invalidated. 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 personal weakness. 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*".

While this theme emerged across cases in many of the participants' narratives, it appeared that feeling as if others regarded their disability as less than real was particularly salient and prevalent for students whose psychiatric disability involved

disorders related to anxiety. All three of the participants with anxiety (Shawna, Sara, and Darcy) related experiences in which their anxiety was dismissed as a personal weakness, or in which other people rejected that anxiety could be considered a 'real' disability at all. In such cases, participants explained that diagnoses and the term 'disability' itself were validating of personal experiences. Similarly, officially registering and making use of disability support services on campus were seen as additional ways of making real and legitimate the students' experiences with their psychiatric 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*."

Importantly, while a clinical diagnosis or the process of officially registering with the disability service center can be stigmatizing, the stigma associated with having a disability could also be validating. When discussing the term psychiatric disability, Sara further explained:

> I think it gives it that rightful recognition that this is something real that happens to people…I see where it can be a useful term in identifying that something is real but also semi-stigmatizing in saying that you have something different than other people that might make it so that you can't do certain things.

Participants conjectured that psychiatric disabilities are unique in receiving this degree of skepticism and speculation. Several participants compared their experiences with the psychiatric disability to their own perceptions of the experiences of students with other types of disabilities. Specifically, participants reflected on how other medical or physical disabilities are culturally perceived as 'real' or as disabilities that are deserving of disability support services and campus-based modifications and accommodations. Sara commented on how she perceives anxiety disorders as more likely than other conditions to be dismissed by others as invalid experiences:

> Uh, and sometimes it doesn't even feel legitimate when you talk about it, which is something strange that a lot of my friends say is that when they tell people that they have anxiety somehow it's like – even though it's pretty much the same thing as saying you have a different kind of disability, it somehow feels invalid or something. Like people just doubt you and not really help you much.

This skepticism surrounding the legitimacy of psychiatric disabilities undermined students' understanding of psychiatric disabilities as 'valid' disabilities, and caused students to question whether or not their disability warranted the use of campus and other mental health accommodations or services. Students reported that they were less likely to disclose their disabilities to professors and peers and make use of the available services if they felt as if their disability would be perceived as invalid. For instance, Shawna stated:

> But to have anxiety, that's not legitimate. Like, that's not a disability, that's just you being lazy and wanting to be dramatic. Um, and so I kept that hidden, how much anxiety I had, because I thought I wouldn't be taken seriously.

When students define psychiatric disabilities as illegitimate, it may mean that they lack knowledge regarding the disability and the justification of use of support services. In this way, knowledge and meaning-making are interconnected and impact students' decision making. For instance, Darcy, another student with PTSD, 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*." Hence, personally endorsed definitions and meanings attributed to disability inform students' decision-making related to the utilization of campus-based disability support services.

The skepticism surrounding the validity of psychiatric disability is conceptually related to participants' definitions of psychiatric disability as a dispositional or situational

attribute. Students who considered context as part of their personal definition of disability also justified their use of disability support services. For instance, Sara 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. The following quote from Sara illustrates the way that this is related to her use of services:

> 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.

Inherent in the students' definitions of disability is ambivalence towards the definition of psychiatric disability as a real and authentic experience. Furthermore, it emerged from the narratives that, for some participants, constructing a personally endorsed definition of disability often involved the participants' consideration of cultural perceptions of psychiatric disabilities in general, and their specific disability in particular. Nevertheless, students with psychiatric disabilities generally defined their disability as a real and authentic experience, comparable to those of students with other types of disabilities, and the personal definition of psychiatric disabilities as 'legitimate disabilities' seemed to impact students' use of services.

Overall, this superordinate theme and the two emergent themes that constitute it suggest that students do not define their psychiatric disabilities in terms of psychological or personal characteristics. Instead, students define their disabilities in terms of their relationship to situational factors, stressing that disability is often created or maintained by specific situational structures or events. This theme also suggests that perceptions of

how others perceive and define psychiatric disabilities influenced and informed how students made meaning of their own experiences, impacting their personally endorsed and constructed definitions of disability. Although the participants interviewed presented with a variety of disabilities (e.g., bipolar disorder, PTSD, panic disorder, etc.), a common thread between students' conceptualization of disability was that it exists within the interaction between personal and situational factors. Moreover, this analysis suggests that definitions of psychiatric disability involved were integrally and inherently related to the context in which they were constructed. The participants defined and made sense of their disability in terms of its relation to their experiences within the college environment. The following section provides an exploration and discussion of how students' personal meanings of their psychiatric disability and their identification with the disability are shaped by and within the specific context of college.

Construction of Disability Identity within the College Context

College is a Catalyst for Identity Exploration

Results suggested that experiences presented in college can act as catalysts for identity formation, as participation and interaction with different aspects of the college context present students with opportunities for identity exploration, particularly as it relates to the construction and endorsement of disability identity. Changes in students' academic performance seemed to act as a salient and meaningful catalyst for identity exploration with regards to the disability, often prompting students to reevaluate and assess the severity of their psychiatric symptoms and the meaning of their disability as it relates to their identities as students. Results indicated that engaging in writing and participating in different activities within the college context are important ways that

students negotiate identity. Additionally, several students discussed the role of formal and informal educational experiences in informing their understanding of and identification with psychiatric disabilities. Specifically, acquiring new content knowledge about mental health and disability played an important role in promoting identity exploration and prompting the exploration of disability identity.

Academic Performance Informs and Relates to Identity

Students' academic performance was meaningful in informing their understanding and construction of disability within the context of college. Academic performance appeared to act as a reference through which students made assessments and evaluations of their own psychological functioning and wellbeing. Whereas consistent academic successes suggested a degree of internal stability and functioning, changes or sudden declines in performance were often meaningful to students as they associated them with changes in psychiatric symptoms. All of the participants talked about their identities as students, identifying themselves as strong, dedicated, students with histories of success in setting and meeting personally relevant academic goals. Inconsistencies in academic performance were identified as crucial in prompting students to consider or reconsider the presence and impact of their psychiatric symptoms, particularly when their performance conflicted with their perceptions of themselves as students. For instance, Shawna remembered questioning her identity as a student when her disability began to interfere with her academic performance:

> I worked really hard and had good grades and now all my grade are Bs and Cs and Fs. Um and, it was like an identity crisis for me of like I'm not a nerd anymore I can't call myself a nerd if I have...all these bad grades.

Christi also shared that succeeding in a university was one way of making sense of and reconciling her identities as a student studying theater and as a person with bipolar disorder, highlighting the role of college performance in constructing identity:

> You don't get to see it until you're in school or working or physically doing something with purpose and meaning. For me it was theater. Having to prove to myself, and taking a full load of credits at a university. Community college wasn't enough. I had to go to a university to tell myself 'oh I can handle life again'. Like it's sad that you have to prove to yourself so much like with the disability. You feel like you have to constantly be proving yourself or checking yourself.

In this way, academic performance, and more specifically stability and success in academic performance at the university are not only integral to students' academic identity, but are also implicated in the construction of students' identity pertaining to the disability. These findings suggest that students' endorsement of disability identity is integrally and inherently related to their identity as students.

Identity Constructed through Participation in College

In addition to learning about one's self through the personal assessment of academic performance, participation in college also emerged as an important component of 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, this involved engaging in discussions in classes and joining different groups on campus, where she integrated her knowledge about disability, sociology, and mental health in meaningful reflections and discussions. Through these group memberships and experiences with literature and material presented in courses, she explored and negotiated her own identity:

> Yeah, like college was an awakening experience, as college is, but for me for lots of different reasons. Like 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'.

In another example, Sara shared that writing poetry and sharing it on campus and with her peers and friends at school, has helped her to make sense of her emergent identities 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.

For Sara, developing this hobby provided a means through which she was able to make sense of her identities while connecting to others on campus. These quotes provide two examples that illustrate ways in which students negotiate their identities through different forms of participation in college.

Students also related that learning about disability has the potential to inform and prompt identity exploration. As students acquired content knowledge regarding disability and mental illness, their perceptions and meanings of disability changed. For instance, learning about mental health, disability, and the role of social structures or settings in creating or maintaining disability was identified as a significant process in influencing and reshaping students' conceptualization of disability as a situational 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…I mean, I learned it in school, but I guess it's just reinforced in my mind because I don't want people to assume things about me.

Thus, for Darcy, it was through her experiences in "school and social work" that she learned to conceptualize a person's experiences with mental health and illness as part of the larger context in which their experiences have been situated.

Participants expressed that learning about disability and their own associated needs could be empowering. Understanding one's disability and endorsing disability identity often involves learning about and becoming knowledgeable about the condition itself or issues surrounding mental illness in general. While course content related to disability and disparities in health is not the only venue for learning more about disability, (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), analysis of the narratives suggests that for the students interviewed, the process of learning about disability itself plays a significant part in shaping students meaning making and identity related to their disability.

Interactions with Others Shape Meaning and Identity

Interactions with others emerged as an important theme throughout participants' narratives. These interactions were of particular relevance in shaping and informing the personal meanings students constructed and attributed to their disability and their use of campus-based support services. Cultural values and expectations communicated to students by key figures such as teachers, professors, peers, and parents were identified as influential in shaping students' meaning and identity construction. While the messages

from others in the students' environment surrounding disability were found to influence students' understanding of disability, it also emerged through analysis of the participants' narratives that relating with others with psychiatric disabilities can be an important way to validate experiences and make meaning of disability. All of the participants expressed a desire to share their experiences and relate to other students with psychiatric disabilities, and expressed feelings of isolation and solitude associated with having an 'invisible' disability.

Cultural Values and Expectations Shape Understanding of Disability Identity

Results suggest that students' personal meaning of disability and identity were informed by their perceptions of cultural values and expectations. Students referred to cultural stereotypes, expectations, and values, often communicated by parents, teachers, and peers that impacted their own understandings of disability. For instance, Shawna remarked on the 'gendered' conceptions of disability in our culture and how it shaped her own negotiation of identity, stating,

> Going back to being a female-presenting person, if I am having a panic attack, or if I'm crying then it's like 'oh, well that's what women do, they cry all the time and they're emotional'…The dismissiveness of it is all tied to the devaluing of women.

Similarly, this was apparent when Sara pointed to the role of her parents' cultural upbringing in shaping their attitudes towards disability, saying "*I guess they just see it differently because of the way they were brought up, they kind of refuse to adopt that label because they're scared of it*." The attitudes and cultural representations of disability were pervasive in shaping students construction of disability and shaping the ways they identified with their disability.

Narratives also imply that students receive messages indicative of cultural values and expectations from professors that are vital in shaping not only their perceptions of disability but also influence whether or not and the degree to which students identified as students with psychiatric disabilities. Likewise, students' perceptions of these messages were implicated in their decisions about disclosure and use of accommodations in specific classroom environments. All of the participants shared experiences in which they felt either discouraged or encouraged to disclose their disability and/or make use of services because of cultural messages portrayed by professors related to tolerance and inclusion. Interestingly, it emerged from the analysis that participants perceived the cultural values and expectations expressed by professors to vary depending on the department or college in which the course was situated. Students observed that cultural climates in some departments were less conducive to identity exploration, particularly concerning students' endorsement of their identity, than those found in other departments. For instance, students remarked on the intolerant attitudinal beliefs, values, and expectations expressed by professors in the hard sciences, stating that professors in the social sciences were commonly perceived by students as being more tolerant, more educated about disability, and more receptive to disclosure. Shawna, reflecting on her experiences in hard science classes, hypothesized:

> I think it's like because hard science is so much about facts and proof and what's right in front of you that that's why they're so rigid in their thinking about something that's not abstract, but just that there's so many elements to it…It just seemed like the whole chemistry department, that was the code of – not ethics – but that was the code that you lived by.

James, who was pursuing a second bachelor's degree in engineering as a non-traditional student, spoke to his negative experiences with professors in the engineering

department that he perceived as being intolerant towards requests for disability services and accommodations. Negative experiences surrounding disclosure and intolerant attitudes towards disability impacted his own understanding of his identity as both a student with a psychiatric disability and an engineering student. However, it is important to note that not all of the experiences students recalled with professors involved intolerant expectations and assumptions about disability, even in departments that were more typically aligned with these cultural values. When students did have positive experiences with professors where they felt supported and/or encouraged to disclose, they expressed a stronger sense of belonging and found it easier to make sense of their identities as strong students with psychiatric disabilities. For instance, James also recalled an experience with a professor in the engineering department that made him feel that his identity was welcomed in the classroom:

> This one professor this semester had like a big five minute speech where it wasn't just the normal um you know like read down to the bottom of the syllabus and if you have a disability go see DRS or something, it was like if there is something you have a disability with please come and talk to me because I'm very open and helpful and want to make sure that you succeed. It was a very open conversation so it made it easy for me to email him this weekend and say hey I really can't turn my assignments in this week can I get an extension?

While James related that this experience had a positive impact on his sense of belonging and inclusion in the course, it serves as a reminder that this professor's attitude towards inclusion is not necessarily typical in this particular context.

These narratives also emphasized the role that language plays in communicating cultural values and beliefs regarding disability, and the role of language in sharing and making meaning of disability. The language professors used to discuss accommodations communicate meaning to students and can convey attitudes and assumptions. Professors'

tones of inclusion were often born through the use of ablest or intolerant language. Even before the initial class meeting, some students recall being personally affected by the professors' tones, set even with the language used in the course syllabus. For instance, discussing her experience with her chemistry professor, Shawna recalled, "*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'*." These types of cultural values transmitted to students by professors and others emerged throughout the interviews as agents that actively informed and shaped students' feelings of inclusion and belongingness, and they had direct implications for how students made sense of their emergent identities as students and individuals with psychiatric disabilities. For instance, 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'. Not to say - I'll never say that to someone that I don't know, but you know, um just because of the way society views bipolar. I mean I'm sure some people know it's not that bad and it's pretty normal and so it's actually really, the statistic – I mean, you know these things already – but you know, it's actually quite common. Which for the longest I didn't understand either; I thought it was just me.

Feeling Invisible: Relating as a Way of Validating

Feeling invisible emerged as a shared component of students' experiences. Some of the participants used the word "invisible" to describe the experience of what it is like to be a college student with a psychiatric disability and related the significance of this experience to their personal construction of identity. Participants expressed that they often feel as though their struggles and experiences as a person with a disability are invisible, made that way either by their own efforts to conceal their disability from others, or as a result of societal – and particularly academic – norms to make invisible those with

disabilities that are considered taboo, personal, and highly stigmatized. As Shawna explained, cultural norms of invisibility relate to stigma and suggest disability or "neuro-diversity" is "bad" or "weird", and internalizing these norms can be damaging to students' understanding of their own experiences of disabilities, their emergent identities, and their willingness to seek help or accommodations. She described feeling that she belonged to an "invisible community":

> And for people with disabilities, especially with mental health stuff, psychiatric stuff, it's really hard to disclose that because there's so much stigma and even bullying that it's not a population that is even trying to raise a bunch of flags and say 'look at me, this is what I have, and help me.' The record has not been a lot of help and not wanting to draw attention to yourself.

Furthermore, 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. 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. For instance, Shawna and Sara projected that these opportunities would lead to a more advanced and well-developed understanding of disability:

> Shawna: 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 it to expect in your college experience. These may be some challenges that students have been dealing with, similar to you.

> Sara: 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.

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.

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. Furthermore, as 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. In this way, disclosure was discussed not only as a way of sharing with others and setting the stage for requesting accommodations, but as a significant part of the process involved with validating and making visible personal experiences that are often undermined and questioned. Sara reflected on the role of these experiences in shaping her meaning and 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.

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 a number of different individuals, including other students, professors, DRS staff, or mental health counselors and therapists. Nevertheless, most of the participants expressed a strong desire to relate to other students with psychiatric disabilities, suggesting that opportunities for these types of interactions are very uncommon.

Disability Identity is Dynamic

Analysis of the narratives provides insights into the ways in which college students with psychiatric disabilities define and understand disability identity. Many students talked about their identities as multifaceted and complex constructs, describing their disability identity as one transient aspect of a number of personally endorsed identities. Students' narratives surrounding disability identity suggested that students perceived their own disability identity as an unstable and often situational construct. This analysis indicates that approaches to understanding or studying disability identity that treat it as a stable construct (i.e., asking participants whether or not they identify as having a disability) may overlook the complex nature of the endorsement and construction of disability identity. This has important implications for understanding

disability identity as a transient and dynamic perception where meaning making and identity are contingent on a number of cultural, social, and psychological factors.

Disability Identity is Unstable and Situational

While college seemed to act as a catalyst for identity exploration, and participation and interactions with particular aspects of the college environment appeared to promote identity exploration as it pertains to disability identity in students, the analysis also exposed that students perceive disability identity as both transient and fluid. Students described their endorsement of disability identity as an unstable, impermanent, and situational endorsement. 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 transitory nature of disability identity seemed to have implications on the ways that students conceptualized and defined their disability and its relation to their sense of identity. As Darcy conjectured,

> I won't always have PTSD… I mean I might always have it but hopefully I won't. Like it's something that you can recover from. So it's like a broke light inside me; it's broken for like years, and then it can get better.

Darcy's metaphor of a broken light indicates that she understands her disability as something that can be overcome or fixed with work and attention rather than defining it as a stable trait or personal characteristic.

Furthermore, close analysis of the participants' narratives suggests that the way students understand their disability and the endorsement of disability identity are also related to the presence and intensity of symptoms. Students characterized their disability identity in similar ways, i.e., as a dynamic and transient part of themselves that does not constitute their sense of self or define who they are; however, students who reported experiencing intense and salient symptoms of their disability during the interviews described their disability in different terms. Specifically, these students also described their disability as something that defined them as individuals and was considered more of a stable and integral to their identity. Christi described how changes in the way she defined 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'.

Furthermore, the impact of psychiatric symptoms on participants' construction of disability identity was evident between the interviews in some cases, as was illustrated by James, who described his disability identity in different conceptual terms between the interviews. In the first two interviews, during which James expressed that he was not experiencing symptoms of his disability, he described his disability as a relevant but minor and transient part of his identity. However, in the third interview, during which he disclosed that he had faced an onset of symptoms associated with his disability, James referred to his disability identity as a more stable and integrated part of himself.

Specifically, during the third interview, James confessed that stressors associated with his schedule at school had triggered a manic episode, and that he had spent the week considering the possibility of taking medical leave. In this context, he seemed to conceptualize the nature of his disability identity differently, describing it in more impactful terms, making statements such as "*It's a big part of me*". He went on to explain that the way he understands his disability and the extent to which he integrates it into his sense of self 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 transient and involves the students' perception of the dynamic interplay between fluctuation symptoms and contexts. These findings provide further support that students' conceptualization of disability identity is impacted by the ways in which their psychiatric symptoms are triggered by and relate to the context.

Identities are Multifaceted and sometimes Conflicting

In addition to defining disability identity as a dynamic and unstable construct, students also conceptualized it as one of many or multiple possible endorsed identities. Furthermore, several of the participants observed that personally endorsed components of their identity could exist simultaneously and concurrently in a conflicting or coherent manner. This was particularly salient in the narratives when participants considered their identities as students in relation to their identities as students with disabilities who might

need special accommodations. For instance, Shawna shared that her strong academic performance, successes, and identity as a strong student were of principal importance to her sense of self. For Shawna, poor performance in school associated with her disability caused some conflict in her sense of self and undermined her identity as a strong student. She recalled feeling conflicted when she felt that her disability identity challenged or conflicted with her academic identity:

> And I just had so much like shame about that. But even as I was taking the test I was like 'What is going on?? Why don't I know what's happening right now on this test?'. Um, and I remember like walking out of the library like in tears um and just got like really depressed where I questioned who I was as a human being. It was that like serious for me to do poorly on this exam. Um because all I knew was like that I'm a really good student, I get straight A's, and I'm smart. Me failing this means I'm not smart… a lot of my anxieties around not doing well in school comes from knowing that that's my feeling like that's my only value that I'm like this weird freakish person in all these other ways but I'm a really good student and that people value me for that reason, so if I'm not good at school then I'm not gonna be valued for anything.

Shawna, along with several of the other participants, discussed the process through which she made sense of her disability and what it meant to her emergent sense of self. This emerged as a personally significant and important process for many of the students, who learned to reconceptualize their dynamic and unstable disability identity as one of many possible transient parts of themselves. For instance, Darcy explained, "*I think at first it's really discouraging, but later on maybe you kind of just realize it's a part of you and you figure out how it works in your life."* Importantly, many of the students shared that they had worked to find ways to make sense of this identity in the context of their other self-conceptions. For example, in explaining how she came to see herself as a strong student with a psychiatric disability, Sara explained, "*It is a part of me, but it does not take away from me in any way. It doesn't make me lesser*." Christi also

explained how the process of distinguishing her disability identity from her other emergent identities involved becoming more educated and aware of the psychiatric disability and her own definitions, meanings, and values:

> For the longest it was hard to distinguish like I would say 'I am bipolar'. But no, it's I have the condition. That's not who I am. I'm tons of other things... So it's a matter of knowing, accepting who I am, which everybody struggles with, and then realizing that I have a condition. Bipolar isn't me, it's what I have. And it took me a long time to accept that and understand that. And by understanding that meant that I had to really look into the bipolar condition and really realize there's mixed state the mania, the depressive, you know, and my moods.

Despite participants' general progression towards defining disability identity as one transient aspect of themselves, 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 acknowledged that this could be damaging 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, but acceptable part of their life story that makes sense with other dynamic understandings of themselves has implications for their emergent identity 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, it is important to note that endorsement of disability identity does

not and should not detract from students' emergent perceptions of their selves as multifaceted and complex people with rich identities.

Disability Identity and Use of Campus Services

Identity relates to Use of Campus Services

Results of the analysis imply a relationship exists between students' endorsement of disability identity and their motivation to make use of services. Importantly, this relationship is bidirectional; students' identity impacted their use of campus-based support services while the use of campus-based services further influenced students' understanding of themselves and their disability. Also relevant in the participants' narratives was the relationship between their understanding of their disability and their personal, professional, and academic goals. Finally, issues surrounding disclosure emerged as a theme throughout the interviews. While disclosure was identified and discussed as a complex phenomenon, participants reported that disclosure on campus to professors and peers was most commonly an indicator of acceptance, relatedness, and interpersonal support. As a result, participants reported that they felt more engaged and motivated in atmospheres that supported and encouraged disclosure, suggesting that an important relationship between disability identity, disclosure, and motivation may exist in classrooms in higher education.

Reciprocity between Disability Identity and Use of Services

The analysis indicates that students' use of services may reciprocally impact and inform their disability identity, as conversations with essential figures at disability service centers and campus counseling services can help students conceptualize and make meaning of their experiences with the disability. Interactions with staff at DRS were

identified as being particularly 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 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, Darcy recalled how conversations with staff at disability resources and services and her therapists helped her redefine her disability as a temporary and transient aspect of her identity rather than an integral, permanent aspect of her identity. Consequently, this redefinition 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.

Likewise, the extent to which students chose to utilize disability support services and mental health counseling services depended to a large extent on their personally endorsed definitions of their disability, their understanding of their experiences, and whether or not they endorsed their disability as a meaningful component of their identity. Use of services was related to the ways in which students defined psychiatric disabilities,

particularly with regards to seeing the psychiatric disability as a real and valid disability. Three of the participants shared stories related to questioning their own eligibility for services, examining whether or not they really considered themselves to be a person with a disability. For instance, Shawna stated "*I didn't think I would be able to get support services…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.*" Through Shawna's conversations with her campus-based mental health counselor, and subsequent conversations with the staff at DRS, she developed a better understanding of her specific disability-related needs and became more comfortable utilizing accommodations and services. Several of the participants shared similar stories in which utilizing support services enacted and prompted further understanding and endorsement of their disability identity. Again, this theme points to the interconnectivity between different themes that emerged throughout the analysis of participants' narratives. Specifically relevant in this theme is the role of interactions with others in shaping students' definitions of psychiatric disabilities as 'real' or legitimate disabilities that warrant the use of services.

All but one of the participants (Sara) in the current study were registered with and made regular use of campus-based disability resources. Sara, who made regular use of campus-based counseling services and identified as a student with a psychiatric disability, declared that she was not aware of disability support services at the time of the interviews. She explained that therapy has been an influential agent in supporting the development of her emergent understanding of her psychiatric disability and what it means to her sense of self, stating that this has impacted her meanings of using services:

> I just wasn't aware, and I don't think I would have felt comfortable being aware of that [disability support services] 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 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.

Relationship between Disability, Goals, and Use of Services

The results suggested that understanding students' use of services involves an understanding and consideration of their academic goals. Noteworthy in participants' narratives were concerns about the role of their disabilities in potentially impacting, interfering with, or restricting their abilities to achieve their academic and professional goals. Each of the participants emphasized the importance of setting and working towards academic goals; however, participants also divulged that the unpredictable nature of their disability had resulted in a rather complicated and non-linear progression towards goals. Self-doubt and apprehension associated with their ability and its potential role as an obstacle preventing them from achieving their goals emerged as a general theme throughout the interviews. For instance, James affirmed, "*I always have a fear, you know, of not being able to get a semester done because of my illness*." Furthermore, the relationship between disability and goals seemed to be context specific. For instance, Sara compared her experiences in elective English classes to her experiences with her goals and disability in her Education classes:

> For the English classes I feel like I know there are other people in this room like me, and for the education I feel like – I know I mean I know people in education

> who are like me but it doesn't feel that way, it feels like you need to be super professional and you have to be like on top of things always.

Participants' perceived relationship between their goals and their disability changes not only with the context but also with the symptoms and salience of the experience of the psychiatric disability. For instance, during the member checking process, Christi disclosed that she had taken medical leave from school since we had last met, delaying her graduation by at least one semester and requiring her to recalibrate her academic and career goals. While Christi had talked about her fears surrounding her ability to remain in school during our initial interviews, it was during the member checking process that she stressed the fear associated with uncertainty surrounding her psychiatric symptoms, when they will be triggered, and what their impact will be on her ability to pursue her goals. Participants' doubts surrounding their abilities to accomplish their goals highlight the interconnectivity between several of the themes, as their concerns about their goals often involved their understanding of their disability as a dynamic and unstable construct that interacts with and is impacted by situational factors. Finally, this relates to their use of services, as disability support services were largely conceptualized by participants as essential in supporting them towards the achievement of their goals. For Darcy, the way she approached disability services changed as she became more aware of her own academic goals and the impact her disability could have on her ability to work towards her goals:

> Um…I'm not like afraid to use campus resources anymore or ashamed of it so if I need something I just go and get it. Like if I need to go and talk to the DRS person, I won't think about it and get nervous because I don't know how she's going to judge me or something or I like don't want to because I don't want to use disability resources, I just do it because I need it. So I guess it just like um that's one of the steps would be like um like using all the resources that I can and I think I do.

Disclosure Supports Motivation and Participation

All of the students shared experiences in college in which they perceived the environment to be unsafe, unaccepting, or intolerant of their personally endorsed identities as college students with psychiatric disabilities. Disclosure is supported and encouraged by welcoming and tolerant, inclusive classroom climates, while it is discouraged through professor's inherently intolerant messages communicated to students. Students reported that they felt discouraged to disclose their disability status and request accommodations in situations or contexts where their identity as a student with a psychiatric disability was either not validated or met with negativity by professors or peers. Shawna reflected on experiences in which she felt that her identity and participation were stifled in classes where the professor created a socio-political climate that was unwelcoming or intolerant of diversity. Additionally, she recalled feeling unmotivated and disengaged in the course as a result:

> And then to shame someone for not doing well in the class isn't going to motivate them to do better. You should be getting at the root: is there something I'm not doing as a teacher or can I give you the number to the tutoring office or is the way that I'm teaching not working? Is there something I can be doing to support you in getting this if you're -you know -not doing the assignments that's one thing…Why are you in this class and not doing the work that's a waste of your tuition money? Those are the conversation you have, not 'I don't even know how you're even still in this class if you're doing so poorly'. Um, because that kind of stuff is just a turn off that just makes me not want to be there. But then I do want to finish the class, or I need to finish the class for the credit or whatever, so, it just gets exhausting for me mentally and politically to have that as a professor.

The impact that this had on students' engagement and motivation in the course was significant, and emerged throughout the interviews with each of the participants. This has direct implications for students' academic performance and learning. For instance, Sara also discussed her experiences struggling to maintain motivation and

engagement in classes in which she felt the professor has indicated an ablest or intolerant tone towards students with disabilities:

> I try not to like skip because I'm feeling off or anything, but it can be like a really dreadful experience sometimes if you're sitting there and you're going through all these things and just to pay attention or take notes and I don't know it's frustrating I guess… but then at the end of the day when you go back you're like 'I feel like I'm not fully performing in this class and it's frustrating, and you feel like let down I guess that that you're not getting more out of it or that you're not doing more for yourself in there and that you're just sitting there kind of like scared to say anything or make it known that you're struggling.

These results lend further support to the role of teacher's language and tones in creating an inclusive and tolerant classroom climate, and the impact this can have on students with psychiatric disabilities. The themes that constitute this superordinate theme elucidate the relationship between students' identity, goals, and motivated action pertaining to disclosure and use of services. Specifically, identity both shapes and is shaped by students' use of services, and developing a comprehensive understanding of this relationship involves consideration of students' goals, the culture of particular contexts and classrooms, and students' perceptions of their disability within those contexts.

Summary

The themes and superordinate themes that emerged from the in-depth analysis of participants' interview narratives indicate that meaning of disability itself and the endorsement of disability identity are dynamic and influenced by a number of contextual factors. Particularly relevant in shaping students' meanings and definitions of disability are interactions with others at college and opportunities for participation and learning afforded within the college context. The analysis showed that students' decisions to make use of campus based services is complex and exists in a dynamic and reciprocal

relationship with the endorsement of disability identity and the experience and manifestation of the symptoms related to the psychiatric disability. In the following chapter, I discuss the findings of the current study in the context of prior literature on disability identity and the experiences of students with psychiatric disabilities. Finally, I present implications for theory, practice, and future research.

CHAPTER 5

CONCLUSION AND IMPLICATIONS

Summary of the Study

Prior research has indicated that disability identity shapes students' motivation towards action, self-advocacy, and factors related to academic persistence and success (Marshak et al., 2010). Still, little is known about how people make meaning of their disability, how this meaning is shaped within different institutions and contexts, and how it relates to the formation of disability identity. 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. Additionally, as the development of identity organizes thoughts, actions, and experiences, a goal of the current study was to explore the reciprocal relationship between the construction of disability identity, motivation and use of campus services among college students with psychiatric disabilities. Understanding these actions and processes, as well as students' shared and individual meanings of disability identity, has the potential to inform educators, practitioners, and theorists about the complex nature of disability identity while allowing insight into the experiences and decisions of college students with psychiatric disabilities.

In order to investigate these processes, I took an interpretive phenomenological approach to explore the lived experiences of five undergraduate college students with a variety of psychiatric disabilities. Through the analysis of the interviews, I identified five superordinate themes relating to students' personal meanings and definitions of psychiatric disability, disability identity, and use of campus based support services. A

number of themes emerged within and constituted each of the superordinate themes. Collectively, these themes highlight the role that various contextual factors play in influencing students' disability identity and attend to the multitude of sources (e.g., interactions with peers, professors, counselors and others on campus) that inform students' meaning of and identification with disability. Furthermore, themes surfaced pertaining to the relationship between students' endorsement of disability identity and use of campus based support services.

Discussion of Findings

In the following sections, I place the major findings of the current study in the context of the prior literature pertaining to disability identity construction and students' use of support services. Examining the findings in the context of prior literature has the potential to further elucidate the findings. Similarly, the findings derived from the current analysis also have the potential to shed light on and clarify points in the literature that have historically been inconclusive or understudied. Finally, as one of the goals of this study was to provide insight and information relevant to those who work with, teach, and study students with psychiatric disabilities, implications for theory, practice, and research are presented and discussed.

What it Means to College Students to Have a Psychiatric Disability

A central question in the current study involved students' perceptions of what it means to be a college student with a psychiatric disability. Of particular interest were students' experiences as college students with psychiatric disabilities, how they came to define disability, and what having a psychiatric disability meant to them. Throughout the interviews, participants discussed their definitions of disability, the processes through

which they constructed these definitions, what these definitions meant to their understandings of their own identities, and how their definitions related to their use of campus-based support services. The findings suggest that students define psychiatric disability as a construct comprised of the interplay between personal and situational factors. In defining their disabilities, students highlighted the interaction between the individual and the environment, or the personal and situational, rather than conceptualizing and defining psychiatric disability solely as a psychological construct. Inherent in students' definitions of disability were notions surrounding the authenticity and legitimacy of psychiatric disabilities. Issues pertaining to the 'realness' of psychiatric disabilities impacted students' conceptualization what it means to be a college student with a psychiatric disability.

Psychiatric Disability is Personal and Situational

Fundamental to many participants' definitions of psychiatric disability was a negotiation of some degree of tension between defining psychiatric disability as a dispositional attribute (i.e., a personal trait) or a situational outcome (i.e., the result or outcome of exposure to situation-bound factors that exist outside of the person's control). It emerged as a major finding in the current study that participants defined their disability as an interaction between personal and situational factors, existing in the interplay between both the individual and situational. It appeared that many students defined their disability as an internal deficit early on in their diagnosis, moving towards integrating a consideration of the context into their personal definitions of disability over time. Relatedly, the narratives pointed to participants' experiences in which others asserted that psychiatric disabilities are not 'real' disabilities. Participants spoke of experiences in

which others either explicitly or implicitly defined psychiatric disability as personal weaknesses or as a person's inability to overcome situational challenges. Adopting this framework and internalizing these meanings had implications for the way students defined their disability and ultimately shaped their identification with the disability. Many participants detailed their own personal progression in which they moved from defining psychiatric disability as a personal weakness to more fully understanding it as a legitimate experience, defining it in terms of its relation to and impact on the context in which it is being defined.

A great deal of prior literature has focused on the conceptualization of disability as a personal or social construct (Crow, 1996; Hughes & Paterson, 1997; Shakespeare & Watson, 2001). The literature on disability and identity is often demarcated by debates about what 'disability' is, and what it means for a person to be 'disabled' (Shattuck et al., 2014). This divide has involved divergent paradigms and perspectives of the medical model and social model of disability (Beart, 2005; Jones, 1996 ; Olney, Brockelman, Kennedy, & Newsom, 2004). Much of the psychological, psychiatric, and educational literature on disabilities has traditionally framed disabilities from a medical perspective; however, many scholars interested in disability studies have shifted to a social model for describing, understanding, and researching issues pertaining to disabilities (Oliver, 1990; Oliver, 2013). The medical model situates disability as a biological impairment or limitation, reinforcing the supposition that it is the responsibility of the person with a disability to overcome or fix their disability in order to participate in society (Swain, French, Cameron, 2003). Disability scholars have long advocated for a shift in the paradigmatic thinking about disability, framing disability as a social construction rather

than a personal impairment (Goodley, 2001; Oliver, 1990; Swain et al., 2003). Proponents of the social model of disability have postulated that disability exists in the presence of disabling structures, emphasizing the role of context in constructing and defining disability. Thus, the primary distinction between the two models is that the social model frames disability as a social construction, in which the interactions between people with impairments and a disabling environment constitute the disability; whereas the medical (or individual) model of disability characterizes disability as an individual deficit (Shakespeare, 2006).

According to the social model, disability is a culturally and historically situated phenomenon that is not characterized by universal or stable traits. This framework has been transformative in accentuating the role that contexts play in shaping and maintaining disability and underscores the importance of inclusive practices. Furthermore, 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). For instance, 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 results of the current study add to the literature on the social versus medical models of disability. Much of the theory and research in disability studies that advances

the social model of disability has focused primarily on individuals with physical disabilities, and theorists have called for expanding conceptualization and empirical investigation to psychiatric disabilities as well (Muvaney, 2000). As noted earlier, issues surrounding the conceptualization and definition of disability may be particularly complicated when focusing specifically on psychiatric disabilities for a number of reasons. Perhaps to a greater extent than with other disabilities, defining, categorizing, and labeling psychiatric disabilities often rely on inherently psychological (i.e., personal and individual) terminology (Anastasiou & Kauffman, 2013; Mulvaney, 2000; Stein et al., 2010). Additionally, the power to define disability is generally left to those without disabilities (Swain et al., 2003), and has very rarely been afforded to individuals with psychiatric disabilities (Mulvaney, 2000). Therefore, research that examines the conceptualization of disability from the perspectives of individuals with psychiatric disabilities is a warranted and necessary step in development of a comprehensive and progressive understanding of these disabilities. The findings of the current study support this undertaking, as they offer insight into the lived experiences of individuals with psychiatric disabilities pertaining to how disability is defined and conceptualized.

Additionally, participants expressed that conceptualizing disability as an internal or personal construct involved defining it as a personal flaw, weakness, or deficit. Not only did this manifest in students' negative identification with the disability, but it also involved questioning the legitimacy of experiences with the disability. That is, when students defined their disability as a personal limitation or weakness, they also endorsed others' perceptions that psychiatric disabilities are not legitimate disabilities. This was evident throughout the narratives when participants recalled situations in which they

encountered skepticism about the legitimacy of psychiatric disability, where others attributed the students' experiences of disability to personal weaknesses. Many of the students seemed to work through a similar process in which their definitions of disability developed and evolved to incorporate a consideration of the role that social structures play in creating and maintaining psychiatric disability. Students' personal progression towards defining disability as the product of the interplay between the person and the environment was also concomitant with more positive and adaptive self-perceptions. Prior research has also emphasized the importance of self-perceptions and self-knowledge in empowering individuals with disabilities to understand personal needs and make use of information and resources (Crow, 1996). These results highlight the importance of understanding the personal conceptualization of disability constructed by individuals with psychiatric disabilities.

While the social model of disability has been widely advocated for within the field of disability studies, it has also been critiqued for minimizing the perceived experiences of impairment by individuals with disabilities. It has been argued that the social model of disability artificially reduces the multidimensional experience of disability to a single dimension of social construction, drawing an artificial distinction between the social dimension and the personal experiences (Anastasiou & Kauffman, 2013). Drawing such a distinction can undermine the biological, cognitive, and subjective experiences of those with disabilities. Instead, authors call for the conceptual and empirical clarification of the "relationship among the biological and cultural, individual and social, psychological and behavioral, intrinsic and external factors affecting the lives of people without eliminating one of these levels of analysis" (p. 454). It is imperative

that in their investigation and conceptualization of disability as a social construction, theorists and researchers do not undercut the lived experiences of illness and impairment experienced by individuals with psychiatric disabilities (Mulvany, 2000). The findings of this analysis highlight students' construction of disability as neither a social construct nor medical impairment, but as the complex and interconnection between the two. It appeared that students' definitions of disability as a social or personal construct had an impacted on their identity and their ultimate use and definition of campus services. These relationships are further explored in the following sections.

Construction of Disability Identity within the College Context

A second focus of the current study pertains to the ways in which college students with psychiatric disabilities construct disability identity. The results of the current analysis shed light on the personal experiences and perspectives of disability identity and how they are defined and constructed by undergraduate students within the context of college. More specifically, the results suggest that participation in college provides opportunities through which identities are explored and constructed. Additionally, the analysis underscored the important role that interactions between students and other individuals in college play in shaping and constructing meaning pertaining to their psychiatric disability and disability identity.

College is a Catalyst for Identity Exploration

Results indicate that opportunities and social structures presented in college act as catalysts for identity exploration, as different aspects of the context prompted, facilitated, and informed students' identities. The ways in which students made sense of their disabilities and identified with the disability were shaped by their experiences in college.

Particular experiences that emerged as meaningful in shaping disability identity were those related to students' academic performance and their participation in various activities, groups, and classes. Furthermore, the results suggest that students' disability identity and identity as students are often intertwined, informing each other. Moreover, both of these emergent identities were constituted and reconstituted as students were exposed to new information and experiences in higher education.

One of the major findings of the current study was that students' perceptions of their academic performance were important to their emergent identities. Specifically, students' performance on academic tasks and the degree to which they perceived their academic performance as stable (i.e., consistently achieving expected grades versus experiencing unexpected declines in performance) were crucial in informing their understanding of and identification with the disability. Unexpected failures often prompted students to reconsider their identification with the disability, while stability in performance was often used as a benchmark or indicator of mental health and wellbeing. All of the participants identified themselves as strong students and spoke of their sense of academic identity as important and meaningful to their overall sense of self. In some cases, the presence of a psychiatric disability conflicted with students' understanding of their academic identity, as it often negatively impacted their performance in school, interfered with their ability to focus or participate in class, and in some cases led to adverse experiences with peers or professors. Furthermore, participants were challenged to make sense of their use of disability support services. Participants often felt that their identity as a strong student was challenged by their need for services. This caused conflict for several of the participants, who struggled to make sense of their need for

academic support services. This was evident in four of five of the participants' narratives in which they described concerns about whether or not their use of services was fair or if using services put them at an unfair advantage over their classmates. However, it appeared that learning about their disability and identifying themselves as a person with a disability helped students to make sense of these issues. That is, as students developed personally endorsed understandings of disability identity, they were better able to understand the impact that their disability had on their academic performance.

These findings are aligned with prior research, which has recognized that experiences presented in higher education impact and shape identity for college students in general (Pascarella & Terenzini, 1991), and for college students with disabilities in particular (Kraus, 2008). Academic performance is often an important and meaningful component of college students' emergent identities (Berzonsky & Kuk, 2005). Research has found that performance on academic tasks can shape and inform the way that students with disabilities understand their identities as students, and academic failures can be especially salient in negatively impacting students' motivation, expectations for success, and persistence in school (Meltzer, Katzir, Miller, Reddy, & Roditi, 2004; Sideridis, Morgan, Botsas, Padeliadu, & Fuchs, 2006; Weiner and Weiner, 1996). Furthermore, the act of persisting in school is often an important component of the development of a positive academic identity (Anctil, Ishikawa, & Scott, 2008). When students with disabilities develop a more advanced sense of their own strengths, limitations, and needs related to their academic performance and disability, they are more likely to develop a positive sense of academic identity and persist in higher education.

While the literature has suggested that performance can be important in shaping the identity of students with disabilities, this literature focuses predominantly on students with learning disabilities, and there is little research on these relationships among students with psychiatric disabilities. Furthermore, the focus has overwhelmingly been on the formation of academic identity as it relates to one's disability. As a consequence, little research exists on the interplay between students' academic and disability identity. Students' performance on academic tasks impacted both their academic and disability identities, often prompting them to explore the relationship between the two and make sense their disability as it relates to and exists within the context of higher education.

Moreover, participation in different activities, experiences, and courses offered within the college context were influential in constructing students' sense of disability identity. Important avenues for such participation included engaging in activities such as writing poetry, joining campus-groups, being active in class discussions, and learning content knowledge pertaining to mental illness and disability. Students' knowledge about and understanding of their own disability, its relationship with the context, and their understanding of disability-related issues in general fostered a more developed and personally endorsed understanding of their own identities. 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). It has long been established in the literature that knowledge about the self, while socially anchored, is central to the construction of identity for individuals with disabilities (Watson, 2002). The results of this study corroborate prior research findings, which have suggested that education surrounding the disability can benefit

students and help them achieve a better understanding of themselves, their disability and their needs in the college context. Furthermore, the findings of the current study shed light on the types of experiences afforded to students in college that might be personally meaningful and impactful in shaping and informing student's identities. Namely, presenting students with opportunities to learn about and reflect on their emergent academic and disability identities within the context of higher education may provide students with valuable opportunities for identity exploration and construction.

Interactions with Others Shape Meaning and Identity

Also prevalent throughout participants' narratives was the influence of students' interactions with others in college in shaping their understanding of disability, informing them about key terms related to disability, and impacting how they made meaning of their disability and identity. This theme, which is closely related to the previous theme, provides unique insight into the role that interacting with other people through formal or informal conversations surrounding disability plays in shaping students' disability identity. Specifically, disability identity was found in the current study to be negotiated and constructed through interactions and conversations with others. Participants' perceptions of cultural stigmas, values, and expectations influenced their own meanings of disability and impacted their understanding of their own identities as college students with psychiatric disabilities. The messages that students received from others in the environment regarding the dominant conceptualizations of disability informed their own definitions of disability and construction of disability identity. These messages were often present in the discourse surrounding cultural expectations and perceptions of students

with disabilities, and were communicated either explicitly or implicitly by individuals including professors, peers, parents, counselors, and disability staff members.

These findings are consistent with the current literature on disability identity that highlights the role of discourse and language in constituting identity. Recent research has found that discourse surrounding disability shape and impact the way that students adopt the identity of a student with a disability (Riddel & Weedon, 2014). Researchers posit that disability identity is constructed "moment-by-moment" through communicative interactions between people such as teachers and parents in everyday situations (Renshaw & Choo, 2012, p. 47). Thus, disability identity is considered a socially and historically situated construct that is actively and constantly constituted through exposure to varying discourses surrounding disability. Students' perceptions of cultural expectations, beliefs, and values related to the conceptualization of disability and mental illness were specific to different majors, departments, and classrooms. As a result, it is likely that students receive a number of conflicting messages regarding disability that influence their own beliefs and identification with the disability. Students are then faced with the task of navigating conflicting discourses of disability, which influences disability identity. For instance Riddell and Weedon (2014) found that in the face of conflicting discourses, students are less likely to endorse the identity of a person with a disability when they espouse the discourse that defines disability as an individual deficit.

Another important finding of the current study related to the discourse surrounding disability and the construction of disability identity was that the discourses students perceived to be meaningful were not always direct or spoken, but were often presented in indirect ways. For instance, students considered their professors' tones in the

course syllabi as indicative of their beliefs and values pertaining to disability sometimes prior to the initial meeting with the professor. More importantly perhaps, these initial perceptions often shaped the interactions between the student and professor throughout the remainder of the semester. As mentioned, the findings suggest students' perceptions of cultural values and definitions surrounding disability in higher education were specific to certain contexts, departments, and majors. This finding is supported by prior literature, which has found students with disabilities in the hard sciences are less likely to disclose than students are in the social sciences (De Cesarei, 2014). While prior research has not identified a comprehensive understanding for this difference, the current findings provide insight into this issue by exploring the relationship between students' conceptualization and definition of disability, their perceptions of cultural attitudes towards disability, and their decisions to disclose their disability to others at the university.

While conversations with others were identified as a critical component of disability identity construction in the current study and in previous research, an important finding of this study was that many of the participants felt as though they lacked the opportunity to interact with and relate to other students with psychiatric disabilities. Almost all of the students in this study used the word "invisible" to describe what it is like to be a college student with a psychiatric disability, and expressed a desire to meet and share experiences with other students with similar disabilities. The history of individuals with disabilities missing out on opportunities to share experiences and establish a sense of belonging related to their identification with the disability has been established and discussed in the literature (Brockelman, 2009; Dowrick, et al, 2005; Gilson et al., 1997; Megivern et al., 2003; Onken & Slaten, 2000; Salzer, 2012; Weiner &

Weiner, 1996). In a narrative investigation into disability construction among college students with disabilities, Bentley-Townlin (2002) found that students with disabilities often lacked the opportunities needed to integrate into a community of others with disabilities, and that this had implications for their construction of disability identity. 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; Lightner, 2010; Marshak et al., 2010). Researchers have posited that this has resulted in a "culture of isolation" (Gilson et al., 1997, p. 12). This can be particularly problematic for students with psychiatric disabilities, since peer support has been identified as instrumental in combatting feelings of isolation in students with psychiatric disabilities (Hartley, 2010). Social connections and interpersonal relationships and interactions are important for the success of students with disabilities (Orr & Goodman, 2010). Indeed, studies have found that interactions between individuals with disabilities that create opportunities for connectedness positively impact individuals' disability identity, participation, and self-esteem (Nario-Redmond, Noel &Fern, 2013). The results of the current study corroborate these findings. Students who had opportunities to connect with others with psychiatric disabilities' spoke to the power of these interactions in shaping the way they made meaning of their disability and giving validation to their experiences. In light of the often-conflicting messages and discourses that students receive regarding disability, interactions with other students with psychiatric disabilities may be particularly salient and influential in molding students' meanings, definitions, and identity construction.

Disability Identity is Dynamic

One of the central purposes of this study was to gain understanding about the ways that students define and conceptualize disability and disability identity, and the processes and structures that shape these constructions. The findings of the current study provide insights into the ways in which college students with psychiatric disabilities construct disability identity within the context. Throughout the interviews, students defined disability identity as dynamic, unstable, and situational. The extent to which students identify themselves as a person with a psychiatric disability changes in response to a number of internal and external factors. For instance, students defined their disability as an important component of their identity when they were experiencing psychiatric symptoms or in situations in which they felt that the context created a disabling structure. Furthermore, disability identity was defined as one aspect of a person's identity that was meaningful, but not all encompassing. Thus, identity was defined as a multifaceted construct, consisting of many dynamic and related components. These findings provide valuable insight into the ways that students themselves conceptually define disability identity. This is particularly beneficial given the lack of a comprehensive and coherent theoretical framework for understanding and describing disability identity.

These findings are consistent with recent research on disability identity, which asserts that disability is a transient aspect of the identity rather than a permanent one (Riddell & Weedon, 2014; Shattuck et al., 2014; Watson, 2002). Earlier accounts of disability identity framed it as a stable and meaningful component of a person's identity (Charmaz, 1983; Bury, 1991; Finkelstein, 1993; Rapley, 2004); however, newer lines of research define disability identity as a fluid and dynamic social construction (Fuller,

Georgeson, Healy, Hurst, Kelly & Riddell, 2009; Kraus, 2008; Riddell & Weedon, 2014; Renshaw & Choo, 2012). This framework for defining and describing disability identity is consistent and well aligned with the sociocultural lens on identity. According to the Meadian perspective, stability in identity should not be expected. Instead, identity is constantly shaped and reshaped in response to environmental factors (Mead, 1934). The findings of the current study support these theoretical tenets and extend this line of thinking by illustrating the relationship between meaning making and identity in students with psychiatric disabilities. Due to the transient, invisible, and personal nature of psychiatric disabilities, coupled with the paucity of literature on the ways individuals with these particular disabilities define and make meaning of their disability identity, illuminating the sociocultural construction of disability identity in students with psychiatric disabilities may be particularly paramount.

Students also talked about their identities as multifaceted, stating that they endorsed a number of personally meaningful identities simultaneously. For instance, participants talked about their emergent ethnic, gender, disability, and sexual identities, how they related to one another and how they were situated within the social context of college. Students described their identities in relation to one another, often stating that they existed in an interwoven dynamic; however, students, also reported that their simultaneously endorsed identities could exist in conflict or harmony. Perhaps most relevant in this study was that students' perceptions and conceptualizations of their academic identities were sometimes congruent and sometimes incongruent with their disability identities. As previously noted, reconciling one's disability identity with their academic identity often involved exploring more the relationship between the disability

and academic context. Few studies have focused on understanding the concurrent endorsement of multidimensional identities in students with disabilities, but prior research has suggested that disability identity is an important aspect of the identity but does not solely define identity or detract from the variety of qualities ad experiences that define a person's identity (Jones & McEwan, 2000; Kraus, 2008; Prowse, 2009; Vernon, 1999). Understanding the relationship between different aspects of the identity as they are situated in particular contexts is important in forging a better understanding of the processes involved with identity. The findings of the current study take a step in advancing the knowledge about these relationships among students with psychiatric disabilities.

Relationship between Identity and Use of Campus Services

There is a dearth of literature on how disability identity relates to students' learning goals and motivated action among college students. A central goal of the current study was to gain perspective into student's understandings of the relationship between their identity and their use of campus based services. Themes that emerged in the analysis indicate that disability identity is closely related to the ways in which students use services and the meanings they make of services. An interesting finding in this study was that students' disability identity and use of services were related in a reciprocal and dynamic way. The analysis also identified disclosure as an important action related to students' identity and use of services. In particular, students were more likely to disclose, make use of services, and be motived to participate in the course when they perceived the classroom climate to be one that was supportive of their identities as students with disabilities. Thus, an important finding of the current study involved the relationship

between students' perceptions of the context, endorsement of disability identity, and decisions to disclose and make use of services.

Identity Relates to Use of Services

The current study provides insight into the relationship between students' endorsement and understanding of their disability identity and their use of campus-based support services. Students' use of services were impacted by the degree to which they endorsed their disability identity, while the act of using services further influenced, shaped, and redefined their personal understandings of and endorsement of disability as a component of their identity. The literature devoted to understanding college students' use of disability support services is burgeoning (Collins & Mowbray, 2005; Field, Sarver, & Shaw, 2003; Lynch & Gussel, 1996; Madaus & Shaw, 2006). The literature on students' use of services recognizes identity as an important factor in determining whether or not students will disclose their disability to the school and make use of services, as 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 findings of the current study corroborate prior research. However, while previous studies have found that endorsement of disability identity positively impacts and encourages students' use of disability support services in college (Marshak et al., 2010), the current findings expand on this literature by underscoring the reciprocal relationship between these actions.

While most of the literature on students' use of services focuses on disability identity as a preceptor of disclosure and use of services, some extant research on this topic supports the finding that the relationship between disability identity and use of

services is more complex. For instance, some theorists have postulated that universities have the potential to impose their institutional definitions and conceptualizations of disability on students, rather than allowing the student 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 situates disability as a medical construct and advances the conceptualization of disability that is aligned with the medical model. These researchers assert that this can be disempowering to students, as it requires them to align their own conceptualization of disability and identity with the medical model, regardless of the ways in which that student might make personal meanings of disability identity. The current study provides additional insights into this relationship. Most notably, while institutional definitions of disability required students to adopt a medical perspective in obtaining documentation of a disability, many participants spoke of experiences in which the staff at disability services were instrumental in facilitating students' own discovery of what it means to them to have a psychiatric disability. Furthermore, the narratives suggest that through these interactions, students came to make sense of their disability identity as a dynamic and situational construct that is formed through an interaction between personal and environmental factors.

The results of this study further explicate and support the sociocultural theorizing on identity in that it highlights the relationship between identity and students' motivated actions in using services. According to this framework, individuals assign meaning to certain activities and actions that reinforce personally endorsed identities, organizing their thoughts and behaviors as they think about particular actions related to their identity

as meaningful (Holland & Lachicotte, 2007). The results of the analysis support this, as students were more likely to use campus services if they conceptualized it as a behavior that confirmed their disability identity.

The reciprocal and dynamic relationship between student's disability identity and their motivated action towards their use of support services inherently involves a consideration of their goals. All of the students in the current study talked about academic goals and the progress they have made in working towards goals. However, it was apparent through students' interviews that students may question the relationship between their disability and their academic goals, expressing concern that their disability might interfere with their achievement of academic goals. Using support services provided one meaningful way for students to align their disability identity with their academic goals, as services are offered to support students in their pursuit of specific academic goals. There has been extensive research aimed at understanding student goals and motivation. Theorists have posited that goals should be aligned with individuals' sense of identity (Faye & Sharpe, 2008). Thus, setting and working towards goals are important and meaningful components of the construction of disability identity. Indeed, research has found that it is important for students with disabilities to identify, set, and work towards their own goals (Field, Sarver, & Shaw, 2003; Kurtz & Hicks-Coolick, 1997). The results of the current analysis shed light on the dynamic and complex relationship between students' disability identity and goals. Particularly, students' confidence and motivation in working towards their goals were impacted by the fluctuating symptoms of their disability, the messages they receive from others, and their own conceptualization of their

disability. That is, much like disability identity, students' goals were shaped in flexible response to the dynamic relationship between personal and contextual factors.

Finally, students' decisions to disclose were indicative of feeling that their identities and goals were supported in the particular context and, as a result, promoted and facilitated motivation to participate and engage. Students who perceived the context as one that is supportive and tolerant of their identity as students with disabilities, also felt more comfortable identifying themselves as a person with a disability, disclosing their disability to the professor, and making use of services. In addition, throughout the interviews, the degree to which students felt that others were supportive and tolerant emerged as an important factor that positively impacted students' feelings towards belonging and motivation in the class. This finding supports prior research, which has found that students with disabilities who feel that their identities are supported and welcomed in the environment are more likely to engage and be active participants (Nario-Redmond, Noel, and Fern, 2013). Additionally, prior research has also found that disclosure allows students the opportunity to express their identity within the social structure, and can have a positive impact on students' experiences of integration (Hartley, 2010). Unfortunately, many students with disabilities choose not to disclose their disability to professors because they do not feel that the environment will be supportive of their disability identity (Hartley, 2010; Marshak et al., 2010; McEwan & Downie, 2013). The current study suggests students' decisions to disclose, their motivation to engage in class and utilize services, and their disability identity are complex and dynamic, and shaped and constructed through students' participation with various aspects of the college context. The insights drawn from the current study help to illuminate the

relationship between students' understanding of their disability identity and their decisions and motivations to utilize campus-based services, which have the potential to inform theory, practice, and research.

Implications

The findings of the current study provide insight into the contextual and psychological processes that underlie the meaning making and construction of disability identity among college students with psychiatric disabilities. The findings highlight the dynamic and contextualized nature of identity formation, and more specifically, how students' negotiate the meaning of their disability and experiences in the specific contexts within which they live as college students. Of particular significance to theory and practice are findings pertaining to the role that specific social interactions play in shaping students' meaning making and disability identity. Findings highlight the sociocultural processes of identity among students with psychiatric disabilities and provide insights into these processes for theorists and researchers, and can offer recommendations to staff at disability services when advising university administrators, faculty, and students about negotiating what psychiatric disabilities are and what decisions to make in supporting students with these disabilities.

Implications for Theory

The findings of this study are closely aligned with the sociocultural theoretical framework of identity, which proclaim that identity is negotiated through a constant interplay between the individual and their environmental context (Mead, 1934). Specifically, this theoretical framework posits that identity is constructed through participation with culturally and historically situated contexts (Holland & Lachicotte,

2007). The current study supports the line of theorizing on disability that defines disability as a dynamic interaction between individual or dispositional characteristics and environmental contexts. This study provides additional support for the sociocultural construction of identity by illustrating the social and cultural influences on identity development, and offers some insight into the value of extending this theoretical framework to the study and investigation of disability identity. Furthermore, the current study extends this theoretical framework of identity to issues pertaining to disability identity and offers a conceptual framework for understanding and investigating disability identity in individuals with psychiatric disabilities.

Disability scholars and theorists have called for a paradigm shift in the ways that 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 (Swain, French & Cameron, 2003; Hicky-Moody & Crowly, 2014; Oliver, 1990). According to the social model, disability is a culturally and historically situated phenomenon that is not characterized by universal or stable traits. This framework has been instrumental in emphasizing the role that contexts play in shaping and maintaining disability and underscoring the importance of inclusive practices. Some theorists have challenged the focus and assumptions of this model, however, arguing that the model has been developed with a principal focus on physiological disabilities, generally excluding a focus on psychiatric disabilities and has additionally largely overlooked the individual experience of disability (Crow, 1996; Mulvaney, 2000; Shakespeare & Watson, 2001).

The current study advances the theoretical conceptualizations of disability by highlighting the individuals' experiences with disability and providing insight into the ways individuals with disabilities define disability in the intersection of sociocultural and personal conditions. The findings from this investigation provide a conceptual definition of disability identity derived from the perspectives of students with disabilities. Furthermore, by focusing on identity, this study develops the current theorizing by examining the sociocultural nature of disability identity and the relationship between individuals' conceptualization of disability and the construction and endorsement of disability identity. Since disability identity has been identified as an important preceptor of academic engagement and persistence in students with various disabilities, a major implication of the current study pertains to the finding that the sociocultural context of college is influential in constituting students' constructions of disability and identity. This is an important step in advancing the theoretical literature on disability identity.

Implications for Practice

The analysis of the participants' narratives yielded rich insight into the lived experiences of five college students with psychiatric disabilities. This insight may be of particular relevance to those practitioners and educators who aim to support these students' academic and professional engagement and growth. Implications for practice include working with students, faculty, and staff to develop an understanding of the nature and characteristics of psychiatric disability, the purpose and scope of disability resources and services, and the implicit and explicit assumptions, conceptualizations, and messages communicated about disability in higher education. Practitioners interested in supporting students with psychiatric disabilities would be advised, based on the current

study, to create opportunities for interactions with other students with disabilities, and to create collaborative networks in which faculty and staff can find support and information about how to work most effectively with their students. These implications for practice are discussed in more depth in the following paragraphs.

While findings of this study provide insight into the dynamic and transient nature of disability identity in college students with psychiatric disabilities, they also suggest that this can make it difficult for students to develop and maintain a solid understanding of their situational and dynamic needs for services. That is, since disability identity is constructed within the complex and dynamic interactions between the person and environment, it can be difficult for students to know when and how to appropriately and effectively make use of campus-based services related to their psychiatric disability. Indeed, prior research has established that many students do not request accommodations until it is too late in the semester and they are already struggling in their courses (McEwan & Downie, 2013). Working with students to help them understand the particular cycles and situational characteristics of their own disability (e.g., environmental triggers, situational triggers, internal cycles and warning signs) could foster students' development of a more advanced understanding of their own needs related to their disability and anticipate their needs for accommodations and services.

The results of this study provide additional insight into some of the reasons and motivation (particularly those related to students' situational and dynamic relationship with the disability and disability identity) that students make use of or do not make use of services. The findings suggest that students may be less likely to make use of services that are available if they feel as though those around them will perceive or define their

disability as an invalid or illegitimate experience. Importantly, these messages are often communicated both explicitly and implicitly by those in the college context. It is critical that key figures in the college context (e.g., disability services staff, counselors, professors) are cognizant of their own conceptualizations of disability and the messages that they communicate to students. Furthermore, efforts can be made to create collaborative networks in which disability staff communicate with professors and other campus personnel and service providers about issues pertinent to working with and teaching students with psychiatric disabilities. Based on the current findings, relevant issues to address 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. For instance, implementing faculty training webinar series that can aim to make faculty members more aware of issues surrounding psychiatric disabilities, the associated symptoms, origins, and impact on students' performance, engagement and academic work may be one effective way at working with faculty to improve the quality of educational practice for students with psychiatric disabilities. Also, staff could work with faculty to discuss issues pertaining to language use and the tendency towards trivializing and stigmatizing psychiatric symptoms. Prior research generally supports this recommendation. Lombardi and Murray (2011) found that professors who have underwent disability-focused training seminars were more likely to hold and express positive attitudes towards students' requests for accommodations.

Additionally, staff at disability services centers can be instrumental in communicating to students with psychiatric disabilities that their experiences are valid. Disability staff should reach out to incoming and current students to clarify the purpose and scope of disability services through the disability center website, visible brochures, and orientations focused on familiarizing students with the types of services available on campus. Of particular importance is conveying to students that psychiatric disabilities are real, significant, and prevalent on college campuses, and can be eligible for accommodations and disability services. Not only do these efforts have the potential of spreading awareness of disability services to students with psychiatric disabilities, but, given the sociocultural nature of disability identity, this can help students construct personally meaningful definitions of disability, explore their disability identity, and acquire the necessary accommodations and mental health services that have the potential for supporting students through their academic programs.

Relatedly, the narratives presented in this study suggest that informing and educating students about disabilities and providing students with opportunities to interact with other students with psychiatric disabilities can be empowering and can facilitate the exploration and construction of disability identity. A major finding of the current study was that disability identity is constructed through participation in the college context and students' interactions with others. However, the narratives suggest that many students with psychiatric disabilities feel as though the opportunities to learn about and share their experiences with disability were limited in the college context. Thus, providing additional opportunities for such engagement, including such things as mentorship systems or focus

groups, may be particularly effective in promoting disability identity construction in college students with psychiatric disabilities.

Providing insight into the perceptions of students with psychiatric disabilities has the potential to inform disability support staff, faculty, personnel, and other students with disabilities who are negotiating for themselves their meanings of disability and their own disability identity. It is important to note that endorsement of disability identity does not and should not detract from students' emergent perceptions of their selves as multifaceted and complex people with rich identities. This has implications for practitioners interested in helping students to understand and cope with their disability's impact on their lives by putting the person first and not focusing on students as a person with a disability, but helping them frame and understand their disability within the context of their changing and emergent lives and selves.

Implications for Future Research

This study provided an interpretive phenomenological investigation into the lived experiences of college students with psychiatric disabilities particularly pertaining to the sociocultural construction of disability identity. As such, the findings provided an essential step in understanding the perceptions and experiences of this largely understudied, yet growing, group. While the findings provide critical insights into processes involved with students' meaning making, disability identity, and motivated use of services, they also point to a number of important questions that can and should be addressed in future research.

Participants all talked about goals they had for their future, and their concerns and fears surrounding their disability's impact on their ability to achieve these goals. While

goals were mentioned in the present study and highlighted as an important theme related to participants' understanding of themselves as students with psychiatric disabilities, academic and achievement goals are a multifaceted and complex construct that deserves additional theoretical and empirical attention in students with psychiatric disabilities. The findings of the current study allude to the complex relationship between students' perceptions of the academic environment and their understanding of their disability identity as important factors that relate to their motivated use of services and pursuit of academic goals. Future research could further explore the relationship between students' goals and contextual variables presented in the academic environment related to students' construction of disability and identity.

The focus of the current study was decidedly limited to students with self-identified psychiatric disabilities; however, the processes highlighted in the analysis might be applicable or relevant to the construction of disability identity in students with other types of disabilities. Due to the methodological approach employed in the current study, it is not possible 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.

Since there has been a great deal of literature devoted to advancing, advocating, and defending the social model of disability, further investigation into the lived experiences of individuals with a variety of different types of disabilities, particularly pertaining to how they come to conceptualize their experiences and negotiate their identities, may be a valuable step in clarifying these theoretical questions. A more advanced and developed line of research on this topic could help inform disabilities studies scholars, service providers, and educators interested in working with students with a wide array of disabilities.

Closing Remarks

The purpose of this investigation was to examine how students' meanings of disability and disability identity are constructed within the college context. Additionally, it was a central goal of this study to privilege the voices of students with psychiatric disabilities, who have historically been marginalized in educational and psychological research. Given the apparent nature of the sociocultural construction of disability identity, coupled with the experiences of invisibility and isolation that many college students with psychiatric disabilities report feeling, the current study offers valuable information to both potential and current students, as well as faculty and practitioners who work with students in institutions of higher education about the shared and individual experiences of students with psychiatric disabilities. It is my hope that this research has provided a deeper understanding of the meanings college students make of being a student with a psychiatric disability. This insight has the potential to increase understanding and awareness of the experiences of students with psychiatric disabilities and can be useful in informing faculty, staff, and educators who work with these students.

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APPENDIX A

RECRUITMENT EMAIL

Dear Student,

We are writing to invite you to participate in a study titled "Identity of College Students with Psychiatric Disabilities and Use of Support Services". This study focuses on the experiences of students with psychiatric disabilities on the Temple University campus. The purpose of this study is to develop a better understanding of the lived experiences of college students with psychiatric disabilities, particularly related to the formation of disability identity and students' use of campus-based services.

The study involves three interviews that will last approximately 60-90 minutes. The time of each interview will be scheduled at your convenience. As appreciation for your participation, you will receive a $20 gift certificate upon completion of the interviews.

Participation in this study is voluntary and there are no consequences for refusing to participate. Additionally, you can choose to withdraw from the study at any point in time without consequence. Participation in the study does not waive any legal rights. Your participation is anonymous and confidential; no identifying information will be collected.

By participating in this research, you will have contributed to our understanding of the lived experiences of college students with psychiatric disabilities.

If you have any questions about this study or if you would like to participate, please contact Dr. Avi Kaplan at akaplan@temple.edu or (215)204-4497.
If you are willing to participate, a Graduate Student Research Assistant will contact you to set a time and place for the interview.

Thank you very much for considering this invitation!

APPENDIX B

RECRUITMENT FLYER

PARTICIPANTS NEEDED FOR RESEARCH

We are looking for volunteers to take part in a study of the experiences of college students with psychiatric disabilities.

To participate in this study, you must:
Be a Temple University student
Be 18 years or older
Have a documented or undocumented psychiatric disability

As a participant in this study, you would be asked to participate in confidential interviews about your experiences as a college student with a psychiatric disability.

Your participation would involve three interviews, each of which will last approximately 60 -90 minutes.

In appreciation for your time, you will receive a $20 dollar gift certificate.

For more information about this study, or to volunteer to participate,
please contact Avi Kaplan at:
Phone: (215)204-4497
Email: akaplan@temple.edu
Psychological, Organizational, and Leadership Studies
Temple University

Thank you!!

Study's title: Identity of College Students with Psychiatric Disabilities and Use of Support Services

APPENDIX C

INFORMED CONSENT

Informed Consent Form

Title of research: Identity of College Students with Psychiatric Disabilities and Use of Support Services

Investigator and Department:

Primary Investigator: Avi Kaplan; Department: Psychological, Organizational, and Leadership Studies

Why am I being invited to take part in this research?

We are interviewing Temple University students with psychiatric disabilities about their experiences on campus. We invite you to take part in a research study because you are a college student at Temple University with a psychiatric disability.

What should I know about this research?

Someone will explain this research to you.

Whether or not you take part is up to you.

You can choose not to take part.

You can agree to take part and later change your mind.

Your decision will not be held against you.

You can ask all the questions you want before you decide.

Who can I talk to about this research?

If you have questions, concerns, or complaints, or think the research has hurt you, contact the research team at:

Phone: (215) 204-4497; Email: akaplan@temple.edu; Address: Ritter Annex 209, 1301 Cecil B. Moore Avenue, Philadelphia, PA 19122

Student Investigator: Amber O'Shea; Email: tue40095@temple.edu; Address: Ritter Annex 293, 1301 Cecil B. Moore Avenue, Philadelphia, PA 19122.

This research has been reviewed and approved by an Institutional Review Board. You may talk to them at (215) 707-3390 or e-mail them at: irb@temple.edu for any of the following:

Your questions, concerns, or complaints are not being answered by the research team.

You cannot reach the research team.

You want to talk to someone besides the research team.

You have questions about your rights as a research subject.

You want to get information or provide input about this research.

Why is this research being done?

We are conducting a study to explore the lived experiences of college students with psychiatric disabilities. We are interested in learning more about how college students with psychiatric disabilities understand their disability and use campus-based support services. Little is known about the lived experiences of college students with psychiatric disabilities, particularly related to the formation of disability identity and students' use of campus-based support services. The purpose of the current research is to understand the experiences of college students with psychiatric disabilities and the ways students make meaning of their disabilities and use of campus-based services.

How long will I be in this research?

The study involves three interviews that will last approximately 60-90 minutes. The time and location of the interview will be scheduled according to your convenience, approximately three to seven days apart from each other.

What happens if I agree to be in this research?

If you agree to be in this research, the student investigator will contact you to schedule an initial interview at your convenience. Prior to the initial interview, the student investigator will describe to you the study, your participation, the intended benefits of the study, and your rights to withdraw from the study at any point in time. Participation in the study involves being interviewed three separate times by the student investigator. These interviews will focus on your experiences as a college student with a psychiatric disability, particularly related to the meanings you make of your disability and your use

of campus based services; however, the interviews will be open and flexible in format so you can guide and direct the conversation. You will not be asked to talk about anything that you feel uncomfortable discussing. Each interview will last approximately 60-90 minutes, and will be audio-recorded with your permission. The interviews will be conducted in a private office on Temple University's campus. After you have completed the third interview, you will be offered a $20 gift card as a token of appreciation for your participation. The student investigator will transcribe your interviews and review them for themes and patterns. You will be sent this data and given the opportunity to check it for accuracy. If anything was misreported or misinterpreted, the student investigator will change it to make it accurate according to your suggestions.

What other choices do I have besides taking part in this research?

Instead of being in this research, you may choose not to be in this research. There will be no consequences for choosing not to participate in this study.

Is there any way being in this research could be bad for me?

We do not perceive any risk involved with participation in this study. However, because we will be discussing your experiences of being a person with a psychiatric disability, it is unlikely but possible that you might find that you feel uncomfortable discussing this information. At any point during the interviews, you can choose to not discuss a topic or issue that makes you uncomfortable. Additionally, you can choose to withdraw from the interview or the entire study at any point without consequence. It is the researcher's intention to make you feel at ease during the interviews.

Will being in this research help me in any way?

We cannot promise any benefits to you or others from taking part in this research. However, possible benefits include developing insight into your own experiences as a college student with a psychiatric disability, and the meanings that having a psychiatric disability and utilizing campus-based support services have for you. These findings have the potential to make a valuable contribution to the extant dearth of literature on the lived experiences of college students with psychiatric disability by providing a descriptive account of students' understanding of and experiences with their disability and disability identity.

What happens to the information collected for this research?

To the extent allowed by law, we limit the viewing of your personal information to people who have to review it. We cannot promise complete secrecy. The IRB, Temple University, Temple University Health System, Inc. and its affiliates, and other representatives of these organizations may inspect and copy your information. Measures will be taken to ensure that your participation in the study is confidential. If you decide to participate in the study, you will be given a participant ID number. This participant ID number will be used in place of your name, and all personal identifiers will be kept separate from the participant ID number and other information. All of the information gathered in the interviews (i.e., recordings and transcripts) will be stored in a locked filing cabinet in a secure office that only the investigator has access to.

What will I be paid for taking part in this research?

If you agree to take part in this research, we will pay you $20 for your time and effort.

_____

Participant's Signature Date

_____

Investigator's Signature

APPENDIX D

CONSENT TO BE AUDIOTAPED

Permission to Audiotape

Participant ID:_____

Primary Investigator:
Avi Kaplan
209 Ritter Annex
Temple University
akaplan@temple.edu

Student Investigator:
Amber O'Shea
293 Ritter Annex
Temple University
Amber.oshea@temple.edu

Date:_____

Interview #:_____

I give _____permission to audiotape me. This audiotape will be used only for the following purpose(s):

____ RESEARCH

This audtiotape will be used as part of a research project at Temple University. I have already given written consent for my participation in this research project. At no time will my name be used.

WHEN WILL I BE AUDIOTAPED?

I agree to be audiotaped during the time period: _____to _____.

HOW LONG WILL THE TAPES BE USED?

I give my permission for these tapes to be used from:_____ to_____ .

Data will only be kept until the research project is completed (no more than 2 years).

Upon completion of the research project, all audio recordings will be destroyed.

WHAT IF I CHANGE MY MIND?

I understand that I can withdraw my permission at any time. Upon my request, the audiotape(s) will no longer be used. This will not affect my care or relationship with the researcher in any way.

FOR FURTHER INFORMATION

If I want more information about the audiotape(s), or if I have questions or concerns at any time, I can contact:

Avi Kaplan, 209 Ritter Annex, Temple University, (215) 204-4497, akaplan@temple.edu

This form will be placed in my records and a copy will be kept by the person(s) named above. A copy will be given to me.

Please print

Subject's Name:

Date:

Address:

Phone:

Subject's Signature:

_____

(Or signature of parent or legally responsible person if subject is a minor or is incompetent to sign but consents orally to be audiotaped under the **conditions described above**.)

Relationship to Subject:

Subject cannot sign because:

_____

Participant Signature Date

_____

Participant Signature Date

APPENDIX E

INTERVIEW PROTOCOL

INTERVIEW PROTOCOL

Interview One: Focused Life History

The purpose of the first interview is to explore the life story of the participants. Here, the participants will be asked to reconstruct their early experiences with their disability in a way that places it in the context of their lives. The following questions will be used to guide the first interview:

1. Tell me about how you learned that you had a psychiatric disability? Was this prior to enrolling in/arriving at college?
    a. Was there a formal diagnosis of your psychiatric disability? If so, what was the process of this like?
    b. What were the early experiences with your psychiatric disability like?
2. How did you come to enroll in and attend college?
3. Have you disclosed your disability to anyone at your institution? If so, what were these experiences like?

Interview Two: Details of Current Experience

Participants will be asked to reconstruct concrete details of their experiences with being a college student with a psychiatric disability. The goal in this interview is to elicit specific and concrete examples of participants' experiences with the phenomena. The following questions will be used to guide the second interview:

1. What is it like to be a college student with a psychiatric disability?
2. Can you reconstruct a day in your life as a college student with a psychiatric disability?
    a. Please tell me about your relationships with others that you interact with on a daily basis at college
    b. Please tell me about your experiences with your completing coursework and attending courses.
3. What challenges have you faced as a college student living with a psychiatric disability?
    a. How have you overcome these challenges?
    b. How have you used campus-based support services?

Interview Three: Meaning-Making

The final interview will focus on what it means for participants to identify as a person with a psychiatric disability in college and how this identity relates to their motivated action as a student. The researcher will use the following as a general guide:

1. Given what we have discussed in the previous interviews, how do you understand the experience of being a college student with a psychiatric disability?
    a. What meaning does having a psychiatric disability have for you?
    b. Do you consider your psychiatric disorder a disability?
2. What does it mean to use campus-based support services?
    a. What does it mean to use disability support services?
    b. What does it mean to use university-wide student support services (e.g., the university writing center, counseling center, etc.)?
3. Given what we have discussed in the previous interviews, where do you see yourself going in the future?